

Return Address:

Kari Miler  
P.O. Box 328  
Carson, WA 98610

Document Title(s) or transactions contained herein:

Delegation of powers of parent or Guardian

GRANTOR(S) (Last name, first name, middle initial)

Kevin Nesbit

☐ Additional names on page \_\_\_\_ of document.

GRANTEE(S) (Last name, first name, middle initial)

Kari and Quinten Miler

☐ Additional names on page \_\_\_\_ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

☐ Complete legal on page \_\_\_\_ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax Parcel ID is not yet assigned

☐ Additional parcel numbers on page \_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name:

Signature/Title:

Kari Miler

EA

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



## DELEGATION OF POWERS OF PARENT OR GUARDIAN

STATE OF OREGON,

County of

CLACKAMAS

SS.

I, the undersigned, being first duly sworn, hereby say and certify:

1. I am a parent or legal guardian of the person whose name appears opposite my signature below.

2. With respect to the powers vested in me regarding care, custody or property of that person, I hereby delegate to Mr. Quinten and Keri Miller @ 21 Callahan Rd. Carson, Wa 98610

the following power(s) (choose exactly one):

☐ A. All such powers.

☒ B. Only the following power(s): Temporary guardian and care  
D.O.B. 5-25-90  
for my minor child, for such time as stated on  
this document for ordinary medical, dental  
psychiatric, mental health or remedial care  
and treatment, extraordinary care or surgery.  
Plans, placement or procedures related to child's  
education.

If neither (A) nor (B) is checked above, this instrument shall delegate all such powers.

X 3. This delegation shall commence on

5-06-05

and end on

3-16-06

, and shall include both of those dates.\*

4. This delegation is made pursuant to ORS 109.056.

DATED

5-14-05

X

Kevin Nesbitt

SIGNATURE OF PARENT/GUARDIAN

Kevin Guardipee

TYPE OR PRINT NAME OF PERSON

X

Kevin Nesbitt

TYPE OR PRINT NAME OF PARENT/GUARDIAN

SIGNED AND SWORN TO before me on

May 14, 2005



Notary Public for Oregon

My commission expires

Oct 15, 2006

\* ORS 109.056 allows a parent or guardian to delegate, for a period not exceeding 6 months, any powers of the parent or guardian regarding care, custody or property of a minor child or ward, except the power to consent to the marriage or adoption of a minor ward. This length of time may be extended to a period not exceeding 12 months if the delegation of power is made to a school administrator. Such a delegation may consist of a period not exceeding the term of active duty service plus 30 days when the parent or guardian is a member of the organized militia of the State of Oregon or any other reserve component of the United States Armed Forces who is required to enter and serve in the active military service of the United States under a call or order by the President of the United States. In this case, if the minor child is living with the child's other parent, the delegation must be made to the parent with whom the child is living unless the court finds that such a delegation would not be in the child's best interests. If the delegation is to be effective for a single date only, insert that date in both spaces provided.

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