

TK

96412

03-21-95A09:44 RCVD

KNOW ALL MEN BY THESE PRESENTS, That I, Charlene JoAnn Danielhave made, constituted and appointed and by these presents do make, constitute and appoint ThomasJim Wayne Daniel

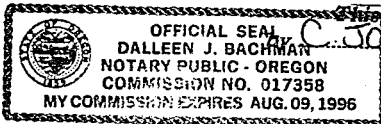
my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

The joint 1994 Tax Refund Federal To pay  
said Bills Nutters and Sprague River Medical  
Clinic.I give my permission for Thomas J. W.  
Daniel To sign my name C. JoAnn Daniel  
by P.O.A.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 per-  
sonally 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 3-181995C. JoAnn Daniel  
Thomas J. W. DanielSTATE OF OREGON, County of Klamath

ss.

This instrument was acknowledged before me on 3-18, 1995,  
C. JoAnn Daniel & Thomas J. W. DanielDalleen J. Bachman

Notary Public for Oregon

My commission expires Aug 9, 1996

## POWER OF ATTORNEY

(FORM No. 15)

TO

AFTER RECORDING RETURN TO

THOMAS J. W. DANIEL  
2263 RECLAMATION  
KLAMATH FALLS OR 97601

NAME, ADDRESS, ZIP

SPACE RESERVED

FOR

RECORDER'S USE

FEE: \$5.00/cc \$1.00

STATE OF OREGON,

County of Klamath

ss.

I certify that the within instru-  
ment was received for record on the  
..21st day of March, 1995..  
at 9:44 a'clock A.M. and recorded in  
book/reel/volume No. M95, on  
page 6288 or as fee/file/instru-  
ment/microfilm/reception No. 96412,  
Record of Power of Attorney  
of said County.Witness my hand and seal of  
County affixed.Bernetha G. Letsch, Co. Clerk

NAME

TITLE

Sylvia Freitz Deputy504  
1.00 cc