

## ELECTRIC LINE RIGHT-OF-WAY EASEMENT

Deceased.

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, ALISON B. EVANS (William S. Evans) do hereby grant unto Midstate Electric Cooperative Inc., a cooperative (hereinafter called the "Cooperative") whose post office address is P.O. Box 127, LaPine, Or. 97739, and to its successors or assigns, the right to enter upon the lands of the undersigned, situated in the county of Klamath, State of Oregon, and more particularly described as follows:

PORTION NE 1/4	TOWNSHIP 23	RANGE 9	SECTION 24	TAX LOT 4200, 4300, 4400, 4500, 4600
PORTION ---	TOWNSHIP ---	RANGE ---	SECTION ---	TAX LOT ---
PORTION ---	TOWNSHIP ---	RANGE ---	SECTION ---	TAX LOT ---

SUBDIVISION RIVER PINE ESTATES

and to construct, operate and maintain an electric transmission and/or distribution line or system on or under the above described lands and/or in, upon or under all streets, roads or highways abutting said lands; to inspect and make such repairs, changes, alterations, improvements, removals from, substitutions and additions to its facilities as Cooperative may from time to time deem advisable, including, by way of example and not by way of limitation, the right to increase or decrease the number of conduits, wires, cables, handholes, manholes, connection boxes, transformer enclosures; to cut, trim and control the growth by machinery or otherwise of trees and shrubbery located within 20' feet of the center line of said line or system, or that may otherwise interfere with or threaten to endanger the operation and maintenance of said line or system (including any control of the growth of other vegetation in the right-of-way which may incidentally and necessarily result from the means of control employed); to keep the easement clear of all buildings, structures or other obstructions; and to license, permit or otherwise agree to the joint use of occupancy of the lines, system or, if any of said system is placed underground, of the trench and related underground facilities, by any other person, association or corporation.

The undersigned agreed that all poles, wires and other facilities including any main service entrance equipment, installed in, upon or under the above-described lands at the Cooperative's expense shall remain the property of the Cooperative, removable at the option of the Cooperative.

The undersigned covenant that they are the owners of the above-described lands and that the said lands are free and clear of encumbrances and liens whatsoever character except those held by the following persons:

DATED this 13<sup>th</sup> Day of March, 19 89 at: Redwood City, California

STATE OF CaliforniaCounty of San Mateo

SUSCRIBED AND SWORN TO BEFORE ME:



Cynthia Ann McMullen  
 NOTARY PUBLIC FOR California  
 My Commission Expires: May 5, 1992

William S. Evans

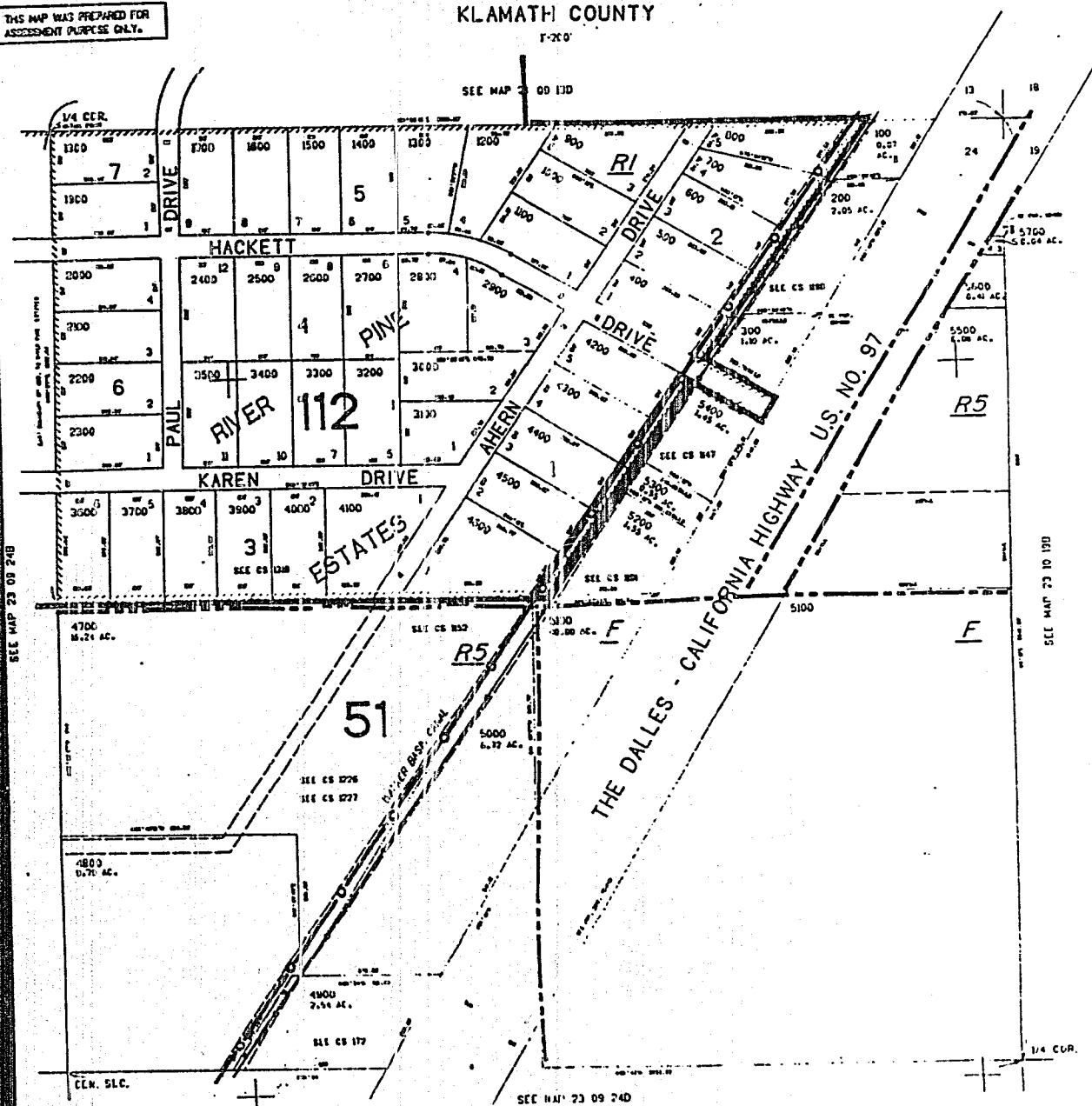
3/13/89

EXHIBIT "A"

NE 1/4 SEC. 24 T.23S. R.09E. W.M.  
KLAMATH COUNTY

23 09 24:

THIS MAP WAS PREPARED FOR  
ASSESSMENT PURPOSE ONLY.



NEW TRANSMISSION LINE TO BE CONSTRUCTED WEST OF EXISTING FACILITY.  
EXISTING TRANSMISSION LINE TO BE REMOVED.

# CERTIFICATE OF DEATH STATE OF CALIFORNIA

3801

11696

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		Alison		BERRY		EVANS		2A. DATE OF DEATH (MONTH, DAY, YEAR)   2B. HOUR			
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR	
Female		White		NO		Sept. 19, 1932		52 YEARS		MONTHS   DAYS   HOURS   MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
Kansas		George Beauregard Berry- Kansas		Gwen Liddell- Kansas		U.S.A.		561-46-1351		Widow	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Physician		7		Kaiser Foundation Hospital		Medicine		San Francisco		William S. Evans, Son	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. CITY OR TOWN		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
2550 37th Ave.		San Francisco		San Francisco		California		San Francisco		2559 37th Ave.	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE: PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WASopsy PERFORMED?		26. WAS DEATH REPORTED TO CORONER?	
(A) Arrhythmia		(B) Congestive cardiomyopathy		Asthma		Yes		No		Yes	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		29. DATE SIGNED   28D. PHYSICIAN'S LICENSE NUMBER		30. TYPE OF OPERATION		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR   32B. HOUR	
No		Howard E. LeWine MD		12/6/84   G 29802							
33. LOCATION (STREET AND NUMBER OR LOCATION, AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
2559 37th Avenue						Mervin F. Silverman				NOT EMBALMED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Cremation		12-6-84		Woodlawn Mem. Park, Colma, Ca.		Halsted/N. Gray & Co.		334		DEC 6 1984	
STATE REGISTRAR		A.		B.		C.		D.		E.	

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 84

DATED: Dec. 6, 1984

SAN FRANCISCO CALIFORNIA

MERVIN F. SILVERMAN, M.D.  
DIRECTOR OF PUBLIC HEALTH  
AND LOCAL REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Midstate Electric of June A.D. 19 89 at 10:06 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 11694.

FEE \$18.00  
Return: Midstate Electric  
P.O. 127, LaPine, Or. 97739

Evelyn Biehn County Clerk

By Roseline Muelandore