

EA

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



POWER OF ATTORNEY

Norman MILLER ANDERSON, Sr.

M05-70767

Klamath County, Oregon

12/09/2005 10:10:51 AM

Pages 1 Fee: \$21.00

SPACE RESERVED
FOR
RECORDER'S USEand/or as fee/file/instrument/microfilm/reception
No. _____, Records of this County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____, Deputy.

After recording, return to (Name, Address, Zip):

Miller & Sharon Anderson
435 N. 6th St.
Klamath Falls, OR 97601

KNOW ALL BY THESE PRESENTS that I, Miller Anderson, Sr. (Norman),
have made, constituted and appointed and by these presents do make, constitute and appoint my wife Sharon
M. Anderson
my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to make any
decisions concerning medical care and to sign any
documents necessary.

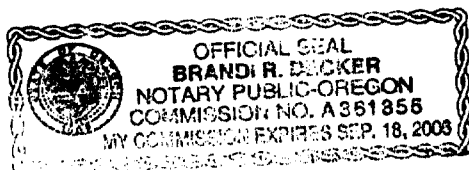
giving and granting unto my attorney the full power and authority to do and perform each and every act and thing whatsoever
requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying
and confirming all that my attorney lawfully does or causes to be done by virtue hereof.

In construing this instrument, and where the context so requires, the singular includes the plural.

DATED 10-12-05Sharon M. Anderson* Witness: J. L. Jones

Norm Anderson
re

Witness: Roberta Armstrong

STATE OF OREGON, County of Klamath ss.This instrument was acknowledged before me on 10-12-05
by Sharon M. Anderson & Miller Anderson, Sr.

Brandi R. Decker
Notary Public for Oregon

My commission expires Sept 18, 2006

21CA