

TN

96520

Vol. m89 Page 1808

KNOW ALL MEN BY THESE PRESENTS, That whereas

Teri Lea Bailey

in and by

Letter, Warrant or Power of Attorney, bearing the date of June 11th

19 87

did make, constitute and appoint Faron Lee Bailey

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 29th day of June

19 87

recorded in the office of the County Clerk

Klamath

State of Oregon

of the County of

11283

in book/reel/volume No. M87 at page 11283

or as document/fee/file/instrument/microfilm No. (indicate which), of Deeds

NOW THEREFORE,

the said

Teri Lea Bailey

for
 divers good causes and considerations, 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
 Faron Lee Bailey

IN WITNESS WHEREOF,

I

have hereunto set my

hand and seal

this 27th

day of January, 19 89.

Teri L. Bailey

STATE OF OREGON, County of Klamath

ss. January 27

1989

Personally appeared the above named Teri Lea Bailey

and acknowledged the foregoing to be her voluntary act and deed.

Before me:

Phyllis R. Rutledge

Notary Public for Oregon—My commission expires: April 1, 1990

(OFFICIAL SEAL)

Revocation of Power of Attorney

TO

Return:

Teri Lee Bailey

1231 Homedale Rd.

Klamath Falls, Or. 97603

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of Klamath

ss.

I certify that the within instru-
 ment was received for record on the
 27th day of Jan. 19 89,
 at 4:17 o'clock P.M., and recorded
 in book/reel/volume No. M89 on
 page 1808 or as document/fee/file/
 instrument/microfilm No. 96520,
 Record of Deeds
 of said County.

Witness my hand and seal of
 County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Phyllis R. Rutledge Deputy

Fee \$5.00

CC 1.00

89 JAN 27 PM 4 17

5 00 00

55225
I.D. TAG NO.

22

Local File Number

HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

State File Number

| | | | |
|--|--|---|--|
| 1. DECEDENT'S NAME First: Albert Middle: Louis Last: HAND | | 2. SEX M | 3. DATE OF DEATH (Month, Day, Year) January 11, 1989 |
| 4. SOCIAL SECURITY NUMBER 441-12-1827 | | 5a. AGE - Last Birthday (Years) 83 | 5b. Under 1 Year Mo. Days Hours Mins. |
| 6. BIRTHPLACE (City and State or Foreign Country) Leday, Texas | | 7. DATE OF BIRTH (Month, Day, Year) November 26, 1905 | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | |
| 9a. FACILITY NAME (if not institution, give street and number) Merle West Medical Center | | 9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | |
| 9c. COUNTY OF DEATH Klamath | | | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Switchman | | 10b. KIND OF BUSINESS/INDUSTRY Southern Pacific Railroad | |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | | 12. SPOUSE (If Married, Widowed) Ruth | |
| 13a. RESIDENCE - STATE Oregon | | 13b. CITY, TOWN, OR LOCATION Klamath Falls | |
| 13c. STREET AND NUMBER 5517 Balsam Dr. | | | |
| 13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 13e. ZIP CODE 97603 | |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | 15. RACE American Indian, Black, White, etc. (Specify) White | |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | | 17. INFORMANT - NAME and relationship to deceased Ruth Hand - Wife | |
| 17. FATHER - NAME first middle last William - Hand | | 18. MOTHER - NAME first middle maiden Gracey - Hickman | |
| 19. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State | | 20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Lancaster</i> | | 21b. LICENSE NUMBER (Of Licensee) 3224 | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY WARD'S / 1945 Main St. Klamath Falls, Oregon 97601 | | 23. DATE FILED (Month, Day, Year) JAN 17 1989 | |
| 24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | 25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | |
| 26. TO BE COMPLETED ONLY BY MEDICAL EXAMINER | | | |
| 27. TIME OF DEATH 1830 | | 28. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M | |
| 29. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Kenneth K. Magee</i> | | | |
| 30. DATE SIGNED (Month, Day, Year) COUNTY | | | |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, Oregon 97601 | | | |
| 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |
| 33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) | | | |
| PART I (a) Ventricular fibrillation DUE TO, OR AS A CONSEQUENCE OF: (b) Progressive Heart failure DUE TO, OR AS A CONSEQUENCE OF: (c) Advanced atherosclerotic Heart Disease | | Interval between onset and death minutes Interval between onset and death months Interval between onset and death years | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Severe C.O.P.D. & Pulmonary Emphysema | | | |
| 37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk | | 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention | | 41a. DATE OF INJURY (Month, Day, Year) | |
| 41b. TIME OF INJURY M | | 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 41e. DESCRIBE HOW INJURY OCCURRED | |
| 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **JAN 20 1989**Marian Ackerman
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Ruth Hand** the **27th** day
of **Jan.** A.D., 19 **89** at **4:22** o'clock **P M.**, and duly recorded in Vol. **M89**
of **Deeds** on Page **1809**
By **Evelyn Biehn** County Clerk
By **Dorlene Melton**FEE \$8.00
Return: Ruth Hand
5517 Balsam Dr., Klamath Falls, Or. 9760-