.....

¥K.

13954

KNOW ALL MEN BY THESE PRESENTS, That 1, 9:47 Lynette J. Freitag age

have made, constituted and appointed and by these presents do make, constitute and appoint Jeanette Jacobs

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

********Medical care for KAYLA JEANETTE FREITAG*******

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.

In construing this instrument and where the context so requires, the singular includes the plural. Dated FEBRUARY 28, 1996 í. Ω

	I, County of <u>KLAMATH</u> t was acknowledged before m <u>FREITAG</u>	k. J. Hlileg be on FEBRUARY 28, 19.96, Motary Public for Oregon
	My commission	expires 6-15-43
FOWER OF ATTORNEY		STATE OF OREGON, County of
Lynette J. Freitag		I certify that the within instru- ment was received for record on the 28th. day of February, 19.96., at 9:47o'clock A.M., and recorded in
то	SPACE RESERVED	book/reel/volume No. M96, on page5361or as fee/file/instru-
Jeanette Jacobs	FOR	ment/microfilm/reception No. 13954,
	RECORDER'S USE	Record of Power Of Attorney
		of said County.
AFTER RECORDING RETURN TO		Witness my hand and seal of
AFTER REGURDING RETURN TO		County affixed.
Lynette Freitag		Bernetha G Letsch County Cler
3300 Anderson Ave		NAME
Klamath Falls, Or. 97603	Fee \$5.00	By Cherry Fusselleputy
		<u>ð</u>