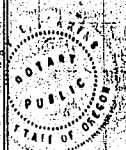


STATE OF OREGON
County of Klamath

BE IT REMEMBERED, That on this 25th day of September, 1948, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Charles T. Carlson and Clara A. Carlson, husband and wife, who are known to me to be the identical individual described in and who executed the within instrument and acknowledged to me that they executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal this day and year last above written.

Kenny E. Perkins
Notary Public for State of Oregon
My Commission expires AUG. 28, 1950



WARRANTY DEED

STATE OF OREGON

County of Klamath
I certify that the within instrument was received for record on the 25th day of September, 1948, at 10:22 o'clock A.M., and recorded in book 225 on page 273. Record of Death of said County.

Witness my hand and seal of County affixed.

Chas. E. De Lap
County Clerk
Recording of Conveyances
By *Chas. E. De Lap*
Notary Public for State of Oregon
My Commission expires AUG. 28, 1950

Chas. E. De Lap
Notary Public for State of Oregon
My Commission expires AUG. 28, 1950

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OREGON STATE BOARD OF HEALTH
Division of Vital Statistics
CERTIFIED COPY OF DEATH RECORD

State File No. _____
Local Registrar's No. 209

1. PLACE OF DEATH: (a) County <u>Klamath</u> (b) City or town <u>Klamath Falls</u> (c) Name of hospital or institution <u>1805 Huron (Residence)</u> (d) Length of stay: In hospital or institution <u>15 years</u> In state <u>10 years</u>		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Oregon</u> (b) County <u>Klamath</u> (c) City or town <u>Klamath Falls</u> (d) Street No. <u>1805 Huron</u> (e) If foreign born, how long in U. S. A. <u>10 years</u>	
3. (a) FULL NAME: EVELYN MILLER (b) If female, (c) Social Security (d) Name of husband or wife <u>Edgar B. Miller</u> (e) Date of marriage <u>September 15, 1888</u> (f) Birth date of deceased <u>September 15, 1888</u> (g) Age: Years <u>59</u> Months <u>11</u> Days <u>6</u>		4. MEDICAL CERTIFICATION (a) Date of death: Month <u>August</u> day <u>21st</u> year <u>1948</u> (b) I hereby certify that I attended the deceased from <u>Aug. 2</u> to <u>Aug. 2</u> and that death occurred on the date and hour stated above. Immediate cause of death: <u>Cerebral Hemorrhage</u> Due to: <u>Arteriosclerosis</u> Underlying: <u>Hypertension</u> Other conditions: <u>Cerebral Hemorrhage</u> (c) Signature of physician <u>Marvin Kersath</u> (d) Address <u>Klamath Falls, Ore</u>	
5. (a) Informant's own signature: Darrell M. Miller (b) Address <u>1405 E. Dorado St. K. Falls</u> (c) Date of death <u>8/21/48</u> (d) Signature of funeral director <u>Earl Thielack</u> (e) Address <u>Klamath Falls, Oregon</u> (f) Signature of registrar <u>Marvin Kersath</u> (g) Address <u>Klamath Falls, Ore</u>		6. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where the injury occurred _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (e) Signature of physician <u>Marvin Kersath</u> (f) Address <u>Klamath Falls, Ore</u>	

STATE OF OREGON
County of Klamath
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Health Department of Health.

Marvin Kersath
Registrar of Vital Statistics
By _____
Date August 26, 1948

1948 SEP 28 PM 10:27
RECORDED IN VOL. 225
DEEDS
FILED
WILSON TITLE & ABSTRACT CO.
Klamath Falls, Oregon