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

Ch

POWER OF	ATTORNEY
----------	----------

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

7036R ROBINSON

4805 ALTAMONT JR. K-FALL CR
97,603

2006-020091 Klamath County, Oregon



SPACE RESI

10/05/2006 02:00:10 PM

Fee: \$21.00

KNOW ALL BY THESE PRESENTS that I, Michael (1). Mille

have made, constituted and appointed and by these presents do make, constitute and appoint Toise 3. 3001450N

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

ALL MEDICAL DECISIONS, MEDICAL RECORDS, AND LEGAL RECORDS

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 /0-4-06

STATE OF OREGON, County of Klampth

This instrument was acknowledged before me on October 4 Michael David Miller

by Michael David Mille

OFFICIAL SEAL
DEBORAH TORRIE
NOTARY PUBLIC - OREGON
COMMISSION NO. 395757
MY COMMISSION EXPIRES OCTOBER 14, 2009

Notary Public for Oregon

My commission expires Oct - 14, 200

PUBLISHER'S NOTE: Use of this form in connection with real estate may subject the user to real estate licensing requirements. To avoid the need to comply with those requirements: 1) ecord this form in the county or counties where the real estate is located; 2) specify the address(es) of the property to be managed, controlled, and/or sold; and 3) state that the agent, and eating with the real property, may not receive any compensation that would require the agent to be licensed under ORS 506 or other applies by levy.