FORM No. 1478—DELEGATION OF POWERS OF PARENT OR GUARDIAN.

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12-09-94P03:49 RCVD

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DELEGATION OF POWERS OF PARENT OR GUARDIAN

STATE OF OREGON,

County of Klamath } ss.

I, the undersigned, being first duly sworn, hereby say and certify:

1. I am a parent or legal guardian of the minor child, ward or incapacitated person whose name appears below.

2. With respect to the powers vested in me regarding care, custody or property of that person, I hereby delegate to Carma Marshall the following power(s) (choose exactly one):

☒ A. All such powers.

☐ B. Only the following powers(s):

If neither (A) nor (B) is checked above, this instrument shall delegate all such powers.

3. This delegation shall commence on the ~~13~~ 30 day of Nov, 19 94 and end on the 13 day of June, 19 95, and shall include both of those dates.*

4. This delegation is made pursuant to ORS 126.030.

DATED this 30th day of November, 19 94.

Cristina Mata
Signature of Parent/Guardian

Faviola Gonzales
Name of Child, Ward or Incapacitated Person (print)

Cristina Mata
Name of Parent/Guardian (print)

SUBSCRIBED AND SWORN TO before me this 30th day of November, 19 94

OFFICIAL SEAL
BEVERLY A. BACUS
NOTARY PUBLIC - OREGON
COMMISSION NO. 031112
MY COMMISSION EXPIRES FEB. 01, 1998

Beverly A Bacus
Notary Public for Oregon
My commission expires: 2-1-98

ORS 126.030 allows a parent or guardian of a minor or incapacitated person to delegate to another person, for a period not exceeding 6 months, any powers of the parent or guardian regarding care, custody or property of the minor child or ward, except the power to consent to marriage or adoption of the minor ward. This length of time may be extended to a period not exceeding 12 months if the delegation of power is made to a school administrator.

* If this delegation is to be effective for a single date only, insert that date in both spaces provided.

K 10.00 S

Return: Carma L. Marshall, P.O. Box 1211, Klamath Falls, Or. 97601

37525

DELEGACION DE AUTORIDAD DE PADRE O APODERADO

ESTADO DE OREGON,

Condado de Klamath

Yo, el que firma y jura, digo y certifico:

1. Soy el padre o apoderado legal del nino menor de edad, pupilo o persona incapacitada, cuyo nombre aparece escrito abajo.

2. Con respecto a los poderes otorgados a mi sobre el cuidado, custodia o propiedad de esta persona, yo delego a Carma Marshall los siguientes poderes. (escoja exactamente uno)

X A. Todos los poderes.

____ B. Los siguientes poderes solamente.

Si A o B no son marcados en este documento, este en si delegara todos dichos poderes a la persona nombrada anteriormente.

3. Esta delegacion de poder debe comenzaren el dia 30 del mes de Noviembre, de 19 94 y terminara en el dia 13 del mes de Junio de 19 95, y debe incluir ambas fechas.

4. Esta delegacion de poder es hecha conforme a la regulacion Estatal del Estado de Oregon (ORS) 126.030 .

FECHADO este dia 30th del mes de Noviembre de 19 94 .

Cristina Mata
Firma del Padre o Apoderado

Faviola Gonzales
Nombre del nino, pupilo o persona incapacitada (letra de molde)

Cristina Mata
Nombre del Padre o Apoderado

SUSCRITO Y JURAMENTADO ante mi este dia 30th del mes de Noviembre de 19 94 .

OFFICIAL SEAL
BEVERLY A. BACUS
NOTARY PUBLIC - OREGON
COMMISSION NO. 031112
MY COMMISSION EXPIRES FEB. 01, 1998

Beverly A. Bacus
Notario Publico del Estado de Oregon
Mi comision expira: 2-1-98

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Carma L. Marshall the 9th day of Dec A.D., 19 94 at 3:49 o'clock P M., and duly recorded in Vol. M94, of Power of Attorney on Page 37524.

FEE $10.00/ cc $1.50

Evelyn Biehn County Clerk
By Louise Muldrake