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	January	·
have made, constituted and appointed and by the LLOYD M JENS		***************************************
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and appointed and by the	000 00000000000000000000000000000000000	*****
The state of the	ese presents do make constitute	
LLOYD M JENS	EN make, constitute and appo	int
	74N	**** ** **** **************************
my true and legited offers	**************	***************************************

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to FOR THE PURPOSE OF SIGNING MY NAME ON FEDERAL AND STATE INCOME TAX RETURNS,

AND OTHER MATTERS RELATING TO TAXES.

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, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done,

Dated Feb. 8.	instrument and where, 19 91	the context	so requires, t	he singular	includes	the plural.
Claye b.	Lensen					

STATE OF OREGON, County of Klamath )ss.  This instrument was acknowledged before me on Feb. 8,	The state of the s	
This instrument was acknowledged before me on Feb. 8		STATE OF OREGON, County of Klamath
SOUTH TO THE SECOND SEC	erann E	This instrument was acknowledged before me on Feb. 8, by HAZEL W JENSEN
		$\sim$ $\Lambda$
GEORGIAN Suns	C. C. C. O. C. Constrain	Jan Mans

My commission expires 1-1-91

STATE OF OREGON.

	My co
POWER OF ATTORNEY (FORM No. 15)	
то	SPACE RESERV
	FOR RECORDER'S U
AFTER RECORDING RETURN TO	

Lloyd M Jensen

Klamath F.11s, Or. 97603 NAME, ADDRESS, ZIP

4816 Hwy 39

County of Klamath I certify that the within instrument was received for record on the at 2:51 ..... o'clock P...M., and recorded in book/reel/volume No. M91 on page 2426 or as fee/file/instrument/microfilm/reception No. 25686, Record of ... Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk .....

By Daulene Mullendere Deputy

	Local File Number	7		Records Unit		State File Numb	CT EATH (Aborell, Dw. York)
	NAME Blan		Etta	SLAUGHTI	ER	F Novem	ber 12, 1990
	4. SOCIAL SECURITY NUMBER 544/58/9953	FR Sa AGE - Last Britiday (Years) 87		5c. Under 1 Day 8. 5 lours Mins. C	mmplace iony and se proy) Klamath Fall	ste or Foreign 7. DATE OF B	ин (мэн. ож. чет) June 8, 1903
DECEDENT	8. WAS DECEDENT EVER IN U.S. ARINED FORCES?	HOSPITAL: (Ximpetient	<u> </u>	94. PLACE OF C	DEATH (Check only one)		
020201	90. FACILITY NAME (If not ins				N, OF LOCATION OF DEA	tome [] Other (Specify)	Rd. COUNTY OF DEATH
1	Merle West M		iter I for KIND OF BUSINES		lamath Fal		Klamath
3	to not use refred)  Homemaker	uring most of working the	λt	Home	11 MARITAL STATE Never Abrilled, V Divorced (Special Mark	ツ Evere	
4	13a RESIDENCE - STATE Oregon	Klamath	13c CITY, TOWN, O	th Falls	13d STREET AND		Airway Drive
5	13e NSIDE CITY 13f ZIP UMTS?	CODE 14. WAS	DECEDENT OF RESPANSO fy No or Yes - If yes, epec on, Puerto Rican, etc. (L.A.)	ORIGIN? 15. Ty Outers,	RACE American Indian, Black, White, etc. (Specify	) (Specify only his	ENT'S EDUCATION ghest grade completed)
6	_ пнихом 97	7603 Specif	Y.	0 177 169	White	Elementary/Secondary 11	(0-12) Coffron (1-4 or 51)
PARENTS	Robert C. Sh	mkide lest nort	Inez	·	nalden 19.	Bonnie J.	Cobb / Dau
	20s. METHOD OF DISPOSITIO	ON [] Mausoloum	20h PLACE OF DISPO	SITION (Name of cornelary, ernal, Hills	, cremetory, or 20c.	LOCATION - City or Town, S	
risposition 7	Burtel Cremetton C Re			morial Gar		Klamath F	alls, Oregor
8	21a SIGNATURE OF FUNERA PERSON ACTING AS SU	L SERVICE LICENSEE OF	100	ICENSE NUMBER 22 Y Licenson)	NAME, ADDRESS AND WAID	groffactiry s Klamath	Funeral Home
9	Chmon	42	and	3409	1945 Klam	Main Stree ath Falls,	t Ore. / 97601
EGISTRAR	23 DATE FILED (Month, Day,	_	<del></del>	24	REGISTRAR'S SIGNATI	FE O./	
	25. DID HOSPITAL REPRESE		FOR ANATOMICAL DIFT	CONSENT? 20	WAS GIFT HADE?	muy.	
	TYES MINO	□ N/A	Species of the Edition	DWG DECK	DYES PINO	O II/A	
10	TOBE	COMPLETED BY CERTIF	ING PHYSICIAN		TO BE COM	PLETED ONLY BY MEDICAL	
11	0900 M	28. WAS MEDICAL EXAM	MHER NOTFIED?	31a 1	TIME OF DEATH 31b	DATE PROHOUNCED DEAD	(Month, Day, York, Hour)
ornere.	29. To the best of my showle		e time, date, place and	32.0	n the basis of examinati the time, data, place or	on and/or investigation, in rend due to the cause(s) and s	ny opinion death occurred manner stated.
CEPTIFIER	"#XXX	-V-L	)	<b>I</b>	(Signature)		
12	30, DATE SICHED (MOT), O			33. D	ATE SIGNED (Month, De	r. Your)	COUNTY
13	TA NAME, TITLE, ADDRESS		MEDICAL EXAMINER (T)(	a or Pata)			
14	Arthur G.				et / Klama	th Falls,	Oregon / 976
F ANY MICH GAVE							
RISE TO	ART AND CAUSE (EVIT	ER ONLY ONE CAUSE PER	LINE FOR (a), (b), AND	(c)) Do not enter mode o	l dying, eg. Cardiac or R	esphatory Arrest.	and draff L.
CALISE	DUE TO, OR AS A CO	NSEQUENCE OF:					Interval between orset and draft)
STATING THE UNDERLYING		HISEQUENCE OF:	- 1				Interval between chaet and death
STATING THE UNDERLYING							The Committee of the Co
STATING THE UNDERLYING	DUE TO, OR AS A CO	CONDITIONS -	<del></del>		· PM Inhares was accused	hade ' 38 Attropevi-	30 # YES were flushors considered
CAUSE OF	DUE TO, OH AS A CO	CONDITIONS - g to death but not related to	cause given in girst	1 4	to the death?		In determining cause of death?
CAUSE OF	DUE TO, OH AS A CO	o to death but not related to Directes,	atrial fil	rilla HA-	To the death?  1 the DVN I nobeby	□Urk □res Bino	39. If YES were findings considered in determining cause of death?
CAUSE OF CEATH	DUE TO, OH AS A CO.  SHAFT  OTHER SEGRETICANT  CHF  AO, MAINTER OF DEATH  DI Natural  Di Natural  Di Pari	Distretes,	atrial fil	410 NAURY AT WORK?	to the death? I Yes (2006 🗆 Mobely	□Urk □res Bino	In determining cause of death?
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