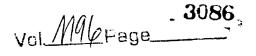
% FEB -2 A10:22

AFTER RECORDING RETURN TO: PARKS & RATLIFF 228 N. 7th Street Klamath Falls OR 97601



POWER OF ATTORNEY FOR CARE OF MINOR

| State of Oregon |) | |
|-----------------|---|----|
| \mathscr{P} |) | SS |
| County of Lane |) | |

KNOW ALL MEN BY THESE PRESENTS, That I, LAUREN MARTIN, have made, constituted and appointed and by these presents do make, constitute and appoint JODI LYNN LEIGHTON my true and lawful attorney, for me and in my name, place and stead and for my use and benefit as follows:

- 1. I, LAUREN MARTIN, declare that I am the mother of MEGAN NOEL LEIGHTON, born August 17, 1987.
- 2. I hereby delegate to JODI LYNN LEIGHTON, the care, custody and control of MEGAN NOEL LEIGHTON, including, but not limited to, the authority to enroll said minor child in any school in the district within which JODI LYNN LEIGHTON may reside and in which said minor child may be residing with her.
- 3. I hereby specifically authorize JODI LYNN LEIGHTON to authorize any doctor, nurse or other person acting on behalf of MEGAN NOEL LEIGHTON or any hospital or other health-providing service or institution to render whatever medical aid and treatment which she feels is necessary by virtue of any illness or injury to MEGAN NOEL LEIGHTON for which said minor child may require such treatment or aid.
- 4. When acting pursuant to this authorization, the said JODI
 LYNN LEIGHTON shall have the right to make any and all
 decisions as to the care and treatment of MEGAN NOEL
 LEIGHTON; and her authorization for any such treatment shall

misc\

have the same legal effect as if I had authorized that treatment myself.

5. Pursuant to the provisions of ORS 109.056, this power of attorney shall expire six months from the date of execution hereof.

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 be done, by virtue hereof

OFFICIAL SEAL

SUZANNE M. ROSSINS

NOTARY PUBLIC - OREGON
COMMISSION NO.042097

MY COMMISSION EXPIRES MAR. 65, 1988

STATE OF OREGON: COUNTY OF KLAMATH: ss.

| Filed fo | or record at request of | Jodi Leighton | the | 2nd | dav |
|----------|-------------------------|--|---------------|----------|-----|
| of | Feb of | A.D., 19 96 at 10:22 o'clock A M., and duly re Power of Attorney on Page 3086 | | M96 | |
| FEE | \$10.00/cc\$4.50 | | Loscii, Count | ty Clerk | |

FEB 2, 1996

#12850

NO RECORD

Pg 3088

