

58627

'93 MAR 15 PM 1 00

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KNOW ALL MEN BY THESE PRESENTS, That I, SHARON MOWICK

have made, constituted and appointed and by these presents do make, constitute and appoint

HEIDI ANDERSEN

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

PROVIDE CARE, CUSTODY AND CONTROL FOR JONNA MOWICK

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 MARCH 10, 1993.

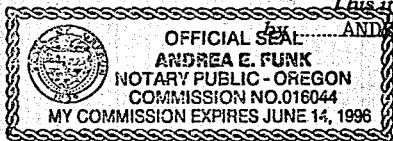
Sharon Mowick

SHARON MOWICK

STATE OF OREGON, County of LANE) ss.

This instrument was acknowledged before me on MARCH 10, 1993.

ANDREA E. FUNK



Andrea E. Funk
Notary Public for Oregon
My commission expires 6-14-1996

POWER OF ATTORNEY

(FORM No. 15)

TO

AFTER RECORDING RETURN TO

Heidi Andersen
320 Donald St
Kipahs ore 97601

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of Klamath

I certify that the within instrument was received for record on the 15th day of March, 1993 at 1:00 o'clock P.M., and recorded in book/reel/volume No. M93, on page 5273 or as fee/file/instrument/microfilm/reception No. 58627. Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Pauline M. Muriola Deputy

Fee \$5.00

cc 1.00

5.00
1.00 cc