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51209

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KNOW, ALL MEN BY THESE PRESENTS, That I, Ana W. Scoggins
~~giving power of attorney~~
 have made, constituted and appointed and by these presents do make, constitute and appoint
Ellen Jackson
 my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

for care and custody of:

Earl Merlyn Flowers Jr
 Residing at: 5436 Avalon
 Klamath Falls,
 Oregon

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, by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural.

Dated September 23, 1992

Ana W. Scoggins JR

STATE OF OREGON, County of Klamath) ss.

Personally appeared the above named Ana W. Scoggins September 23, 1992
 and acknowledged the foregoing instrument to be voluntary act and deed.

(OFFICIAL SEAL)

Before me:



Notary Public for Oregon, commission expires 02-01-94

OFFICIAL SEAL
 GRETA M. HORTON

NOTARY PUBLIC - OREGON
 COMMISSION NO. 226002
 MY COMMISSION EXPIRES FEB 1, 1994

POWER OF ATTORNEY

(FORM No. 15)

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instrument was received for record on the 24th day of Sept., 1992, at 9:37 o'clock A.M., and recorded in book/reel/volume No. M92, on page 22047 or as fee/life/instrument/microfilm/reception No. 51209 Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk.

NAME

TITLE

By Dorinda Mullins Deputy

AFTER RECORDING RETURN TO

Ana W. Scoggins
3220 Andriette Ave
Klamath Falls, OR

NAME, ADDRESS, ZIP

Fee \$5.00
 cc 1.00

5.00
 1.00 cc