FORM No. 15-POWER OF ATTORNEY 01. M97 50858 TK KNOW ALL MEN BY THESE PRESENTS, That I, Dianna Lynn Ehly _____ have made, constituted and appointed and by these presents do make, constitute and appoint Dianq.... Lynn Hunt my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to Pursuant to ORS. 126. 030 I the undersigned Parent of Le Jeona Aleene Dahl age 11, D.O.B. 1-6-81, 2 minor, here by Grant tempory costody and control, This shall be valid for a period ending June 15, 1993 but in no case for more than 10 months. I regain true custody of child and reserve the right to terminate this power of Attorney at any time. giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, In construing this instrument and where the context so requires, the singular includes the plural. by virtue hereof. Dated September 18, , 19.92 amor I. 1 STATE OF OREGON, County of _____Klamath This instrument was acknowledged before me on September 18, 1992,) ss. <u>Dianna L Ehly</u> OFFICIAL SEA SHIRLEY J. DRUMM Shulley NOTARY PUBLIC-OREGON Notary Public for Oregon COMMISSION NO. 006078 My COMMISSION EXPIRES APR. 16, 1995 My commission expires April 16, 1995 Sel- -----STATE OF OREGON, POWER OF ATTORNEY County ofKlamath..... (FORM No. 15) I certify that the within instrument was received for record on the18thday of ...September......, 19...92, at 2:38 o'clock ... PM., and recorded in book/reel/volume No......M92......, on page21476...... or as fee/file/instru-TO PACE RESERVED ment/microfilm/reception No. ..50858.., FOR Record of ... Power...of ... Attorney..... RECORDER'S USE of said County. Witness my hand and seal of County affixed. AFTER RECORDING RETURN TOEvelyn Biehn, County Clerk. Janna thly By Bernetla Shetsch Deputy PO. Box 750 Keno OR NAME, ADDRESS, ZIP Fee \$5.00

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