

Power of Attorney
for the care of minor child

I, ROBERTA JOANNE PROUTY,
am the legal parent/guardian of SAM LEE PROUTY, date of
birth: 05/13/91. I voluntarily hereby authorize the
placement of the afore mentioned child into the physical custody
of my MOTHER, SHARON LEE LEE (LEWIS)
Relationship Name
PO BOX 745 CHILOQUIN OREGON 97624 503 783-3371
Address City State Zip

I authorize SHARON LEE LEE to consent in my stead,
and as he/she may deem appropriate or necessary, to the
following regarding the above-named child: Physical and mental
examinations; Ordinary medical, dental, psychiatric, hygienic,
or other remedial care and treatment, including but not limited
to vaccinations, immunizations, anesthesia, or hospitalization:
and plans, placement activities or procedures related to the
child's education. I further authorize SHARON LEE LEE
to consent in my stead to surgery or other extraordinary
measures of care where the child's safety and/or life appears
urgently to require such measures. These arrangements are only
of a temporary nature and shall remain in effect for a maximum
period of six months.

Roberta Prouty
Name

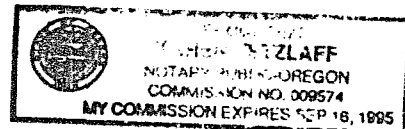
MOTHER
Relationship to child

SUBSCRIBED AND SWORN TO BEFORE ME this 29th day of

June, 19 93.

Karen A. Estaff
Notary Public for the State of Oregon

9-16-95
My commission expires



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SHARON LEE LEWIS
76796 TURNER RD
RAINIER, OR. 97048

WILLAMETTE LEGAL CLINICS
Center for Dispute Resolution
Willamette University
900 State St
PO Box 13752 Salem, OR 97309
(503) 370-6140

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 12th day
of August A.D., 19 93 at 11:15 o'clock A M., and duly recorded in Vol. M93
of Power of Attorney on Page 20082.

FEE

Evelyn Biehn County Clerk
By Arnette Mueller