

9649

STATE OF WASHINGTON }
COUNTY OF PIERCE } ss.

On this 25th day of May , 1960, before me personally appeared E. F. Heacox and George S. Long, Jr. to me known to be the Vice President, Timberland Division, and Secretary, respectively, of Weyerhaeuser Company, the corporation that executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that they were authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Notary seal affixed

/s/ Edward W. Mathewson
Notary Public in and for the State of
Washington, residing at Tacoma.
My commission expires: April 16, 1964

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Weyerhaeuser Co.

this 10th day of Sept. A. D. 1971 at 12:58 o'clock P. M., and duly recorded in
Vol. M 71, of Deeds on Page 9647

Fee \$4.50

WM. D. MILNE, County Clerk
By Alice C. Fieger

SEP 10 12 58 PM 1971

STATE OF OREGON—STATE BOARD OF HEALTH

Vital Statistics Section

CERTIFICATE OF DEATH

302

Local File Number

State File Number

DECEASED NAME Walter Lee Bliss
 RACE White, Negro, American Indian, etc. (specify) White
 SEX Male
 AGE—last birthday (years) 73
 DATE OF BIRTH (month, day, year) July 1, 1971
 COUNTY OF DEATH Klamath
 CITY, TOWN, OR LOCATION OF DEATH Klamath Falls
 STATE OF BIRTH (if not in U.S.A., name country) Idaho
 SOCIAL SECURITY NUMBER 543-10-0637
 RESIDENCE—STATE Oregon
 CITY, TOWN, OR LOCATION Klamath Falls
 FATHER—NAME first middle last Fred A. Bliss
 MOTHER—Maiden Name first middle last Mary Frances Jones
 DECEASED'S NAME first middle last Della Bliss
 DATE OF DEATH (month, day, year) July 1, 1971
 TIME OF DEATH (month, day, year) July 1, 1971
 HOURS min. 11:15
 PLACE OF DEATH (specify) Home
 CITY, TOWN, OR LOCATION Klamath Falls
 STATE OF DEATH Oregon
 COUNTY OF DEATH Klamath
 CITY, TOWN, OR LOCATION Klamath Falls
 DECEASED'S NAME first middle last Della Bliss
 DATE OF BIRTH (month, day, year) April 5, 1898
 PLACE OF BIRTH (specify) Klamath Falls
 STATE OF BIRTH (if not in U.S.A., name country) Oregon
 SOCIAL SECURITY NUMBER 543-10-0637
 RESIDENCE—STATE Oregon
 CITY, TOWN, OR LOCATION Klamath Falls
 FATHER—NAME first middle last Fred A. Bliss
 MOTHER—Maiden Name first middle last Mary Frances Jones
 DECEASED'S NAME first middle last Della Bliss
 DATE OF DEATH (month, day, year) July 1, 1971
 TIME OF DEATH (month, day, year) July 1, 1971
 HOURS min. 11:15
 PLACE OF DEATH (specify) Home
 CITY, TOWN, OR LOCATION Klamath Falls
 STATE OF DEATH Oregon
 COUNTY OF DEATH Klamath
 CITY, TOWN, OR LOCATION Klamath Falls

1. ACCIDENT (specify yes or no) 20a. DATE OF INJURY (month, day, year) 20b. HOUR
 2. INJURY AT WORK (specify yes or no) 20c. LOCATION (street or R.F.D. No., city or town, county, state)
 3. PHYSICIAN (specify yes or no) 20d. NAME (type or print) M.D. M.D.
 20e. DATE SIGNED (month, day, year) July 1, 1971
 20f. DEATH OCCURRED (specify yes or no) 20g. DATE OF DEATH (month, day, year) July 1, 1971
 20h. TIME OF DEATH (month, day, year) 11:15
 20i. PLACE OF DEATH (specify) Home
 20j. CITY, TOWN, OR LOCATION Klamath Falls
 20k. STATE OF DEATH Oregon
 20l. COUNTY OF DEATH Klamath
 20m. CITY, TOWN, OR LOCATION Klamath Falls

CAUSE
 Conditions, if any, due to, or as a consequence of:
 (a) due to, or as a consequence of: 20a. DATE OF INJURY (month, day, year) July 1, 1971
 (b) due to, or as a consequence of: 20b. HOUR 11:15
 (c) due to, or as a consequence of: 20c. LOCATION (street or R.F.D. No., city or town, county, state) Klamath Falls, Oregon
 20d. NAME (type or print) M.D. M.D.
 20e. DATE SIGNED (month, day, year) July 1, 1971
 20f. DEATH OCCURRED (specify yes or no) 20g. DATE OF DEATH (month, day, year) July 1, 1971
 20h. TIME OF DEATH (month, day, year) 11:15
 20i. PLACE OF DEATH (specify) Home
 20j. CITY, TOWN, OR LOCATION Klamath Falls
 20k. STATE OF DEATH Oregon
 20l. COUNTY OF DEATH Klamath
 20m. CITY, TOWN, OR LOCATION Klamath Falls

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death not related to cause given in Part I (a), (b), and (c)
 18. DEATH WAS CAUSED BY: (a) immediate cause (b) due to, or as a consequence of: (c) due to, or as a consequence of:
 19. AUTOPSY (yes or no) 20. IF YES, WHERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
 21. PHYSICIAN (specify yes or no) 22. NAME (type or print) M.D. M.D.
 23. DATE SIGNED (month, day, year) July 1, 1971
 24. DEATH OCCURRED (specify yes or no) 25. DATE OF DEATH (month, day, year) July 1, 1971
 26. TIME OF DEATH (month, day, year) 11:15
 27. PLACE OF DEATH (specify) Home
 28. CITY, TOWN, OR LOCATION Klamath Falls
 29. STATE OF DEATH Oregon
 30. COUNTY OF DEATH Klamath
 31. CITY, TOWN, OR LOCATION Klamath Falls

CERTIFIER
 22. NAME (type or print) M.D. M.D.
 23. DATE SIGNED (month, day, year) July 1, 1971
 24. DEATH OCCURRED (specify yes or no) 25. DATE OF DEATH (month, day, year) July 1, 1971
 26. TIME OF DEATH (month, day, year) 11:15
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 29. STATE OF DEATH Oregon
 30. COUNTY OF DEATH Klamath
 31. CITY, TOWN, OR LOCATION Klamath Falls

BURIAL
 22. NAME (type or print) M.D. M.D.
 23. DATE SIGNED (month, day, year) July 1, 1971
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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 Department of Health.

NELL BLACK, M.D., Registrar Vital Statistics

By Therese M. Ford Deputy Registrar
 Date July 2, 1971

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MARY FORD

this 10th day of September A.D., 1971 at 12:58 o'clock P.M., and duly recorded in

Vol. M 71, of DEEDS on Page 9650

Fee \$1.50

WM. D. MILNE, County Clerk

By Hazel Craig