Vol.<u>mg |</u> Page. 3402 MORTGAGE THIS MORIGAGE is made this (1) day of 1990, and between MILLAR & SEAR & PANEL BURKS STARS, Nortgago to CP National Corporation, a California corporation. ("CP National"), Hortgagee. Mortgagor has entered into a contract with, and to bligated to, CP National for the sum of <u>AURTHANNAL Contract with</u>, and to bligated to, CP National for and does hereby grant, bargain, sell and convey unto said CP National that certain property situated in <u>MILLAR County</u>, Oregon, described as follows: 26268 , Nortgagor.) alludrey Street Address: 1905 WEB64 87 * Legal Description: BRYANT TRACTS LOT 17 BLOCK | Klamath Questy, OR. together with the tenements, hereditaments and appurtenances appertaining thereto. This conveyance is intended as a mortgage to secure the payment of the contract between CP National and Mortgagor dated <u>CANON</u>, 1940. The date of maturity of the debt secured by this mortgage is the date upon which the last retail installment Contract payment is due, to-wit, <u>DECEMBER</u>, 1945. This mortgage is subject to any and all prior liens and encumbrances of record against the above property. The Mortgagor agrees to pay and keep current all real property taxes and any amounts due on any prior encumbrances before the same become delinquent. When the Mortgagor pays all sums, including principal and interest, owing \sim to CP National under the terms of the aforementioned contract, this conveyance Eshall become void; but in the event Mortgagor defaults in any of the terms of said contract or this mortgage, then all amounts due CP National shall become immediately due and payable and CP National may foreclose this mortgage and sell the property above described in the manner provided by law and out of the money arising from the sale, retain all amounts due under the contract and actual reasonable costs of collection, including, without limitation, costs and expenses of the foreclosure proceeding, including reasonable attorneys fees and the surplus, if any, shall be paid over to Mortgagor or Mortgagors' heirs or assigns. MORTGAGOR ACKNOWLEDGES RECEIPT OF A COPY OF THIS MORTGAGE. STATE OF OREGON COUNTY OF Klamath On this <u>The</u> day of <u>anceany</u>, <u>1921</u>, before me, the undersigned notary public, personally appeared <u>MINSTING</u> <u>PANSON</u>, personal known to me, who was the subscribing witness to the foregoing Hortgage, who being sworn, stated that he/she resides at <u>11630</u> <u>Hulf</u> <u>B9</u> <u>Michael E</u> <u>Sears & PAMELA Burks</u> <u>Sears</u> personally known to said subscribing witness to be the person(s) whose name(s) , personally were subscribed to the within Mortgage, execute and acknowledge the same, and said subscribing witness acknowledged said mortgage to be the voluntary act and deed of the person(s) signing said Hortgage. Subscribing Witness **NOTARY PUBLIC FOR OREGON** My commission expires: LESTER REED HARRIS NOTARY PUBLIC - OREGON Ny Commission Expires 4/25/91 STATE OF OREGON, SS. County of Klamath Filed for record at request of: CP National 25th day of _ Feb. A.D., 19 <u>91</u> on this 2:03 _____ o'clock _____ P_M. and duly recorded at in Vol. M91 of Mortgages Page 3402 Evelyn Biehn **County Clerk** By Qauline Mullendore Deputy. Fee, \$8.00

97601

g

Klamath Falls,

310,

National PO Box

ម

;; ;;

Return

	Local File Number			Lest		2. SEX		H (Month, Day, Year)
CAL	John		1com	FRASER	BIRTHPLACE (City an	M Id State or Foreign		5, 1991 H (Month, Day, Year)
	557/34/7485	(Years) 60	Mos. Days H	ours Mins. Ba. PLACE OF	LOS Angel	es, Ca.	Oct.	9, 1930
DECEDENT	B. WAS DECEDENT EVER IN U.S. ARMED FORCES? J Yes No 9b. FACILITY NAME (II not ins	IOSPITAL:	ER/Outpatient	DOA DOA Nur	Ing Home Dec	of DEATH	Other (Specify) _ 9d. C	OUNTY OF DEATH
1	Merle West M	Medical Cen	iter		Klamath	Falls	dia coolier // M	Klamath
2	10a. DECEDENT'S USUAL OCO (Give kind of work done d lite. Do not use relired.)	CUPATION during most of working	10b. KIND OF BUSINE	SSANDUSTRY	Never Mai Divorced	ried, Widowed, Specify)	7. 12. SPOUSE (# M	
3	Operating Er	ngineer	Cons	truction	Mari	AND NUMBER		Jean
4	Oregon	Klamath	Klama	th Falls				Box 58M
5	13e. INSIDE CITY 13I. ZIP	(Specify Mexica	ECEDENT OF HISPAN y No or Yes - If yes, s in, Puerto Rican, etc.)	IC ORIGIN? 15 pecify Cuban, LX No D Yes	6. RACE American Is Black, White, etc.	(Specify) (S) Element		grade completed) 2) College (1-4 or 5+)
6[5	7601 Specify	18. MOTHER . NAME		White	19, INFORMAN	10 T - NAME and relat	lonship to deceased
PARENTS	17. FATHER - NAME Hirst Benjamin Locky	wood Fraser	Alto M	ae Clark				r / Wife
DISPOSITION	20a. METHOD OF DISPOSITI		1	OSITION (Name of com				, Oregon
7	Donation Other (Spe		· · · · · · · · · · · · · · · · · · ·	Memorial LICENSE NUMBER 2 (Of Licensee)		1		ral Home
8	21a. SIGNATURE OF FUNER PERSON ACURG AS SI	UCH	A	(Of Licensee) 3409				
9	23. DATE FILED (Month, Day	K.J.	add_		KLam		is, ore.	/ 97601
REGISTRAF		FEB 1 9 199	91	0157 009455972	20. WAS DIFT MA	Kenn	rdy	
C	25. DID HOSPITAL REPRES		EST FOR ANATOMICA	GIFT CONSENT			0	
10	<u>}</u>			P	10 BE	COMPLETED ON	LY BY MEDICAL EX	AMINER
11	TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 28. WAS MEDICAL EXAMINER NOTIFIED?				TIME OF DEATH	316. DATE PR	ONOUNCED DEAD	(Month, Day, Year, Hour)
	M 29. To the best of my know	Ves INo wiedge, death occurred at id manner stated.	t the time, date, place	and 32.	1712 On the basis of ex	amination and/or	5, 1991	opinion desth occurred nanner stated.
CERTIFIER	due to the cause(s) and (Signature)	id manner stated.			(Signature)		la Same	an ma
12	30. DATE SIGNED (Month,	Day, Year)	<u></u>		DATE SIGNED	My Day, Yeah		Klamath
12			WMEDICAL EXAMINE		DATE SIGNED	M Day, Yeah		Klamath
	34. NAME, TITLE, ADDRES	SS AND ZIP OF CERTIFIER	/ 2300 Cla	A(Type or Print) irmont / 1		M Doy, Yeah	Dregon /	Klamath
13 14	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING	SS AND ZIP OF CEATIFIE Blar, MD / PHYSICIAN IF OTHER T	AN CERTIFIER (Type	A(Type or Print) irmont / 1 or Print)	Klamath	Falls,		Klamath 97601
13 14 IF ANY WHICH GIV RISE TO IMMEDIATE	34. NAME, TITLE, ADDRES JON G. MCKe 35. NAME OF ATTENDING	IS AND ZIP OF CEATIFIE <u>ellar</u> , MD / i physician if other t iter only <u>one</u> cause <u>p</u>	AN CERTIFIER (Type	A(Type or Print) irmont / 1 or Print)	Klamath	Falls,		Klamath 97601
13 14 F ANY WHICH GIVI PISE TO IMMEDIATE CAUSE	34. NAME, TITLE, ADDRES JON G. MCKE 35. NAME OF ATTENDING 30. IMMEDIATE CAUSE (EN PART (a)	SS AND ZIP OF CEATIFIE <u>ellar</u> , <u>MD</u> <u>i</u> <u>i</u> <u>i</u> <u>i</u> <u>i</u> <u>i</u> <u>i</u> <u>i</u>	AN CERTIFIER (Type	A(Type or Print) irmont / 1 or Print)	Klamath	Falls,		Klamath 97601
13 14 IF ANY WHICH GIV RISE TO IMMEDIATE	34. NAME, TITLE, ADDRES JON G. MCKE 35. NAME OF ATTENDING 30. IMMEDIATE CAUSE (EN PART (a)	IS AND ZIP OF CERTIFIE ellar, MD / physician if other t iter only <u>one</u> cause <u>p</u> iter only <u>one</u> cause <u>p</u> iter only <u>one</u> cause <u>p</u> iter of the termination of terminatio of termination of terminatio of terminatio of terminatio of	AN CERTIFIER (Type	A(Type or Print) irmont / 1 or Print)	Klamath	Falls,		Klamath 97601
13 14 F ANY WHICH GIVI PISE TO IMMEDIATE CAUSE	34. NAME, TITLE, ADDRES JON G. MCKe 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (EM PART (a) DUE TO, OR AS A C (c) DUE TO, OR AS A C	IS AND ZIP OF CERTIFIE CALLET, MD / PHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF:	<u>2300 Cla</u> HAN GERTIFIER (Type T <u>ER LINE</u> FOR (a), (d), A	A(Type or Print) <u>irmont / 1</u> or Print) ND (c)) Do not enter mon Share serve	Klamath	Falls,	y Arrest.	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death
13 I4 IF AIY WHE TO IMMEDIATE CAUSE CO IMMEDIATE CAUSE LAS CAUSE CO DEATH	34. NAME, TITLE, ADDRES JON G. MCKe 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (EM PART (a) DUE TO, OR AS A C (c) DUE TO, OR AS A C	IS AND ZIP OF CERTIFIE Blar, MD / PHYSICIAN IF OTHER T ITER ONLY <u>ONE</u> CAUSE P CONSEQUENCE OF: CONSEQUENCE OF:	<u>2300 Cla</u> HAN GERTIFIER (Type T <u>ER LINE</u> FOR (a), (d), A	A(Type or Print) <u>irmont / 1</u> or Print) ND (c)) Do not enter mon Share serve	Klamath de of dying, e.g. Can Son b 137. Did tobecco to the death	Falls, Falls,	y Arrest.	Klamath 97601 Interval between onset and death Interval between onset and death
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKE 35. NAME OF ATTENDING 30. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C DUE TO, OR AS A C PART (c) PART (C) PART (OTHER SIGNIFICAN	IS AND ZIP OF CERTIFIE 2127, MD / PHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: NT CONDITIONS . NI CONDITIONS . Ing to death but not rela	A 2300 Clain CERTIFIER (Type HAN CERTIFIER (Type Ten LINE FOR (a), (b), A	A(Type or Print) <u>irmont / 1</u> or Print) ND(c)) Do not enter mon ADD	Klamath	Falls, Falls,	38. AUTOPSY 39.	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were findings considered in determining cause of death?
13 I4 IF AIY WHE TO IMMEDIATE CAUSE CO IMMEDIATE CAUSE LAS CAUSE CO DEATH	34. NAME, TITLE, ADDRES JON G. MCKE 33. NAME OF ATTENDING 33. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C DUE TO, OR AS A C PART (c) PART (c) PA	SS AND ZIP OF CERTIFIEI ellar, MD / iPHYSICIAN IF OTHER T iTER ONLY <u>ONE CAUSE P</u> CONSEQUENCE OF: CONSEQUENCE OF: NT CONDITIONS - uling to death but not relation (Monith, E ending ending	2300 Clain HAN GERTIFIER (Type TER LINE FOR (a), (b), A B A B	A(Type or Print) irmont / 1 or Print) ND(c)) Do not enter mon Doc enter mon PART I. F 410. INJURY M 1 Yas 0 AG	Klamath de of dying, e.g. Can	Falls, C Falls, C Slac or Respirator Licanne Descontribute Probably Munk TOW INJURY OCC	38. AUTOPSY 39. AUTOPSY 39. C 1 Yes (2 No URRED	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKE 33. NAME OF ATTENDING 33. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C 0) DUE TO, OR AS A C PART (c) PART (c)	SS AND ZIP OF CERTIFIEI ellar, MD / IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: ITE CONDITIONS - Jung to death but not relation (Monin, E resting allon anner Ite place	2300 Cla HAN GERTIFIER (Type TER LINE FOR (e), (b), A Contemporation (c), (b), A Contemporation (c), (c), A Contemporation (c), (c), (c), (c), (c), (c), (c), (c),	A(Type or Print) irmont / 1 or Print) ND(c)) Do not enter mon Doc enter mon PART I. F 410. INJURY M 1 Yas 0 AG	Klamath de of dying, e.g. Can	Falls, C Falls, C Slac or Respirator Licanne Descontribute Probably Munk TOW INJURY OCC	38. AUTOPSY 39. AUTOPSY 39. C 1 Yes (2 No URRED	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were findings considered in determining cause of death?
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKE 33. NAME OF ATTENDING 33. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (c) PART (THER SIGNIFICAN (c) PART (THER SIGNIFICAN (c) PART (C) THER SIGNIFICAN (c) (c) (c) (c) (c) (c) (c) (c)	IS AND ZIP OF CERTIFIE CALL BLAT, MD / IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: Int CONDITIONS - Juling to death but not relation (Monin, E westigation ndetermined anner ogal Itervention Itervention	2300 Clain HAN GERTIFIER (Type TER LINE FOR (a), (b), A B A B	A(Type or Print) irmont / 1 or Print) ND(c)) Do not enter mon Doc enter mon PART I. F 410. INJURY M 1 Yas 0 AG	Klamath de of dying, e.g. Can	Falls, C Falls, C Slac or Respirator Licanne Descontribute Probably Munk TOW INJURY OCC	38. AUTOPSY 39. AUTOPSY 39. C 1 Yes (2 No URRED	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKE 33. NAME OF ATTENDING 33. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C 0) DUE TO, OR AS A C PART (c) PART (c)	IS AND ZIP OF CERTIFIE CALL BLAT, MD / IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: Int CONDITIONS - Juling to death but not relation (Monin, E westigation ndetermined anner ogal Itervention Itervention	2300 Cla HAN GERTIFIER (Type TER LINE FOR (e), (b), A Contemporation (c), (c), A Contemporation (c), (c), A Contemporation (c), (c), (c), (c), (c), (c), (c), (c),	A(Type or Print) irmont / 1 or Print) ND(c)) Do not enter mon Doc enter mon PART I. F 410. INJURY M 1 Yas 0 AG	Klamath de of dying, e.g. Can	Falls, C Falls, C Slac or Respirator Licanne Descontribute Probably Munk TOW INJURY OCC	38. AUTOPSY 39. AUTOPSY 39. C 1 Yes (2 No URRED	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKE 33. NAME OF ATTENDING 33. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C 0) DUE TO, OR AS A C 0) PART (c) PART (c) DUE TO, OR AS A C 0) DUE TO, OR AS A C 0) DUE TO, OR AS A C (c) PART (c) PART (c) PART (c) PART (c) CONTRESSIONFICAN II CONTRESSIONFICAN II CONTR	SS AND ZIP OF CERTIFIEI ellar, MD / IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: Int CONDITIONS . Iting to death but not relation relating westigation relating torvention Terrention RAR'S USE	2300 C12 HAN CERTIFIER (Type TER LINE FOR (e), (b), A Contemporation (c), (c), A Contemporation (c), (c), A Contemporation (c), (c), (c), (c), (c), (c), (c), (c),	A(Type or Print) irmont / 1 or Print) ND(c)) Do not enter mon ACC (A) A Constant PART I. F 41c. INJURY M 1 Yes 0 No arm, street, factory, offic	Klamath de of dying, e.g. Can	Falls, Falls, Falls, Glac or Respirator Stac or Respirator Use contribute Probably & Unk OW INJURY OCC	38. AUTOPSY 39. AUTOPSY 39. C 1 Yes (2 No URRED	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (c) PART OTHER SIGNIFICAN (c) PART OTHER SIGNIFICAN (c) (c) PART OTHER SIGNIFICAN (c) (c) (c) (c) (c) (c) (c) (c)	IS AND ZIP OF CERTIFIE CALL BLAT, MD / IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: Int CONDITIONS - Juling to death but not relation (Monin, E westigation ndetermined anner ogal Itervention Itervention	2300 C12 HAN CERTIFIER (Type HAN CERTIFIER (Type TER LINE FOR (a), (b), A Contemporation (b), A Contemporation (c), A C	A(Type or Print) irmont / 1 or Print) ND (c)) Do not enter mon Do of enter mon PART I. F 41c. INJURY M 1 Yes 1 No arm, street, factory, offic IET Adc SATANTIS	A de of dying, e.g. Can de of dying, e.g. Can	Falls, Falls, Falls, Glac or Respirator Stac or Respirator Use contribute Probably & Unk OW INJURY OCC	38. AUTOPSY 39. AUTOPSY 39. C 1 Yes (2 No URRED	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (c) PART OTHER SIGNIFICAN (c) PART OTHER SIGNIFICAN (c) (c) PART OTHER SIGNIFICAN (c) (c) (c) (c) (c) (c) (c) (c)	SS AND ZIP OF CERTIFIE e11ar, MD / IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: AND EXACT ROR	2300 C12 HAN CERTIFIER (Type HAN CERTIFIER (Type TER LINE FOR (a), (b), A Contemporation (b), A Contemporation (c), A C	A(Type or Print) irmont / 1 or Print) ND (c)) Do not enter mon Do of enter mon PART I. F 41c. INJURY M 1 Yes 1 No arm, street, factory, offic IET Adc SATANTIS	A de of dying, e.g. Can de of dying, e.g. Can	Falls, Falls, Falls, Glac or Respirator Stac or Respirator Use contribute Probably & Unk OW INJURY OCC	38. AUTOPSY 39. AUTOPSY 39. C 1 Yes (2 No URRED	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (c) PART OTHER SIGNIFICAN (c) PART OTHER SIGNIFICAN (c) (c) PART OTHER SIGNIFICAN (c) (c) (c) (c) (c) (c) (c) (c)	SS AND ZIP OF CERTIFIE e11ar, MD/ IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: TO CONDITIONS . Iting to death but not relation anner Antermined Anter of the PLACE building torveniton TAR'S USE	2300 Clain Control Contro	A(Type or Print) irmont / 1 or Print) ND (c)) Do not enter mon Do of enter mon PART I. F 41c. INJURY M 1 Yes 1 No arm, street, factory, offic IET Adc SATANTIS	A de of dying, e.g. Can de of dying, e.g. Can	Falls, Falls,	Arrest. 38. AUTOPSY 99. [39. 1995 [300] URRED IURRED IURRED IURRED IURRED IURRED A VERLING A VERLING	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (c) PART OTHER SIGNIFICAN (c) PART OTHER SIGNIFICAN (c) (c) PART OTHER SIGNIFICAN (c) (c) (c) (c) (c) (c) (c) (c)	SS AND ZIP OF CERTIFIE e11ar, MD/ IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: TO CONDITIONS . Iting to death but not relation anner Antermined Anter of the PLACE building torveniton TAR'S USE	2300 C12 HAN CERTIFIER (Type HAN CERTIFIER (Type TER LINE FOR (a), (b), A Contemporation (b), A Contemporation (c), A C	A(Type or Print) irmont / 1 or Print) ND (c)) Do not enter mon Do of enter mon PART I. F 41c. INJURY M 1 Yes 1 No arm, street, factory, offic IET Adc SATANTIS	A de of dying, e.g. Can de of dying, e.g. Can	Falls, Falls, Falls, Slac or Respirator Lagarth Use contribute Probably & Unk IOW INJURY OCC Street and Number Street and Number	38. AUTOPSY 39. AUTOPSY 39. C 1 Yes (2 No URRED	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 CONDITIONS WHICH GIV WHICH GIV WHICH GIV WHICH GIV CAUSE LAS CAUSE LAS CAUSE LAS CAUSE LAS LASE LAS LASE LAS LASE LAS	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING 30. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) PART (C) PART (C) PART (C) PART (C) PART (C) PART (C) Conditions contribu CONTRESSION (C) PART (C) PART (C) PART (C) CONTRESSION (C) CONTRESSION (C) PART (C)	SS AND ZIP OF CERTIFIE e11ar, MD/ IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: TO CONDITIONS . Iting to death but not relation anner Antermined Anter of the PLACE building torveniton TAR'S USE	2300 Clain Control Contro	A(Type or Print) irmont / 1 or Print) ND (c)) Do not enter mon Do of enter mon PART I. F 41c. INJURY M 1 Yes 1 No arm, street, factory, offic IET Adc SATANTIS	A de of dying, e.g. Can de of dying, e.g. Can	Falls, Falls, Falls, Slac or Respirator Lagarth Use contribute Probably & Unk IOW INJURY OCC Street and Number Street and Number	y Arrest. 38. AUTOPSY 39. 19 Yes (SNO) URRED F or Fluist Route N Verling A VERLING A VERLING	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 14 CONDITIONS IF ANY WHICH GIV REE TO IMMEDIA STATING TH UNDERLYN CAUSE (AS CAUSE (AS DEALTH 15 16 17 () 17 () 17 () 16 17 () 17 () 16 17 () 17 () 16 17 () 16 17 () 17 () 18 19 19 19 19 19 19 19 19 19 19	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING 30. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) PART (C) PART (C) PART (C) PART (C) PART (C) PART (C) Conditions contribu CONTRESSION (C) PART (C) PART (C) PART (C) CONTRESSION (C) CONTRESSION (C) PART (C)	SS AND ZIP OF CERTIFIE e11ar, MD / IPHYSICIAN IF OTHER T ITER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: TO CONDITIONS. Iting to death but not relation anner Iting to death but not relation anner Iting to death but not relation anner Iting to death but not relation Antermined Anter Description EAND EXACT ROR AT THE OFFICE OF T FEB 1	2300 Clain HAN CERTIFIER (Type TER LINE FOR (a), (b), A AC Contemporation (c), (c), A AC Contemporation (c), (c), A AC Contemporation (c), (c), (c), (c), (c), (c), (c), (c),	A(Type or Print) irmont / 1 or Print) ND (c)) Do not enter mon Do of enter mon PART I. F 41c. INJURY M 1 Yes 1 No arm, street, factory, offic IET Adc SATANTIS	A de of dying, e.g. Can de of dying, e.g. Can	Falls, Falls, Falls, Slac or Respirator Lagarth Use contribute Probably & Unk IOW INJURY OCC Street and Number Street and Number	y Arrest. 38. AUTOPSY 39. 19 Yes (SNO) URRED F or Fluist Route N Verling A VERLING A VERLING	Klamath 97601 Interval between onset and death Interval between onset and death Interval between onset and death It YES were (Indings considered in determining cause of death) It yes No N/A
13 14 CONDITIONS IF ANY WHICH GIV REE TO IMMEDIA STATING TH UNDERLIVE CAUSE OF CONTRACTOR IS IS IS IS IS IS IS IS IS IS	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) PART OTHER SIGNIFICAN (c) PART OTHER SIGNIFICAN (c) (c) PART OTHER SIGNIFICAN (c) (c) (c) (c) (c) (c) (c) (c)	SS AND ZIP OF CERTIFIE e11ar, MD / IPHYSICIAN IF OTHER T ATER ONLY ONE CAUSE P CONSEQUENCE OF: CONSEQUENCE OF: TO A CONDITIONS . Int CONDITIONS . IN	2300 Clain HAN CERTIFIER (Type TER LINE FOR (a), (b), A AC Contemporation (c), (c), A AC Contemporation (c), (c), A AC Contemporation (c), (c), (c), (c), (c), (c), (c), (c),	A(Type or Print) <u>irmont</u> / <u>J</u> or Print) ND (c);) Do not enter mo- D	A de of dying, e.g. Can de of dying, e.g. Can	Falls, Falls, Falls, Slac or Respirator Lagarth Use contribute Probably & Unk IOW INJURY OCC Street and Number Street and Number	y Arrest. 38. AUTOPSY 39. 19 Yes (SNO) URRED F or Fluist Route N Verling A VERLING A VERLING	Klamath 97601 Interval between onset and dealh Interva
13 14 CONDITIONS IF ANY WHICH GIV WHICH GIV WHICH GIV WHICH GIV WHICH GIV IMMEDIA STATIS OF CO Filed for rec	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) PART OTHER SIGNIFICAN (c) PART OTHER SIGNIFICAN (c) (c) PART OTHER SIGNIFICAN (c) (c) (c) (c) (c) (c) (c) (c)	IS AND ZIP OF CENTIFIE e11ar, MD/ IPHYSICIAN IF OTHER T ATER ONLY ONE CAUSE F CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: TO CONDITIONS Aling to death but not relation anner determined torvention TAR'S USE EAND EXACT ROR ATTHE OFFICE OF T FEB 1 Y OF KLAMA	2300 Clain HAN CERTIFIER (Type HAN CERTIFIER (Type TER LINE FOR (a), (b), A Ac Contract of the second sec	A(Type or Print) <u>irmont</u> / <u>J</u> or Print) ND (c); Do not enter mo Donocorrest PART I. PART I. PART I. PART I. II Abc SJANS JUNTY REGISTRAL III Abc SJANS JUNTY REGISTRAL III Abc SJANS JUNTY REGISTRAL	Klamath de of dying, e.g. Can Society of the second Society of th	ACCOUNTY KLAMATH CC	y Arrest. 38. AUTOPSY 39. 19. Yes [2No] URRED URRED Verting A VERING A VERING DURTY, OREGON URRED URRED	Klamath 97601 Interval between onset and dealh Interva
13 14 CONDITIONS IF ANY WHICH GIVIN RESE TO TANKE TANKE CAUSE OF DEALTH 15 16 17 STATE OF C Filed for rec	34. NAME, TITLE, ADDRES JON G. MCKC 35. NAME OF ATTENDING 36. IMMEDIATE CAUSE (EN PART (a) DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) PART OTHER SIGNIFICAT (c) PART OTHER SIGNIFICAT (c) A0. MANNER OF DEATH (c) A0. MANNER OF DEATH (c) (c) A0. MANNER OF DEATH (c) (c) (c) A0. MANNER OF DEATH (c) (c) (c) (c) (c) (c) (c) (c)	IS AND ZIP OF CENTIFIE e11ar, MD/ IPHYSICIAN IF OTHER T ATER ONLY ONE CAUSE F CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: TO CONDITIONS Aling to death but not relation anner determined torvention TAR'S USE EAND EXACT ROR ATTHE OFFICE OF T FEB 1 Y OF KLAMA	2300 Clain HAN CERTIFIER (Type HAN CERTIFIER (Type TER LINE FOR(a), (b), A Ac Contract of the second seco	A(Type or Print) irmont / J or Print) ND (c); Do not enter mo. PART I. P 41c. INJURY M Part I. F 41c. INJURY M Part I. F AT WORK M T AT WORK M T T T T T T T T T T T T	Klamath de of dying, e.g. Can Soc 2 137. Did tobecco 10 to the death 140. DESCRIBE H 410. DESCRIBE H 411. LOCATION (410. DESCRIBE H 411. LOCATION (410. DESCRIBE H 410. DESCRIBE H	ACC ON INJURY OCCURITION	y Arrest. 38. AUTOPSY 39. 19. Yes [2No] URRED URRED Verting A VERING A VERING DURTY, OREGON URRED URRED	Klamath 97601 Interval between onset and dealh Interva

8