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POWER OF ATTORNEYVol. m93 Page 13505

JUNE 7, 1993

Pursuant to ORS 126.030, I, the undersigned parent of DEVON LEEANN

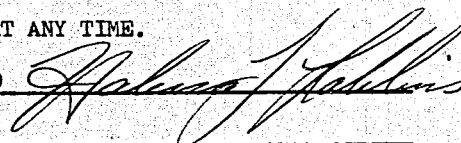
ROBBINS, a minor, hereby grant full custody and control of said child to:

ROBERT / OR MELBA ROBBINS 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 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

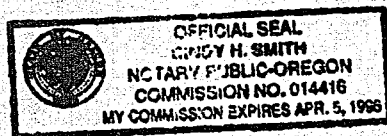
This power of attorney shall be valid for a period ending December 1, 1993 but in no case for more than 180 days, renewable solely at my option.

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

SIGNED

SIGNED or attested before me on 6-10-93 (date) byHalena L. RobbinsCindy 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 13505

Evelyn Biehn County Clerk

By Doreen Neillandare

FEE \$5.00