FORM No. 197—REVOCATION OF POWER OF ATTORNEY.

TN

STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR. 97204

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KNOW ALL MEN BY THESE PRESENTS, That whereas Donald M. Morgan 828 Waccus St. K. Falls in and by my Letter, Warrant or Power of Attorney, bearing the date of June 16th, 1980, did make, constitute and appoint TROY M. MORGAN true and lawful Attorney, for the purposes and with the powers therein set forth; as will more fully and at large appear by reference thereto, or to the record thereof, made on the 27 day of FEBRUARY, 1980, recorded in the office of the KLAMATH FALLS, OREGON of the County of KLAMATH, State of OREGON, in book/reel/volume No. M80 at page 11040, or as document/fee/file/instrument/microfilm No. 85654 (indicate which), of Power of Attorney

NOW THEREFORE, I the said Donald M. Morgan of 828 Waccus St. Klamath Falls, Oregon for divers good causes and considerations, do hereunto moving, having revoked, countermanded, annulled, and made void, and by these presents do revoke, countermand, annul and make void the said Letter, Warrant or Power of Attorney, and all power and authority thereby given, or intended to be given to the said TROY M. MORGAN 1212 HOMEDALE RD KLAMATH FALLS, OREGON.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4th day of June, 1986

Donald M. Morgan

STATE OF OREGON, County of Klamath) ss. June 4, 1986

Personally appeared the above named DONALD M MORGAN and acknowledged the foregoing to be a voluntary act and deed.

(OFFICIAL SEAL)

Before me: Rosemary Whitaker

Notary Public for Oregon—My commission expires: November 16, 1987

Revocation of

Power of Attorney

Ret: TO

Donald M Morgan

828 Waccus St. K. Falls, ORE.

SPACE RESERVED FOR RECORDER'S USE

Fee: $5.00

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 4th day of June, 1986, at 4:20 o'clock P.M., and recorded in book/reel/volume No. M86 on page 9719 or as document/fee/file/instrument/microfilm No. 62194, Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Pam Smith Deputy

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

419 (Local File Number) — **CERTIFICATE OF DEATH** — 77 019239 (State File Number)

DECEASED

1. DECEASED—NAME (First)	(Middle)	(Last)					2. DATE OF DEATH (month, day, year)
Lucille	L.	Ager					December 11, 1977
3. RACE White, Negro, American Indian, etc (specify)	4. SEX	AGE—Last birthday (years) 5a.	Under 1 year: mos. 5b.	days	Under 1 day: hours 5c.	min.	6. DATE OF BIRTH (month, day, year)
White	Female	59					August 27, 1918
7a. COUNTY OF DEATH	7b. CITY, TOWN, OR LOCATION OF DEATH		7c. Inside City Limits (specify yes or no)		7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		
Klamath	Klamath Falls		Yes		Pres. Intercomm. Hospt.		
8. STATE OF BIRTH (If not in U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)			11. NAME OF SPOUSE		
California	U.S.A.	Married			George M. Ager		
12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)				13b. KIND OF BUSINESS OR INDUSTRY		
542-88-8244	Homemaker				-		
14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. Inside City Limits (specify yes or no)		14e. STREET AND NUMBER OR R.F.D.		
Oregon	Klamath	Klamath Falls	No		Rt. 3, Box 304		
15. FATHER—NAME (first middle last)		16. MOTHER—Maiden Name (first middle last)			17. INFORMANT—NAME and relationship to deceased		
Henry Brookfield		Lottie Reppert			George M. Ager, Husband		

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) — approximate interval between onset and death

18. Immediate cause: (a) Cardiac failure — due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) Myocardial Infarction — due to, or as a consequence of: — 3 days
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a). — 19a. AUTOPSY (yes or no): no — 19b. IF YES were findings considered in determining cause of death

1. 410.9
2. /
3.

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
		M.	
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY (home, farm, street, factory, office bldg., etc. (specify))	20g. LOCATION (street or R.F.D. No., city or town, county, state)	

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: (month day year) 11 25 1977 to (month day year) Dec. 11, 1977 — And Last Saw Him/Her Alive on: (month day year) 12-11-77 — I Did/Did Not view the body after death (specify) I D. — DEATH OCCURRED (hour) 2:05 P. M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22. PHYSICIAN—SIGNATURE: [signature] — 22a. NAME (type or print) George B. Peden — degree or Title M.D. — 22c. DATE SIGNED (month, day, year) 12-13-1977

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2610 Uhrmann Rd., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town	state	24d. DATE (mo., day, year)
Burial	Klamath Memorial Park	Klamath Falls,	Oregon	12-13-77

25a. FUNERAL DIRECTOR—SIGNATURE: [signature] — 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE: [signature] — 26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 28 1977 — 27. DATE RECEIVED BY STATE REGISTRAR: DEC 27 1977

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28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED MAY 08 1986

JOSEPH D. CARNEY
STATE REGISTRAR

American Bank Note Company — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 4th day of June A.D., 19 86 at 4:20 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 9720.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]

Ret: George Ager Rt. 3, Box 304 Klamath Falls, Oregon