

27138

Vol. m91 Page. 4953

KNOW ALL MEN BY THESE PRESENTS, That I, Mike Herron

..... have made, constituted and appointed, and by these presents
do hereby make, constitute and appoint Susan Herron
my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to sell and convey to
any party or parties at such price or prices and upon such terms as shall seem meet, all or any portion of the following
described real property situate, lying and being in the county of KLAMATH in the state of
OREGON..... and more particularly described, as follows, to-wit:

Por. of Lot 15, Lot 16, Block 23 Industrial

A.K.A. 2022 Main Street

with all the privileges and appurtenances thereunto belonging or in anywise appertaining, and for me and in my name to make out,
execute, acknowledge and deliver proper deeds of conveyance of the same with or without covenants of seisin, freedom from encum-
brances and warranty.

GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act and thing what-
soever 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 person-
ally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or my said attor-
ney's substitute or substitutes shall lawfully do or cause to be done by virtue of these presents.

In construing this instrument and where the context so requires, the singular includes the plural.

Dated March 15, 1991

x M. Herron



STATE OF OREGON, County of KLAMATH

Personally appeared the above named Mike Herron ss.

March 15, 1991

and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me: Howard C. Allen

Notary Public for Oregon. My commission expires 4/28/92

POWER OF ATTORNEY

TO

Mrs Susan Herron
P.O. Box 1505
Sandy, OR 97045

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

Fee \$8.00

STATE OF OREGON,

County of Klamath ss.

I certify that the within instru-
ment was received for record on the
20th day of March, 1991,
at 8:57 o'clock A.M., and recorded
in book/reel/volume No. M91 on
page 4953 or as document/fee/file/
instrument/microfilm No. 27138,
Record of Deeds
of said County.

Witness my hand and seal of
County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Dorlene Mulhearn Deputy

191 MAR 20 AM 8 57

Local File Number

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

136

State File Number

1. DECEDENT'S NAME										2. SEX		3. DATE OF DEATH (Month, Day, Year)	
Lavelle Anderson WATTERS										F		March 16, 1991	
4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (Years)		5b. Under 1 Year (Mcs Days)		5c. Under 1 Day (Hours Mins)		6. BIRTHPLACE (City and State or Foreign Country)		7. DATE OF BIRTH (Month, Day, Year)			
430-58-1768		54						Fort Smith, AR		March 19, 1936			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?										9a. PLACE OF DEATH (Check only one)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										<input type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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)										9c. CITY, TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH	
Merle West Medical Center										Klamath Falls		Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)										10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	
Housewife										Homemaking		Married	
13a. RESIDENCE - STATE										13b. COUNTY		13c. CITY, TOWN, OR LOCATION	
Oregon										Klamath		Chiloquin	
13d. STREET AND NUMBER										13e. CITY, TOWN, OR LOCATION		13f. COUNTY OF DEATH	
P.O. Box 772 (Copeland Road)										Klamath Falls		Klamath	
13a. INSIDE CITY LIMITS?										13b. ZIP CODE		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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										97624			
15. RACE American Indian, Black, White, etc. (Specify)										16. DECEDENT'S EDUCATION (Specify only highest grade completed)			
White										Elementary/Secondary (10-12)		College (1-4 or 5+)	
17. FATHER - NAME first middle last										18. MOTHER - NAME first middle maiden		19. INFORMANT - NAME and relationship to deceased	
Orville - Anderson										Ruby - Brown		H.C. Watters, husband	
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)		20c. LOCATION - City or Town, State	
										Eternal Hills Memorial Gardens		Klamath Falls, Oregon 97603	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH										21b. LICENSE NUMBER (Or License)		22. NAME, ADDRESS AND ZIP OF FACILITY	
										53-0124		Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
23. DATE FILED (Month, Day, Year)										24. REGISTRAR'S SIGNATURE			
MAR 18 1991										Mary Lou Miller			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?										26. WAS GIFT MADE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A										<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
27. TIME OF DEATH										28. WAS MEDICAL EXAMINER NOTIFIED?			
M <input 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)										30. DATE SIGNED (Month, Day, Year)			
										March 18, 1991		Klamath	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)										32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601													
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)										34. INTERVAL BETWEEN ONSET AND DEATH			
(a) Probable Myocardial Infarction										Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death			
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.										36. DID TOBACCO USE CONTRIBUTE TO THE DEATH?		37. AUTOPSY	
										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. MANNER OF DEATH										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)	
<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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. DESCRIBE HOW INJURY OCCURRED										43. DID TOBACCO USE CONTRIBUTE TO THE DEATH?		44. AUTOPSY	
										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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45-2 REV.

DATE ISSUED MAR 19 1991

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of H. C. Watters the 20th day
of March A.D., 19 91 at 8:57 o'clock A M., and duly recorded in Vol. M91,
of Deeds on Page 4954

FEE \$8.00

Return: H.C. Watters

P.O. Box 772, Chiloquin, Or. 97624

Evelyn Biehn County Clerk

By Quentin Muller