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POWER OF ATTORNEY

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62825

JUNE 1, 1993

Pursuant to ORS 126.030, I, the undersigned parent of DEVON LEEANN ROBBINS,, a minor, hereby grant full custody and control of said child to:

AMANDA G. GORDAN to act with full authority regarding any matter concerning the care, custody, or property of said child, to act as I would act, including, but not limited to: granting of consent for any medical, dental, psychological, psychiatric examinations, care, or treatment including including vaccinations or immunizations; enrollment in school and participation in school activities; applying for public benefits; and any other matter regarding the health or welfare of said child except: N/A

This Power of Attorney is to be in full force and effect in the event(s) of the incapacity or inability of the principal temporary guardian(s), Bob or Melba Robbins to act as guardian(s) by reason of incarceration, complete mental of physical defect rendering them unable to act herein:

This power of attorney shall be valid for a period ending December 1, 1993, or the ability of the principal guardians to resume their guardianship, but in no case for more than 180 days, renewable solely at my option.

I RESERVE THE RIGHT TO REVOKE THIS AUTHORITY AT ANY TIME.

SIGNED

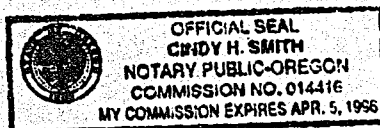
Halena L. Robbins

SIGNED or attested to before me on 6-10-93 (date) by Halena L Robbins

Cindy H Smith

Signature of Notary

My Commission Expires: 4-5-96



Return: Halena L. Robbins
P.O. Box 7863
Klamath Falls, or. 97602

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Halena L. Robbins the 10th day of June A.D., 19 93 at 2:49 o'clock P. M., and duly recorded in Vol. M93 of Power of Attorney on Page 13504

FEE \$5.00

Evelyn Biehn - County Clerk

By Douglas M. Mendenhall