

14580

Vol. m90 Page 8719

KNOW ALL MEN BY THESE PRESENTS, That whereas

GLENN H. FOX

in and by

Letter, Warrant or Power of Attorney, bearing date the 15th day of February, 1985, did make, constitute and appoint

BONNIE M. JOHNSTON

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 26th day of February, 1985, recorded in the office of the County Clerk

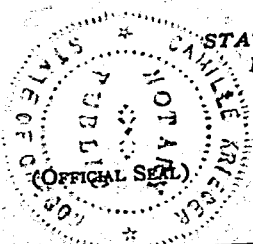
of the County of Klamath, State of Oregon, in book M85 at page 2856, or as file number/reel number NA (indicate which), of NA

NOW THEREFORE, I, the said Glenn H. Fox

divers good causes and considerations, am 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 Bonnie M. Johnston

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8th day of May, 1990

Glenn H. Fox



STATE OF OREGON, County of Klamath, ss. May 8, 1990

Personally appeared the above named Glenn H. Fox and acknowledged the foregoing to be his voluntary act and deed.

Before me: Camille Krueger
Notary Public for Oregon—My commission expires: 9-22-92Revocation of
Power of Attorney

GLENN H. FOX

TO

BONNIE M. JOHNSTON

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON

County of Klamath } ss.

I certify that the within instrument was received for record on the 8th day of May, 1990, at 2:05 o'clock P.M., and recorded in book M90 on page 8719 or as file/reel number 14580, Record of Power of Attorney of said County. Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer
By Pauline Mulendore Deputy

Fee \$5.00

AFTER RECORDING RETURN TO: Mildred Thomas, 6323 Maryland Avenue, K. Falls, OR 97603

90 MAY 9 PM 2 05

5.00

068543
I.D. TAG NO.

175

Local File Number

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

136-

State File Number

DECEDENT

1. DECEDENT'S NAME First Middle Last Claude Lattimer RAINWATER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 27, 1990
4. SOCIAL SECURITY NUMBER 534-14-8709		5a. AGE - Last Birthday (Years) 72	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Douglasville Georgia		7. DATE OF BIRTH (Month, Day, Year) October 1, 1917	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____			
9b. FACILITY NAME (If not institution, give street and number) Box 55 Harriman Rt.		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Lumber Handler		10b. KIND OF BUSINESS/INDUSTRY Lumber Mill	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Mildred Rainwater	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER Box 55 Harriman Rt.	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601	
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 Specify: _____		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 8			
17. FATHER - NAME first middle last Ethan - Rainwater		18. MOTHER - NAME first middle maiden Ethyl - Ledbetter	
19. INFORMANT - NAME and relationship to decedent Mildred Rainwater Spouse			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eagle Point National Cemetery	
20c. LOCATION - City or Town, State Eagle Point, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Mildred Rainwater</i>		21b. LICENSE NUMBER (Of Licensee) 3287	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year) MAY 1 1990		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

CERTIFIER

27. TIME OF DEATH 5:36 A M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <i>F. Geoffrey Marx</i> M.D.			
30. DATE SIGNED (Month, Day, Year) 5/1/90		31. DATE SIGNED (Month, Day, Year)	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, M.D. 2614 Clover Street Klamath Falls, Oregon 97601		33. DATE SIGNED (Month, Day, Year)	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		35. DATE SIGNED (Month, Day, Year)	
36. 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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Stomach Cancer, COPD		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)			

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

45-2 REV. 1-89

DATE ISSUED MAY 1 1990

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

Filed for record at request of Mildred Rainwater the 8th day of May A.D., 19 90 at 2:06 PM., and duly recorded in Vol. M90 of Deeds on Page 8720

Evelyn Biehn, County Clerk
By *Donna A. Verling*

FEE \$8.00

Return: Mildred Rainwater

Box 55, Harriman Rt., Klamath Falls, Or. 97601