
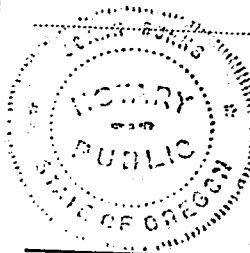


TK  
25686Vol. m91 Page 2426 

KNOW ALL MEN BY THESE PRESENTS, That I, HAZEL W JENSEN

have made, constituted and appointed and by these presents do make, constitute and appoint  
LLOYD M JENSEN

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 per-  
sonally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done,  
by virtue hereof.In construing this instrument and where the context so requires, the singular includes the plural.  
Dated Feb. 8, 19 91*Hazel W. Jensen*

STATE OF OREGON, County of Klamath ) ss.

This instrument was acknowledged before me on Feb. 8, 19 91,  
by HAZEL W JENSEN*Jean Biehn*

My commission expires 7-1-91 Notary Public for Oregon

**POWER OF ATTORNEY**  
(FORM No. 15)

TO

SPACE RESERVED  
FOR  
RECORDER'S USE

AFTER RECORDING RETURN TO

Lloyd M Jensen

4816 Hwy 39

Klamath Falls, Or. 97603

NAME, ADDRESS, ZIP

Fee \$5.00

STATE OF OREGON,  
County of Klamath } ss.I certify that the within instru-  
ment was received for record on the  
8th day of Feb., 19 91,  
at 2:51 o'clock P.M., and recorded in  
book/reel/volume No. M91, on  
page 2426 or as fee/title/instru-  
ment/microfilm/reception No. 25686,  
Record of Power of Attorney  
of said County.Witness my hand and seal of  
County affixed.Evelyn Biehn, County Clerk  
NAME TITLEBy *Evelyn Biehn* Deputy

91 FEB 9 PM 2 51

5700

086725

I.D. TAG NO.

476

Local File Number

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

138-

State File Number

## DECEDENT

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1. DECEDENT'S NAME First: <u>Blanche</u> Middle: <u>Etta</u> Last: <u>SLAUGHTER</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>November 12, 1990</u>
4. SOCIAL SECURITY NUMBER <u>544/58/9953</u>		5a. AGE - Last Birthday (Years) <u>87</u>	5b. Under 1 Year Months: <u>0</u> Days: <u>0</u> Hours: <u>0</u> Mins: <u>0</u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Klamath Falls, Or.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>June 8, 1903</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> ETO/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d. COUNTY OF DEATH <u>Klamath</u>			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Homemaker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>At Home</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Everette Irl Barnes</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>6750 Airway Drive</u>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97603</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc. H.A. No <input type="checkbox"/> Yes Specify)		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>11</u> College (13-16 or 5+) <u>11</u>			
17. FATHER - NAME first middle last <u>Robert C. Short</u>		18. MOTHER - NAME first middle maiden <u>Inez J. Turner</u>	
19. INFORMANT - NAME and relationship to decedent <u>Bonnie J. Cobb / Dau.</u>			
20a. METHOD OF DISPOSITION <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) <u>Eternal Hills Memorial Gardens</u>	
20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>3409</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main Street</u> <u>Klamath Falls, Ore. / 97601</u>			
23. DATE FILED (Month, Day, Year) <u>NOV 13 1990</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
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	
27. TIME OF DEATH <u>0900</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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. <u>[Signature]</u>			
30. DATE SIGNED (Month, Day, Year) <u>11/12/90</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Arthur G. Freeland, MD / 1905 Main Street / Klamath Falls, Oregon / 97601</u>			
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.) (a) <u>CVA, brainstem</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Hypertension</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>CHF, Diabetes, atrial fibrillation</u>			
34. 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			
35. DATE OF INJURY (Month, Day, Year) <u>M</u>			
36. TIME OF INJURY <u>M</u>			
37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. DESCRIBE HOW INJURY OCCURRED			
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
40. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED NOV 23 1990

Donna A. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bonnie J. Cobb the 8th day  
of Feb. A.D., 19 91 at 2:51 o'clock PM., and duly recorded in Vol. M91,  
of Deeds on Page 2427.

FEE \$8.00

Return: Bonnie J. Cobb  
6750 Airway, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk  
By [Signature]