132 FORM N 05-17-95P02:05 RCVD OF ATTORNEY 72 KNOW ALL MEN BY THESE PRESENTS, That I, TANGELEE BUSHMAN, have made, constituted and appointed and by these presents do make, constitute and appoint THOMAS & LADONA BUSHMAN, ADDRESS: 3415. CREST. STREET SPACE 14, KLAMATH. FALLS, OR. 97603. my true and lawlul attorney, for me and in my name, place and stead and for my use and benefit, to - Provide room and board for my daughter, Angelea LaVon Bushman and to make decisions regarding her medical welfare, education, and upbringing in my absence until such time that I, Tangelee Bushman, resume parental custody. j. 2 1.1 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 personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to ba done, In constraint this instrument and where the context so requires, the singular includes the plurat Datèd STATE OF OREGON, County of ... **KLAMATH** This instrument was acknowledged before me onMAY-1.7. 19.95. TANGELEE BUSHMAN OFFICIAL SEAL OFFICIAL SEAL OUDENN STROUD NOTARY PUBLIC - CREGON COMMISSION NO.013098 COMMISSION EXPIRES FEB. 05. 1997 YATLY GA Notary Public for Oregon commission expires FEBRUARY 5, 1996 POWER OF ATTORNEY STATE OF OREGON. IFORM No. 15) 65. County ofKlamath I certify that the within instru-book/reel/volume No._____M95 то on page 12835 or as lee/file/instru CE RESERVED ment/microlilm/reception No. FOR Record of Power of Attorney RECORDER'S USE of said County. Witness my hand and seal County alfixed. mA ShmA 415 # 14 CREST ST. Bernetha G. Letsch, Co Gerk Igmath FAUS, OR 97603 FEE:\$5.00/cc\$1.00 NAME, ADDRESS, ZIP By MMIT Deputy 35° 1, 510 000