

REQUEST FOR TERMINATION OF POWER OF ATTORNEY

TO: KLAMATH COUNTY CLERK

STATE OF OREGON)
) SS
County of Klamath)

I, Robert L. Moisio, being first duly sworn depose and say;

In 1980, I filed a power of attorney with the Klamath County Clerk's office, giving Donna M. Hasbrouck general power of attorney on my behalf. By this document I request that said power of attorney be terminated, as I no longer desire to have Donna M. Hasbrouck to have this power of attorney on my behalf.

Robert L. Moisio
Robert L. Moisio

SUBSCRIBED AND SWORN before me this 19th day of March, 1981

Mildred L. Lewis
NOTARY PUBLIC FOR OREGON
My Commission expires: 7/19/81

*Ret to Robert Moisio
Box 606 - Chiloquin*

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record ~~at request of~~

this 19th day of March A.D. 19 81 at 4:31 o'clock P M., and
duly recorded in Vol. M81, of Power of Attorney on Page 5046.

EVELYN BIEHN, County Clerk

By *Debra A. Jansen*

81 MAR 19 PM 4 31

DECEASED - NAME		FIRST		MIDDLE		LAST		State File Number	
Jean		Apodaca		Apodaca		Apodaca		August 4, 1980	
RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX		AGE - LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		DATE OF DEATH (MONTH, DAY, YEAR)	
White		Female		44		MOS. DAYS HOURS MIN.		June 7, 1936	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.)		IF HOSP. OR INST. INDICATE DOA, OFFICER, PM, INPATIENT (SPECIFY)		COUNTY OF DEATH		Klamath	
Dairy		Hwy. 140, 1/2 M. West Dairy		Hwy. 140, 1/2 M. West Dairy		Klamath		Klamath	
STATE OF BIRTH (IF NOT IN U.S., GIVE NAME & COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	
New Mexico		U.S.A.		Divorced		II		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
542-40-7030		Bartender		Bartender					
RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D.		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Oregon		Klamath		Bonanza		Rt. 1 Box 496 D		No	
FATHER - NAME		FIRST		MIDDLE		LAST		INFORMANT - NAME AND RELATIONSHIP TO DECEASED	
John Kelley		Ina		Cox				Ina Dyess, Mother	
BURIAL, CREMATION, REMOVAL, MAUSOLEUM (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION - CITY OR TOWN		STATE			
Burial		Klamath Memorial Park		Klamath Falls, Oregon					
FUNERAL SERVICE LICENSED OR PERSON ACTING AS SUCH - NAME AND ADDRESS OF FACILITY									
O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601									
CERTIFICATION - MEDICAL EXAMINER									
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:									
DEATH OCCURRED (MONTH, DAY, YEAR)		FROM							
7:20 P.M. August 4, 1980		9:10 P.M.							
CERTIFIER - SIGNATURE		NAME - (TYPE OR PRINT)							
George R. Nicholson		M.D.							
MEDICAL EXAMINER - SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)							
Klamath		AUG 11 1980							
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		REGISTRAR - SIGNATURE							
AUG 11 1980		Klaudia Francis							
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)									
(A) DUE TO, OR AS A CONSEQUENCE OF		Pushing against back of chair							
(B) DUE TO, OR AS A CONSEQUENCE OF									
(C) DUE TO, OR AS A CONSEQUENCE OF									
PART II - OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)									
DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)							
Aug. 4, 1980		2 vehicle automobile accident (driver)							
INJ. AT WORK (YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)					
No		Hwy. 140		Hwy. 140, 1/2 M. West Dairy Klamath Oregon					
RESERVED FOR REGISTRAR'S USE									

ORIGINAL - VITAL STATISTICS COPY

HS-107 REV. 1-78

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics
By Klaudia Francis, Deputy Registrar
Date AUG 14 1980

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

19th day of March A.D., 1981 at 4:31 o'clock P.M., and duly recorded in

Vol M81 of Deeds on page 5047.

EVELYN BIEHN
COUNTY CLERK

Fee \$3.50

By Debra J. Jones deputy