

REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That Scott Lawrence for various good causes and considerations hereby revokes, countermands, annuls and makes void any and all general powers of attorney which he has given to Julie Lawrence on or before this date. All power and authority given in said general powers of attorney is hereby made null and void.

IN WITNESS WHEREOF, he has set his hand and seal on this 8TH day of March, 1991.

Scott S Lawrence
SCOTT LAWRENCE

STATE OF OREGON)
 : ss
COUNTY OF KLAMATH)

Personally appeared the above named Scott Lawrence and acknowledged the foregoing to be his voluntary act and deed.

Before me:

Chuck R. Young
NOTARY PUBLIC FOR OREGON
My Commission expires: 9-22-91

REVOCATION OF
POWER OF ATTORNEY

Scott Lawrence
3425 Coronado Way
Klamath Falls, OR 97603

to

Julie Lawrence
3425 Coronado Way
Klamath Falls, Or 97603

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

After recording return to:

James R. Uerlings
110 No. 6th Street
Klamath Falls, OR 97601

James R. Uerlings
on this 29th day of March A.D., 19 91
at 12:28 o'clock P M. and duly recorded
in Vol. M91 of Power of Page 5608.
Attorney
Evelyn Biehn County Clerk
By Pauline Mullins
Deputy.

Fee. \$5.00

91 MAR 29 PM 12 28

079779
I.D. TAG NO.

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

136-

Local File Number

State File Number

DECEDENT

1

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PARENTS

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CERTIFIER

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14

CONDITIONS

CAUSE OF

DEATH

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1. DECEDENT'S NAME First: Clementine Middle: C. Last: ROSS		2. SEX F	3. DATE OF DEATH (Month, Day, Year) February 21, 1991
4. SOCIAL SECURITY NUMBER 544-05-2995		5a. AGE - Last Birthday (Years) 85	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Morton, Minnesota		7. DATE OF BIRTH (Month, Day, Year) October 15, 1905	
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) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ETV Outpatient <input type="checkbox"/> DOA 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) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Elementary School Teacher		10b. KIND OF BUSINESS/INDUSTRY Education	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Lloyd H. Ross	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3881 Rio Vista Way	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	
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 Specify		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 12) College (1 4 or 5 +) 2			
17. FATHER - NAME first middle last William - O'Rourke		18. MOTHER - NAME first middle maiden Frances - Witt	
19. INFORMANT - NAME and relationship to deceased Lloyd H. Ross, husband			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merle West</i>		21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Oregon 97601			
23. DATE FILED (Month, Day, Year) FEB 21 1991		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
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 2:46 A. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>James F. Novak</i> M.D.		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
30. DATE SIGNED (Month, Day, Year) February 21, 1991		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James F. Novak, M.D., 1905 Main Street, Klamath Falls, Oregon 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. 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.			
PART I (a) ISCHEMIC HEART DISEASE		Interval between onset and death 7d	
(b) AORTIC VALVULAR DISEASE		Interval between onset and death 10-15	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. RENAL FAILURE		Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. If YES were findings considered in determining cause of death?			
40. 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		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT ORIGINAL OF VITAL STATISTICS COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED FEB 22 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 Lloyd H. Ross the 29th day of March A.D., 19 91 at 12:28 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 5609.

FEE \$8.00

Return: Lloyd H. Ross
3881 Rio Vista Way, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By *Donna A. Verling*