

## CHILD CARE AUTHORIZATION

The undersigned parent(s), Gail Marie Wescom of 5545 Summers Lane, Klamath Falls,, Oregon 97603, hereby grant(s) Doris I. Hargrove and William R. Hargrove, of 5545 Summers Lane, Klamath Falls, Oregon 97603, the authority to take temporary care of the following child(ren):

- Shaylee Rae Stuve

This grant of temporary authority shall begin on June 17, 1998, and shall remain effective until terminated by the undersigned.

The above named caretaker(s) shall have the following powers:

- The power to seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- The power to authorize medical treatment or medical procedures in an emergency situation.
- The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.

Dated: June 17, 1998

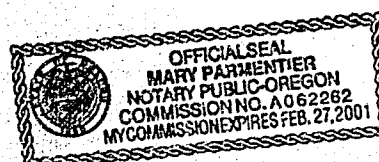
Gail Marie Wescom  
Gail Marie Wescom

STATE OF OREGON }  
COUNTY OF KLAMATH }

SUBSCRIBED AND SWORN TO BEFORE ME

THIS

17 day of June  
Mary Chamberlain  
NOTARY PUBLIC



Gail Wescom  
5545 Summers Ln.  
Klamath Falls Or 97603  
STATE OF OREGON: COUNTY OF KLAMATH: ss.

Initials: GW

Filed for record at request of GAIL WESCOM the 17TH day  
of JUNE A.D., 19 98 at 3:16 o'clock P M., and duly recorded in Vol. M98  
of POWER OF ATTORNEY on Page 20833  
By Bernetha G. Letsch, County Clerk

FEE \$5.00