

**POWER OF ATTORNEY AND AFFIDAVIT\***

State of Oregon

355.

## County of Clackamas

I, Leanne Lewis, being first duly sworn, depose and say: that I am the parent or legal guardian of, Christopher Lewis and that I have given my consent and do hereby give my consent for him/her to reside with Traey Revel, whose address is 31646 52nd Courtland Rd. S. 7009 and phone number is 513-866-1481. I further give to Traey Revel full parental relationship with respect to my child, and certify that they have full custody and control in any matters pertaining to school enrollment, discipline, curriculum or any other school matters, including authority to authorize ordinary medical, dental, psychiatric, psychological, hygienic or other remedial care and treatment for my child, and where my child's safety urgently requires it, to authorize surgery or other extraordinary care. I certify that this granting of Power of Attorney is not for the primary purpose of attending a district school.

Parent or Guardian: John Smith

Date: 1-31-15

Date:

Address/City/Zip: 2929 N New Castle Portland OR 97217

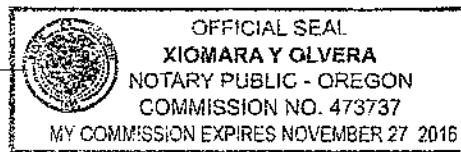
Phone Number: 503-756-1921

Subscribed and sworn to before me this 31<sup>st</sup> day of August, 2015.

**Notary Public for**

### My commission

My commission expires: November 27, 2014



## AFFIDAVIT

State of Oregon )  
 ) ss.  
County of Clackamas )

I/we, Tracy L. Peeler, being first duly sworn, depose and say; that I/we reside at 2104 1/2 SE Corvallis Rd  
Burnside, OR 97202, and that I/we have accepted and do hereby accept parental relationship and limited Power of Attorney as though I/we were the natural parent(s) with respect to Charlotte Carter. I/we understand that this parental relationship includes such obligations as physical custody and control of the child; the supplying of food, clothing, shelter and incidental necessities; care, education and discipline; and the authority to authorize ordinary medical, dental, psychiatric, psychological, hygienic or other remedial care and treatment for the child; and where the child's safety urgently requires it, to authorize surgery or other extraordinary care. I further understand and accept responsibility for the acts of this child under Oregon law, including responsibility for damages to any school property the child may cause up to \$5,000, and in any other matters pertaining to school, such as enrollment, discipline, or curriculum matters.

Tracy L. Peeler  
Signature

8/31/15  
Date

Signature

Date

Phone Number: 503-866-1481

Subscribed and sworn to before me this 31<sup>st</sup> day of August, 2015.

S. S. C.  
Notary Public for Oregon

My commission expires on: November 27, 2016

