

52789

RECORDING REQUESTED BY

ORDER NO.  
ESCROW NO.Vol. M85 Page 14047

WHEN RECORDED MAIL TO

Aspen Title  
Attn: Marlene

Aspen #29153

RECORDERS USE ONLY

## POWER OF ATTORNEY—SPECIAL

KNOW ALL MEN BY THESE PRESENTS

that BELIA F. STOCKWELL

has made, constituted and appointed, and by these presents does hereby make, constitute and appoint

LEWIS N. STOCKWELL

her

true and lawful Attorney for her and in name, place and stead

to ask, demand, sue for, recover, collect and receive all such sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities, and demands whatsoever as are now or shall hereafter become due, owing, payable, or belonging to the undersigned; and have, use, and take all lawful ways and means in the name of the undersigned, or otherwise, for the recovery thereof, by legal process, and to compromise and agree for the same, and grant acquittances or other sufficient discharges for the same, for the undersigned, and in the name of the undersigned to make, seal, and deliver the same; to compromise any and all debts owing by the undersigned, and to convey, transfer, and/or assign any property of any kind or character belonging to the undersigned in satisfaction of any debt owing by us or either of us; to bargain, contract, agree for, purchase, receive, and take lands, tenements, hereditaments, and accept the seizen and possession of all lands, and all deeds, and other assurances in the law therefor; and to lease, let, demise, bargain, sell, remise, release, convey, mortgage, convey in trust, and hypothecate lands, tenements, and hereditaments, upon such terms and conditions, and under such covenants as said attorney shall think fit to exchange real or personal property for other real or personal property, and to execute and deliver the necessary instruments of transfer or conveyance to consummate such exchange; to execute and deliver subordination agreements subordinating any lien, encumbrance or other right in real or personal property to any other lien, encumbrance, or other right therein; also to bargain and agree for, buy, sell, mortgage, hypothecate, convey in trust or otherwise, and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and other property in possession or in action, including authority to utilize my eligibility for V A Guaranty; also to transfer, assign, and deliver stock and the certificate or certificates evidencing the ownership of the same; and to make, do, and transact all and every kind of business of what nature and kind soever; and, also, for the undersigned and in the name and as the act and deed of the undersigned, to sign, seal, execute, deliver, and acknowledge such deeds, covenants, leases, indentures, agreements, mortgages, deeds of trust, hypothecations, assignments, bottomries, charter parties, bills of lading, bills, bonds, notes, receipts, evidences of debts, releases, and satisfactions of mortgage, judgment and other debts, and such other instruments in writing, of whatever kind of nature, as may be reasonable, advisable, necessary, or proper in the premises. TO DO AND PERFORM THE ABOVE ACT OR ACTS, WHICH ARE HEREBY LIMITED, HOWEVER, TO THE FOLLOWING DESCRIBED REAL PROPERTY AND ANY IMPROVEMENTS AND FIXTURES LOCATED THEREON:

Route 2, Box 769, Klamath Falls, Oregon

STATE OF CALIFORNIA  
COUNTY OF

On August 30, 1985

before me, the undersigned, a Notary Public in and for said County and State, personally appeared

Belia F. Stockwell, proven on the basis of satisfactory evidence or

Giving and granting unto said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully, to all intents and purposes as the undersigned might or could do if personally present, the undersigned hereby expressly ratifying and confirming all that said Attorney shall lawfully do or cause to be done by virtue of these presents.

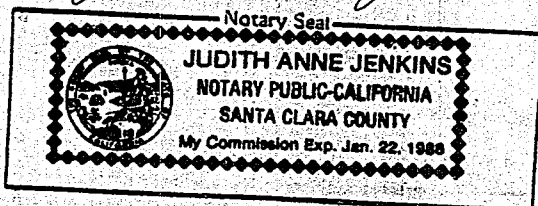
known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Notary Public in and for said County and State.

Dated: August 30, 1985

Belia F. Stockwell  
Belia F. Stockwell



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of of Sept. A.D., 19 85 at 3:44 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 14047

FEE \$5.00

Evelyn Biehn, County Clerk  
By Pam Smith

52790

OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit  
CERTIFICATE OF DEATH

Vol M85 Page 14048

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Local File Number 326

DECEASED—NAME First Middle Last  
LUCILLE FERNE FERGUSON

RACE White, Black, American Indian, etc. (specify) White SEX Female AGE Last birthday (years) 56 Under 1 year mos days Under 1 day hours min DATE OF DEATH (month, day, year) 2 August 12, 1984

CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Rt. 3 Box 222-A DATE OF BIRTH (month, day, year) 6 September 15, 1927

STATE OF BIRTH (If not in U.S.A., name country) Oregon CITIZEN OF WHAT COUNTRY 9 U.S.A. IF HOSP. OR INST. indicate DOA, OP, Emer., Am., Inpatient (Specify) 7c Residence Klamath

SOCIAL SECURITY NUMBER 13 546-30-5573 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married SPOUSE (IF MARRIED, WIDOWED) 11 Leonard J. Ferguson

RESIDENCE—STATE Oregon COUNTY Klamath USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Home Maker KIND OF BUSINESS OR INDUSTRY 14b Own Home

FATHER—NAME First middle last 15a Oregon 15b Klamath CITY, TOWN, OR LOCATION 15c Klamath Falls STREET AND NUMBER OR R.F.D. NO. 15d Rt. 3 Box 222-A 97601

MOTHER—first middle last 17 Inez - Dorman 18 Leonard J. Ferguson - husband

BURIAL, CREMATION, REINTERMENT, MAUSOLEUM (specify) 19a Burial CEMETERY OR CREMATORY—NAME 19b Mt. Calvary Cemetery LOCATION City or town 19c Klamath Falls, Oregon 97601

FUNERAL SERVICE LICENSEE Or Person Acting As Such NAME AND ADDRESS OF FACILITY 20a O'Hara's Funeral Chapel, 515 Pine St., Klamath Falls, Oregon 97601

NAME AND ADDRESS OF CERTIFIER (Type or Print) 21a Dr. Dave Seeley DATE SIGNED (Mo., Day, Yr.) 21b 8/13/84

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21c Medical - Dental Bldg. Klamath Falls, Oregon 97601

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a AUG 13 1984 REGISTRAR 22b (Signature) M. Ackerman

PART I IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION (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)

ACCIDENT (Specify Yes or No) 26a DATE OF INJURY (Mo., Day, Yr.) 26b HOUR OF INJURY 26c AUTOPSY (Specify Yes or No) 24 No WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes

INJURY AT WORK (Specify Yes or No) 26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f DESCRIBE HOW INJURY OCCURRED 26d

RESERVED FOR REGISTRAR'S USE 26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

## ORIGINAL - VITAL STATISTICS COPY

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 (Signature) Deputy Registrar  
Date AUG 13 1984

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of of Sept. A.D. 19 85 at 3:44 o'clock P M., and duly recorded in Vol. M85 on Page 14048

FEE \$5.00

Evelyn Biehn, County Clerk  
By (Signature)

after recording, returned to:  
Lt. 3 Bay 210  
Klamath Falls, OR. 97601