Volm9 Pade FORM No. 654-GENERAL POWERS OF ATTORNEY-DURABLE-(Short Form) 00 4720 KNOW ALL MEN BY THESE PRESENTS. That I. have made, constituted and appointed, and by these presents do hereby make, constitute and appoint Haspins. Dori true and lawful attorney for me and in my name, place and stead, and for my use and benefit to demand, sue for, recover, collect and πıv receive all such sums of money, debts, rents, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me, to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust and to execute and deliver acquittances or other sufficient discharges for any of the same; to bargain, contract for, purchase, receive and take lands, tenements, hereditaments, and accept the seizin and possession thereof and all deeds and other assurances in the law therefor and to lease, let, demise, bargain, sell, remise, release, convey, such terms and conditions and with such covenants as my said attorney shall think lit; to sell, transfer and deliver all or any shares of such prices of stores. such terms and conditions and with such overlains as my said atomey shall think in, to sen, transfer and generation for any shares of stock owned by me in any corporation for any price and receive payment therefor and to vote any such stock as my proxy; to bargain for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business of whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agreements, trust agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and satisfactions of mortgages, judgments and other debts payable to me and other instruments in writing of whatever kind and nature which my said attorney in his/her absolute discretion shall deem to be for my best interests, to have access to any salety deposit box which has been rented in my name, or in the name of myself and any other person or persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order, to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behall; to complete, sign, and deliver any tax return or torm and pay taxes thereon or collect refunds therefrom: also GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or my said attorney's substitute or substitutes shall lawfully do or cause to be done by virtue of these presents. This power shall take effect: (delete inapplicable phrase) (a) on the date next written below (b) on the date I may be adjudged incompetent by a court of proper jurisdiction. My said attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual notice either of such revocation or of my death. In construing this instrument and where the context so requires, the singular includes the plural. IN WITNESS WHEREOF, I have hereunto set my hand and seal on STATE OF OREGON. County of . This instrument was acknowledged before me ary Public for Oreson. My commission expires Power of Attorney STATE OF OREGON County of Klamath I certify that the within instrument was received for record on the 4:04 o'clock ... P.M., and recorded in IDON'T USE THIS To book/reel/volume No. M91..., on page SPACE: RESERVED 800 or as fee/file/instrument/micro-FOR RECORDING LABEL IN COUNTIES film/reception No. 24720 , Record of WHERE USED.) Power of Attorney of said County. Witness my hand and seal of Š. County affixed. AFTER BROORDING RETURN TO Maskins 1 Boy 101 Tulelako, Ca, Evelyn Biehn, County Clerk autene Mullenold's Deputy Fee \$5 00

Ξ

	<i>(</i>	Local File Number 1. DECEDENT'S First NAME Charles		Middie Orville	CATE OF DE	<u>, </u>	2. SEX	J. DATE OF DEA	H (Month, Day, Year)
	$\left(\cdot \right)$	4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthda (Years)	y 5b. Under 1 Year	5c. Under 1 Day	LGGS	Male EfCity and State or Forei	January	2, 1991 * (Month, Day, Year)
		8. WAS DECEDENT EVER IN				CE OF DEATH (C	rs, Montana	June 4,	
ļ	DECEDENT	9b. FACILITY NAME (II not institu	PITAL:	ER/Outpatient		Nursing Home	Decedent's Home	Diher (Specify)	
· ·	·]	Merle West Med	ical Cente		96. 611	amath Fa		00. 0	DUNTY OF DEATH
2	·	10a. DECEDENT'S USUAL OCCUP (Give kind of work done durin life. Do <u>nct</u> use retired.)	ATION og most of working	10b. KIND OF BUS	INESS/INDUSTRY	11.M/ Ne	ARITAL STATUS - Marris		
- 3		Lumber Mill La	borer		Mill Indus	try Ma	vorced (Specify) arried	Ludmila M	. Spriggs
4		Oregon K	lamath	Klamat	h Falls		320 Sargent	Street	
6		136. INSIDE CITY 131. ZIP COE LIMITS?		DECEDENT OF HISP ily No or Yes - If yes an, Puerto Rican, etc	ANIC ORIGIN?	15. RACE Amer Black, White	tican Indian, o, etc. (Specify) (Si	16. DECEDENT'S E	DUCATION add completed)
		Yes No 97601	Specification Sp	IN MOTHER . NAM		White	Liemer	10 12) 10 12)	College (1-4 or 5+)
	PARENTS	Loren David Spr 20a. METHOD OF DISPOSITION L	iggs	Susan Pa	tricia Wri	maiden ght	e [tmhu.l	M. Spriggs	ship to deceased Spouse
l I	ISPOSITION	🕅 Burlat 🗆 Cremation 🗆 Rem	oval from State		POSITION (Name of c		ry. or 205 LOCATION	- City or Town, State	
7		Donation Other (Specily)- 218. SIGNATURE OF FUNERAL SE PERSON ACTING AS SUCH	RVICE LICENSEE		Memorial P			th Falls, C	regon
. 8	[PERSON ACTING AS SUCH	V.	210	(Of Licensee) 3287	0'Hair	DRESS AND ZIP OF FA	cility hapel	
. 9 <u>.</u>	GISTRAR	23. DATE FILED (Month, Day, Year	<u>,</u>	<u>l</u>	5207	24. REGISTRAR	e Street, K	lamath Fall	s, OR 97601
		JAN 8 25. DID HOSPITAL REPRESENTA	1991	ST FOR ANATOMICA	GIET CONSCRIPT	Man	Ca Kena	edy	· · · · · · · · · · · · · · · · · · ·
(ંડ્ર				- SHI CONSENT	26. WAS GIFT		U	5 I
10		TO BE COMPL	ETED BY CERTIFYI	NG PHYSICIAN	(P				Figure and the second of the second of the second
11	3	27. TIME OF DEATH 28. W	YAS MEDICAL EXAN	WINER NOTIFIED?		a. TIME OF DEA		OUNCED DEAD (Mor	IER Ih, Day, Year, Hour)
	_	 To the best of my knowledge, due to the cause(s) and mann 		the time, date, place	and 33	3:33 2. On the basis o	P January I examination and/or inv ate, place and due to th	7 2, 1991	3:33P M
	ERTIFIER					- / Williamer	10 23	e cause(s) and manne	· · · · ·
12	3	0. DATE SIGNED (Month, Day, Yes	ar) 	• •	33	DATE SIGNED	Month, Day, Year)		M.D. M.E.
13		4. NAME, TITLE, ADDRESS AND Z	IP OF CERTIFIER/N	AEDICAL EXAMINER	(Type or Print)		<u>91</u>		amath
14	NDITIONS	Charles D. Bury 5. NAME OF ATTENDING PHYSIC	IAN IF OTHER THA	N CERTIFIER (Type of	airmont STr	eet, Kla	math Falls,	Oregon 97	501
W	IF ANY	MMEDIATE CAUSE (ENTER ONL	Y ONE CAUSE PER	LINE FOR (a), (b), AN	D(cL) Do not enter mod	le ol dving o n Ca	redian as Danalasia		
ST	MEDIATE PA CAUSE TING THE DERLYING	DUE TO, OR AS A CONSEQU	601100	undole	mened		indiac of Hespiratory Arr	est. Inten and c	al between onset eath
CA	USE LAST	(0)			<u> </u>			inten and c	al between onset eath
C/		DUE TO, OR AS A CONSEQU					· · · · · · · · · · · · · · · · · · ·	interv and d	al between onset eath
	AZALANS PA	AT OTHER SIGNIFICANT CONDI	TIONS - ath but not related	to cause given in PA	RT 1,	37. Did tobacco to the death	use contribute 38.	UTOPSY 39. II YES *	re findings considered
15_ 16_				<u></u>		Yes No D		v	
17_	40.	MANNER OF DEATH	41a. DATE OF INJ (Month, Day, Ye	URY 415. TIME OF	41c. INJURY AT WORK?	41d. DESCRIBE H	IOW INJURY OCCURRE		
((Accident Investigation	ı 		M 🗆 Yes 🕅 No				
	- L	Homicide C Legal	41c. PLACE OF IN building, etc.	JURY - At home, farm (Specify)	streel, factory, office	411. LOCATION (S	Street and Number or R	ural Route Number, C	ity or Town, Slate)
	RE	SERVED FOR REGISTRAR'S USE							
-	"L							and and a second	
SEL	Contraction of the second seco	THIS IS A TRUE AND E REGISTERED AT THE	OFFICE OF TH	E KLAMATH CO		SICOPY			45-2 REV
					- The Giorna	.Λ	Δ	1	Y DEPARYA
Chan ton						No	rka (J. V.	erling	AN SALAN
		DATE ISSUED	JAN 8	1991			DONNA A. V COUNTY REC KLAMATH COUN	ERLING O	OREGON
1859	× Summe				*****				
STATE	OF OREC	JON: COUNTY OF	KLAMATH	I: ss.			***********************		uuuuulla
Filed fo	r record a	at request of <u>J</u>	erome A	Sprigge		•		•	
~f	Ja	n. A.D., 19	<u>91</u> at	_4:04	o'clock	Рма	nd duly man	ie <u>11t</u>	h day
of		of	<u>I</u>	Deeds	0	n Page	nd duly record 801	ed in Vol.	<u>191</u> ,
OI						n Biehn			