

STATE OF OREGON,

County of Klamath

BE IT REMEMBERED, That on this 26th day of March, 1963, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Richard D. Nelson and Jeanette J. Nelson, Husband and Wife, 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 affixed my official seal the day and year last above written.

Notary Public for Oregon.
My Commission expires 12-16-66

WARRANTY DEED

(FORM No. 183)
REVENUE-NEW LAW PUB. CO., PORTLAND, ORE.

STATE OF OREGON,

County of Klamath

I certify that the within instrument was received for record on the 26th day of March, 1963, at 2:55 o'clock P. M., and recorded in book 344 on page 258, Record of Deeds of said County.

Witness my hand and seal of said County.

County of Klamath

Notary Public for Oregon

My Commission Expires 12-16-66

When Recorded Return to

Notary Public for Oregon

My Commission Expires 12-16-66

Notary Public for Oregon

My Commission Expires 12-16-66

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STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH	
CERTIFICATE OF DEATH	
FEDERAL BUREAU OF INVESTIGATION	
1. NAME OF DECEASED - FIRST NAME, LAST NAME, MIDDLE NAME WILLIAM CLAUDE HOMER	
2. DATE OF BIRTH Aug 20 1961	
3. SEX Male	
4. RACE White	
5. PLACE AND DATE OF BIRTH Jewell, Oklahoma, 8-20-1961	
6. PLACE AND DATE OF DEATH Woodland Clinic Memorial, Woodland, Calif., 8-22-61	
7. NAME OF DECEASED'S FATHER William Floyd Homer/Ala	
8. NAME OF DECEASED'S MOTHER Jewell Blackwell/Oklahoma	
9. NAME OF DECEASED'S SPOUSE Erma Frances Homer	
10. NAME OF DECEASED'S CHILDREN housewife	
11. NAME OF DECEASED'S BUSINESS Southern Pacific Railroad	
12. NAME OF DECEASED'S OCCUPATION housewife	
13. STREET ADDRESS 3rd & Cross	
14. CITY OR TOWN Woodland	
15. COUNTY Yolo	
16. STATE Calif.	
17. NAME OF DECEASED'S PHYSICIAN Willis R. Homer	
18. ADDRESS OF PHYSICIAN 3407 Emerald St/K. Falls	
19. CITY OR TOWN Dunsmuir	
20. COUNTY Shasta	
21. STATE Calif.	
22. NAME OF DECEASED'S CORONER OR FUNERAL DIRECTOR H. C. Emery	
23. ADDRESS OF CORONER OR FUNERAL DIRECTOR Woodland, California	
24. CITY OR TOWN Woodland	
25. COUNTY Yolo	
26. STATE Calif.	
27. NAME OF DECEASED'S REGISTRAR W. C. McNARY	
28. ADDRESS OF REGISTRAR Mt. Shasta Memorial Park	
29. CITY OR TOWN Woodland	
30. COUNTY Yolo	
31. STATE Calif.	
32. CAUSE OF DEATH Crushing injuries to left chest with hemothorax and multiple fractures, when car he drove was sideswiped by lumber truck.	
33. DATE OF OPERATION 8-22-61	
34. NAME OF SURGEON as stated above	
35. NAME OF ANESTHETIST as stated above	
36. NAME OF PATHOLOGIST as stated above	
37. NAME OF RADIOLOGIST as stated above	
38. NAME OF CLINICAL PATHOLOGIST as stated above	
39. NAME OF CLINICAL CHEMIST as stated above	
40. NAME OF CLINICAL MICROSCOPIC as stated above	
41. NAME OF CLINICAL PHYSICIAN as stated above	
42. NAME OF CLINICAL NURSE as stated above	
43. NAME OF CLINICAL LABORATORY as stated above	
44. NAME OF CLINICAL X-RAY as stated above	
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