

SEPTIC AND DRAINFIELD EASEMENT

THIS AGREEMENT made this ____ day of _____, 19____,
between SAMUEL STEWART SHAW, hereinafter called "Grantor,"
and DAISY MAY SHAW, hereinafter called "Grantee."

RECITALS

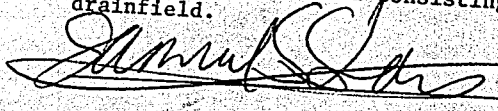
1. WHEREAS, Grantor owns that real property described in Exhibit "A" attached hereto, and
2. WHEREAS, Grantee owns real property described in Exhibit "B" attached hereto; and
3. WHEREAS, there is existing a septic system, including drainfield located on the property of both parties which benefits Grantee; and
4. WHEREAS, the Grantor desires to grant a nonexclusive irrigation pipeline easement across its property for the benefit of the Grantee, Now, Therefore,

GRANTOR HEREBY GRANTS an exclusive easement for septic tank and drain field and pipeline delivery system at the location of the presently existing septic and drain system and sufficient to expand system to comply with governmental requirements for the restaurant and motel presently located on grantee's real property, for the sewage drainage and related materials from the lands of Grantee herebefore described.

It is understood that there is located on said easement pipeline, septic system and drain field which is buried.

Grantee has the right of ingress and egress to maintain, construct and replace pipelines, septic tank and drainfields on easement granted herein. It is further understood that this is a covenant and conveyance which runs with the land for the benefit of lands described in Exhibit "B" and burdens lands described in Exhibit "A."

IN WITNESS WHEREOF, the Parties hereto have set their hands on the date first above written.
*not to exceed an area consisting of 500 feet of additional lineal drainfield.




'90 MAR 5 PM 2 12

STATE OF OREGON]
] ss.
 County of Klamath]

On this 1 day of March, 1990, personally
 appeared before me the above-named SAMUEL STEWART SHAW, and
 acknowledged the above to be his voluntary act and deed.

Charlotte Horez

Notary Public for Oregon

My Commission expires: 9-20-93

STATE OF OREGON]
] ss.
 County of Klamath]

On this 5th day of March, 1990, personally
 appeared before me the above-named DAISY MAY SHAW, and
 acknowledged the above to be her voluntary act and deed.

Lois E. Adolf
 Notary Public for Oregon
 My Commission expires:

LOIS E. ADOLF
 NOTARY PUBLIC - OREGON
 My Commission Expires 8/3/90

PARCEL 1:

4219

A piece of a parcel of land situate in the South Half of the Southwest Quarter (S1/2SW1/4) of Section 30, Township 39 South, Range 9 East, W.M., in Klamath County, Oregon, and more particularly described as follows:

Commencing at the point of intersection of the section line marking the Southerly boundary of the said Section 30 with a line parallel with and fifty (50.00) feet distant at right angles Southeasterly from the center line of the Klamath Falls-Midland section of the Oregon State Highway as the same is now located and constructed, from which point of intersection the Southwesterly corner of the said Section 30 bears South 89 421/2' West 827.1 feet, more or less distant, and running North 36 491/2' East along said parallel line 337.62 feet to the true point of beginning of this description; thence South 53 101/2' East, 250.0 feet; thence South 36 491/2' West and parallel with the said center line of Klamath Falls-Midland section of the Oregon State Highway 148.43 feet, more or less, to a point in the said section 30; thence South 89 421/2' West, along said Section line marking the Southerly boundary of the said Section 30 275.9 feet more or less, to its intersection with a line parallel with and eighty (80.00) feet distant at right angles Southeasterly from the said center line of the Klamath Falls-Midland section of the Oregon State Highway; thence North 36 421/2' East along said parallel line 259.37 feet; thence North 53 101/2' West, 30.0 feet, more or less, to a point in the said line parallel with and fifty (50.00) feet distant at right angles Southeasterly from the said center line of the Klamath Falls-Midland section of the Oregon State Highway; thence North 36 491/2' East, along said last mentioned parallel line 55.55 feet to the said true point of beginning; EXCEPTING therefrom, that portion of said property lying within the limits of roads and highways.

PARCEL 2:

The following described real property in Klamath County, Oregon:

4220

The S 1/2 SW 1/4, SW 1/4 SE 1/4 lying East of Highway 97 and North and West of Del Fatti Road in Section 30, Township 39 South, Range 9 East of the Willamette Meridian,

EXCEPTING THEREFROM those portions described in Deed Volumes 298/348, 283/107, 311/518, 297/258, 346/191, 356/437, and M-71 /6706

AND ALSO EXCEPTING THEREFROM the SW 1/4 SE 1/4 and that portion of SE 1/4 SW 1/4 Section 30, Township 39 South, Range 9 East of the Willamette Meridian, more particularly described as follows:

Easterly, from an 3/4" iron pipe located at the intersection of the North boundary of the SE 1/4 SW 1/4 and the Southeasterly highway right of way, 607 feet along a fence line, generally accepted as the North boundary of the SE 1/4 SW 1/4, to an 3/4" iron pipe, to the point of beginning; thence South 1° 54' 40" West a distance of 455.3 feet to a 3/4" iron pipe reference monument; thence South 1° 54' 40" West a distance of 10.3 feet to the center of an irrigation ditch; thence South 89° 41' 10" West along the center line of said irrigation ditch as the same is presently located and constructed, 285 feet; thence due South to the center line of Del Fatti Road a distance of 855 feet more or less; thence Easterly, along the center line of said road to the Southeast corner of the SE 1/4 SW 1/4; thence Northerly along the Easterly line of the SE 1/4 SW 1/4 to the Northerly boundary of said SE 1/4 SW 1/4; thence Westerly along the Northerly boundary of the SE 1/4 SW 1/4 a distance of 230 feet more or less to the point of beginning. EXCEPTING THEREFROM those portions deeded to the public for road purposes in Deed Book 297 at page 258.

A piece or parcel of land situate in the S 1/2 SW 1/4 of Section 30, Township 39 South, Range 9 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:

4221

Commencing at the point of intersection of the section line marking the southerly boundary of the said Section 30 with a line parallel with and 50 feet distant at right angles southeasterly from the center line of the Klamath Falls-Midland section of the Oregon State Highway as the same is now located and constructed, from which point of intersection the Southwesterly corner of the said Section 30 bears South 89 degrees 42 1/2' West 827.1 feet, more or less, distant, and running North 36 degrees 49 1/2' East, along said parallel line 337.62 feet to the true point of beginning of this description; thence North 36 degrees 49 1/2' East, and continuing along said parallel line 200.0 feet; thence South 53 degrees 10 1/2' East 250.0 feet; thence South 36 degrees 49 1/2' West and parallel with said center line of the Klamath Falls-Midland section of the Oregon State Highway 200.0 feet; thence North 53 degrees 10 1/2' West 250.0 feet, more or less, to the said point of beginning.

SUBJECT TO reservations and restrictions of record, easements and rights of way of record and those apparent on the land, contracts and/or liens for irrigation and/or drainage.

EXHIBIT "B"

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Proctor & Fairclo
of March A.D., 19 90 at 2:12 o'clock PM., and duly recorded in Vol. M90
of Deeds the 6th day

FEE \$48.00

on Page 4217
Evelyn Biehn
By Pauline M. Mendenhall County Clerk

65554
I.D. TAG NO. 14
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH 136

State File Number

1. DECEDENT'S NAME
First: Lawrence Middle: Paige Last: ARNOLD

2. SEX: M

3. DATE OF DEATH (Month, Day, Year): January 11, 1990

4. SOCIAL SECURITY NUMBER: 298-10-9814

5a. AGE - Last Birthday (Years): 91

5b. Under 1 Year: Mos. Days Hours Mins.

5c. Under 1 Day: Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Bredlove, WV.

7. DATE OF BIRTH (Month, Day, Year): February 19, 1898

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
☒ Yes ☐ No

9a. PLACE OF DEATH (Check only one)
☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other: Nursing Home ☐ Decedent's Home ☐ Other (Specify):

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): Rubberworker

10b. KIND OF BUSINESS/INDUSTRY: Tire Manufacturing

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Dessie R.

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN, OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 154 Hillside Avenue

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

15. RACE: American-Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12) College (1-4 or 5+)

17. FATHER - NAME first middle last: Samuel L. Arnold

18. MOTHER - NAME first middle last: Rachel M. Sell

19. INFORMANT - NAME and relationship to deceased: David R. Arnold, son

20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens

20c. LOCATION - City or Town, State: Klamath Falls, OR 97603

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

21b. LICENSE NUMBER (Of Licensee): 53-0124

22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

23. DATE FILED (Month, Day, Year): JAN 11 1990

24. REGISTRAR'S SIGNATURE: Nancy Kennedy

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

27. TIME OF DEATH: 0805 A

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
Signature: Kenneth K. Magee

30. DATE SIGNED (Month, Day, Year): January 11, 1990

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee, MD, 1900 Main Street, 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) DUE TO, OR AS A CONSEQUENCE OF: Acute Central Venous Thrombosis
(b) DUE TO, OR AS A CONSEQUENCE OF: Cardiac Arrhythmia
(c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I

34. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

35. DATE OF INJURY (Month, Day, Year):

36. TIME OF INJURY: M

37. INJURY - AT WORK? ☐ Yes ☒ No

38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

39. LOCATION (Street and Number or Rural Route Number, City or Town, State):

40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year):

41b. TIME OF INJURY: M

41c. INJURY - AT WORK? ☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED:

42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

43. LOCATION (Street and Number or Rural Route Number, City or Town, State):

44. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

45a. DATE OF INJURY (Month, Day, Year):

45b. TIME OF INJURY: M

45c. INJURY - AT WORK? ☐ Yes ☒ No

45d. DESCRIBE HOW INJURY OCCURRED:

46. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

47. LOCATION (Street and Number or Rural Route Number, City or Town, State):

48. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

49a. DATE OF INJURY (Month, Day, Year):

49b. TIME OF INJURY: M

49c. INJURY - AT WORK? ☐ Yes ☒ No

49d. DESCRIBE HOW INJURY OCCURRED:

50. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

51. LOCATION (Street and Number or Rural Route Number, City or Town, State):

52. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

53a. DATE OF INJURY (Month, Day, Year):

53b. TIME OF INJURY: M

53c. INJURY - AT WORK? ☐ Yes ☒ No

53d. DESCRIBE HOW INJURY OCCURRED:

54. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

55. LOCATION (Street and Number or Rural Route Number, City or Town, State):

56. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

57a. DATE OF INJURY (Month, Day, Year):

57b. TIME OF INJURY: M

57c. INJURY - AT WORK? ☐ Yes ☒ No

57d. DESCRIBE HOW INJURY OCCURRED:

58. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

59. LOCATION (Street and Number or Rural Route Number, City or Town, State):

60. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

61a. DATE OF INJURY (Month, Day, Year):

61b. TIME OF INJURY: M

61c. INJURY - AT WORK? ☐ Yes ☒ No

61d. DESCRIBE HOW INJURY OCCURRED:

62. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

63. LOCATION (Street and Number or Rural Route Number, City or Town, State):

64. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

65a. DATE OF INJURY (Month, Day, Year):

65b. TIME OF INJURY: M

65c. INJURY - AT WORK? ☐ Yes ☒ No

65d. DESCRIBE HOW INJURY OCCURRED:

66. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

67. LOCATION (Street and Number or Rural Route Number, City or Town, State):

68. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

69a. DATE OF INJURY (Month, Day, Year):

69b. TIME OF INJURY: M

69c. INJURY - AT WORK? ☐ Yes ☒ No

69d. DESCRIBE HOW INJURY OCCURRED:

70. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

71. LOCATION (Street and Number or Rural Route Number, City or Town, State):

72. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

73a. DATE OF INJURY (Month, Day, Year):

73b. TIME OF INJURY: M

73c. INJURY - AT WORK? ☐ Yes ☒ No

73d. DESCRIBE HOW INJURY OCCURRED:

74. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

75. LOCATION (Street and Number or Rural Route Number, City or Town, State):

76. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

77a. DATE OF INJURY (Month, Day, Year):

77b. TIME OF INJURY: M

77c. INJURY - AT WORK? ☐ Yes ☒ No

77d. DESCRIBE HOW INJURY OCCURRED:

78. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

79. LOCATION (Street and Number or Rural Route Number, City or Town, State):

80. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

81a. DATE OF INJURY (Month, Day, Year):

81b. TIME OF INJURY: M

81c. INJURY - AT WORK? ☐ Yes ☒ No

81d. DESCRIBE HOW INJURY OCCURRED:

82. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

83. LOCATION (Street and Number or Rural Route Number, City or Town, State):

84. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

85a. DATE OF INJURY (Month, Day, Year):

85b. TIME OF INJURY: M

85c. INJURY - AT WORK? ☐ Yes ☒ No

85d. DESCRIBE HOW INJURY OCCURRED:

86. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

87. LOCATION (Street and Number or Rural Route Number, City or Town, State):

88. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

89a. DATE OF INJURY (Month, Day, Year):

89b. TIME OF INJURY: M

89c. INJURY - AT WORK? ☐ Yes ☒ No

89d. DESCRIBE HOW INJURY OCCURRED:

90. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

91. LOCATION (Street and Number or Rural Route Number, City or Town, State):

92. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

93a. DATE OF INJURY (Month, Day, Year):

93b. TIME OF INJURY: M

93c. INJURY - AT WORK? ☐ Yes ☒ No

93d. DESCRIBE HOW INJURY OCCURRED:

94. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

95. LOCATION (Street and Number or Rural Route Number, City or Town, State):

96. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

97a. DATE OF INJURY (Month, Day, Year):

97b. TIME OF INJURY: M

97c. INJURY - AT WORK? ☐ Yes ☒ No

97d. DESCRIBE HOW INJURY OCCURRED:

98. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

99. LOCATION (Street and Number or Rural Route Number, City or Town, State):

100. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

101a. DATE OF INJURY (Month, Day, Year):

101b. TIME OF INJURY: M

101c. INJURY - AT WORK? ☐ Yes ☒ No

101d. DESCRIBE HOW INJURY OCCURRED:

102. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

103. LOCATION (Street and Number or Rural Route Number, City or Town, State):

104. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

105a. DATE OF INJURY (Month, Day, Year):

105b. TIME OF INJURY: M

105c. INJURY - AT WORK? ☐ Yes ☒ No

105d. DESCRIBE HOW INJURY OCCURRED:

106. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

107. LOCATION (Street and Number or Rural Route Number, City or Town, State):

108. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

109a. DATE OF INJURY (Month, Day, Year):

109b. TIME OF INJURY: M

109c. INJURY - AT WORK? ☐ Yes ☒ No

109d. DESCRIBE HOW INJURY OCCURRED:

110. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

111. LOCATION (Street and Number or Rural Route Number, City or Town, State):

112. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

113a. DATE OF INJURY (Month, Day, Year):

113b. TIME OF INJURY: M

113c. INJURY - AT WORK? ☐ Yes ☒ No

113d. DESCRIBE HOW INJURY OCCURRED:

114. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

115. LOCATION (Street and Number or Rural Route Number, City or Town, State):

116. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

117a. DATE OF INJURY (Month, Day, Year):

117b. TIME OF INJURY: M

117c. INJURY - AT WORK? ☐ Yes ☒ No

117d. DESCRIBE HOW INJURY OCCURRED:

118. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

119. LOCATION (Street and Number or Rural Route Number, City or Town, State):

120. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

121a. DATE OF INJURY (Month, Day, Year):

121b. TIME OF INJURY: M

121c. INJURY - AT WORK? ☐ Yes ☒ No

121d. DESCRIBE HOW INJURY OCCURRED:

122. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

123. LOCATION (Street and Number or Rural Route Number, City or Town, State):

124. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

125a. DATE OF INJURY (Month, Day, Year):

125b. TIME OF INJURY: M

125c. INJURY - AT WORK? ☐ Yes ☒ No

125d. DESCRIBE HOW INJURY OCCURRED:

126. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

127. LOCATION (Street and Number or Rural Route Number, City or Town, State):

128. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

129a. DATE OF INJURY (Month, Day, Year):

129b. TIME OF INJURY: M

129c. INJURY - AT WORK? ☐ Yes ☒ No

129d. DESCRIBE HOW INJURY OCCURRED:

130. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

131. LOCATION (Street and Number or Rural Route Number, City or Town, State):

132. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

133a. DATE OF INJURY (Month, Day, Year):

133b. TIME OF INJURY: M

133c. INJURY - AT WORK? ☐ Yes ☒ No

133d. DESCRIBE HOW INJURY OCCURRED:

134. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

135. LOCATION (Street and Number or Rural Route Number, City or Town, State):

136. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

137a. DATE OF INJURY (Month, Day, Year):

137b. TIME OF INJURY: M

137c. INJURY - AT WORK? ☐ Yes ☒ No

137d. DESCRIBE HOW INJURY OCCURRED:

138. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

139. LOCATION (Street and Number or Rural Route Number, City or Town, State):

140. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

141a. DATE OF INJURY (Month, Day, Year):

141b. TIME OF INJURY: M

141c. INJURY - AT WORK? ☐ Yes ☒ No

141d. DESCRIBE HOW INJURY OCCURRED:

142. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

143. LOCATION (Street and Number or Rural Route Number, City or Town, State):

144. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

145a. DATE OF INJURY (Month, Day, Year):

145b. TIME OF INJURY: M

145c. INJURY - AT WORK? ☐ Yes ☒ No

145d. DESCRIBE HOW INJURY OCCURRED:

146. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

147. LOCATION (Street and Number or Rural Route Number, City or Town, State):

148. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

149a. DATE OF INJURY (Month, Day, Year):

149b. TIME OF INJURY: M

149c. INJURY - AT WORK? ☐ Yes ☒ No

149d. DESCRIBE HOW INJURY OCCURRED:

150. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

151. LOCATION (Street and Number or Rural Route Number, City or Town, State):

152. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

153a. DATE OF INJURY (Month, Day, Year):

153b. TIME OF INJURY: M

153c. INJURY - AT WORK? ☐ Yes ☒ No

153d. DESCRIBE HOW INJURY OCCURRED:

154. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

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156. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

157a. DATE OF INJURY (Month, Day, Year):

157b. TIME OF INJURY: M

157c. INJURY - AT WORK? ☐ Yes ☒ No

157d. DESCRIBE HOW INJURY OCCURRED:

158. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

159. LOCATION (Street and Number or Rural Route Number, City or Town, State):

160. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

161a. DATE OF INJURY (Month, Day, Year):

161b. TIME OF INJURY: M

161c. INJURY - AT WORK? ☐ Yes ☒ No

161d. DESCRIBE HOW INJURY OCCURRED:

162. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

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164. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

165a. DATE OF INJURY (Month, Day, Year):

165b. TIME OF INJURY: M

165c. INJURY - AT WORK? ☐ Yes ☒ No

165d. DESCRIBE HOW INJURY OCCURRED:

166. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

167. LOCATION (Street and Number or Rural Route Number, City or Town, State):

168. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

169a. DATE OF INJURY (Month, Day, Year):

169b. TIME OF INJURY: M

169c. INJURY - AT WORK? ☐ Yes ☒ No

169d. DESCRIBE HOW INJURY OCCURRED:

170. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

171. LOCATION (Street and Number or Rural Route Number, City or Town, State):

172. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

173a. DATE OF INJURY (Month, Day, Year):

173b. TIME OF INJURY: M

173c. INJURY - AT WORK? ☐ Yes ☒ No

173d. DESCRIBE HOW INJURY OCCURRED:

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175. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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177a. DATE OF INJURY (Month, Day, Year):

177b. TIME OF INJURY: M

177c. INJURY - AT WORK? ☐ Yes ☒ No

177d. DESCRIBE HOW INJURY OCCURRED:

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181a. DATE OF INJURY (Month, Day, Year):

181b. TIME OF INJURY: M

181c. INJURY - AT WORK? ☐ Yes ☒ No

181d. DESCRIBE HOW INJURY OCCURRED:

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185a. DATE OF INJURY (Month, Day, Year):

185b. TIME OF INJURY: M

185c. INJURY - AT WORK? ☐ Yes ☒ No

185d. DESCRIBE HOW INJURY OCCURRED:

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188. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

189a. DATE OF INJURY (Month, Day, Year):

189b. TIME OF INJURY: M

189c. INJURY - AT WORK? ☐ Yes ☒ No

189d. DESCRIBE HOW INJURY OCCURRED:

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193a. DATE OF INJURY (Month, Day, Year):

193b. TIME OF INJURY: M

193c. INJURY - AT WORK? ☐ Yes ☒ No

193d. DESCRIBE HOW INJURY OCCURRED:

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195. LOCATION (Street and Number or Rural Route Number, City or Town, State):

196. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

197a. DATE OF INJURY (Month, Day, Year):

197b. TIME OF INJURY: M

197c. INJURY - AT WORK? ☐ Yes ☒ No

197d. DESCRIBE HOW INJURY OCCURRED:

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201a. DATE OF INJURY (Month, Day, Year):

201b. TIME OF INJURY: M

201c. INJURY - AT WORK? ☐ Yes ☒ No

201d. DESCRIBE HOW INJURY OCCURRED:

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204. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

205a. DATE OF INJURY (Month, Day, Year):

205b. TIME OF INJURY: M

205c. INJURY - AT WORK? ☐ Yes ☒ No

205d. DESCRIBE HOW INJURY OCCURRED:

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208. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

209a. DATE OF INJURY (Month, Day, Year):

209b. TIME OF INJURY: M

209c. INJURY - AT WORK? ☐ Yes ☒ No

209d. DESCRIBE HOW INJURY OCCURRED:

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213a. DATE OF INJURY (Month, Day, Year):

213b. TIME OF INJURY: M

213c. INJURY - AT WORK? ☐ Yes ☒ No

213d. DESCRIBE HOW INJURY OCCURRED:

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217a. DATE OF INJURY (Month, Day, Year):

217b. TIME OF INJURY: M

217c. INJURY - AT WORK? ☐ Yes ☒ No

217d. DESCRIBE HOW INJURY OCCURRED:

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220. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

221a. DATE OF INJURY (Month, Day, Year):

221b. TIME OF INJURY: M

221c. INJURY - AT WORK? ☐ Yes ☒ No

221d. DESCRIBE HOW INJURY OCCURRED:

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225a. DATE OF INJURY (Month, Day, Year):

225b. TIME OF INJURY: M

225c. INJURY - AT WORK? ☐ Yes ☒ No

225d. DESCRIBE HOW INJURY OCCURRED:

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229a. DATE OF INJURY (Month,