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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

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CERTIFICATE OF DEATH

LOCAL FILE NUMBER 1607 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME First	Middle	Last	2 DATE OF DEATH (Month, Day, Year)	3a COUNTY OF DEATH
Lawrence	Arthur	GERAGHTY	November 18, 1980	Washoe

3b CITY, TOWN, OR LOCATION OF DEATH	3c HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	3d If Hosp or Inst Indicate DOA, OP, Emer Rm, Inpatient (Specify)
Reno	322 North Sierra Street #208	

4a RACE—(e.g., White, Black, American Indian, etc.) (Specify)	4b ETHNIC	5a AGE—Last Birthday (Years)	UNDER 1 YEAR 5b MOS : DAYS	UNDER 1 DAY 5c HOURS : MINS	6 DATE OF BIRTH (Mo., Day, Yr.)	SEX
White	American	64	:	:	March 16, 1916	Male

8 STATE OF BIRTH (If not U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
Oklahoma	U S A	Married	Barbara Burkhardt ✓	No

13 SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	14b KIND OF BUSINESS OR INDUSTRY
543-05-4320	Farmer	

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a RESIDENCE—STATE	15b COUNTY	15c CITY, TOWN, OR LOCATION	15d STREET AND NUMBER	15e INSIDE CITY LIMITS (Specify Yes or No)
Oregon	Klamath	Klamath Falls	1710 Oregon Avenue ✓	Yes

PARENTS

16 FATHER—NAME First	Middle	Last	17 MOTHER—MAIDEN NAME First	Middle	Last
William	Francis	Geraghty	Alma	Pearl	Reeves

18a INFORMANT—NAME (Type or Print)	18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Barbara Geraghty	1710 Oregon Avenue, Klamath Falls, Oregon 97601

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b CEMETERY OR CREMATORY—NAME	19c LOCATION City or Town	State
Removal-Burial	Merrill I.O.O.F. Cemetery	Merrill	Oregon

20a FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	20b NAME AND ADDRESS OF FACILITY
[signature]	O'Brien-Rogers & Crosby P.O.Box 6646, Reno, NV 89513

CERTIFIER

To be completed by CERTIFYING PHYSICIAN Only

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)

21b DATE SIGNED (Mo., Day, Yr.)	21c HOUR OF DEATH

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by MEDICAL EXAMINER or Coroner Only

22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) Vernon O. McCarty

22b DATE SIGNED (Mo., Day, Yr.)	22c HOUR OF DEATH
November 20, 1980	11:15 a.m.
22d PRONOUNCED DEAD (Mo., Day, Yr.) ON: November 18, 1980	22e PRONOUNCED DEAD (Hour) AT: 11:15 a.m.

23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)
Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520

24a REGISTRAR (Signature)	24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
Aurelia Steen Deputy Registrar	November 24, 1980

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Atherosclerotic heart disease — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Myocardial infarction; 1978

26 AUTOPSY (Specify Yes or No)	27 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)
No	Yes

28a ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (Specify)	28b DATE OF INJURY (Mo., Day, Yr.)	28c HOUR OF INJURY	28d DESCRIBE HOW INJURY OCCURRED

28e INJURY AT WORK (Specify Yes or No)	28f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28g LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE

CAUSE 375.0

Nº 21792

STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of December A.D., 1980 at 10;15 o'clock A M., and duly recorded in Vol. M 80 of DEEDS on page 23196.

Fee $3.50

WM. D. MILNE, County Clerk
By Jacqueline S. Miller Deputy

FORM No. 926—GENERAL EASEMENT. STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR. 97204

TC 93170

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AGREEMENT FOR EASEMENT