

TK 28817

Vol. m9 / Page 8010KNOW ALL MEN BY THESE PRESENTS, That I, CHRISTINE R Smithhave made, constituted and appointed and by these presents do make, constitute and appoint
Todd Snyder, Michelle Birdmy true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to
for the care and custody of:CRYSTAL BUTCHER
1756 FARGO ST
KLAMATH FALLS, OR
97603

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, by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural.
Dated April 23, 1991.X Christine R. Smith

NOTARY ACKNOWLEDGEMENT

State of California

County of ButteOn April 25, 1991, before me, Debra L. Curlee

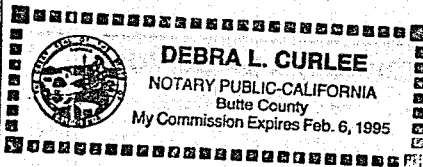
} SS.

Christine R. Smith personally appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Debra L. Curlee

(This area for official notarial seal)

NP-9 (12/90)

Todd Snyder / Michelle Bird
1756 FARGO ST. KLAMATH FALLS, OR
97603

AFTER RECORDING RETURN TO

Same

NAME, ADDRESS, ZIP

STATE OF OREGON,
County of Klamath SS.

Filed for record at request of:

Todd Snyderon this 1st day of May A.D., 19 91
at 10:55 o'clock A M. and duly recorded
in Vol. M91 of Power of Page 8010
Attorney

Evelyn Biehn County Clerk

By Pauline Muckler

Deputy.

Fee, \$5.00/cc 1.00

Vital Records Unit
CERTIFICATE OF DEATH

136- State File Number

1. DECEDENT'S NAME First: Edward Middle: Lee Last: RIGG		2. SEX M	3. DATE OF DEATH (Month, Day, Year) November 3, 1988
4. SOCIAL SECURITY NUMBER 457-07-8766-A	5a. AGE - Last Birthday (Years) 85	5b. UNDER 1 YEAR Mos. _____ Days _____	5c. UNDER 1 DAY Hours _____ Mins _____
6. BIRTHPLACE (City and State or Foreign Country) Aurora, Illinois		7. DATE OF BIRTH (Month, Day, Year) February 27, 1903	
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify) _____			
9b. FACILITY NAME (If not institution, give street and number) 1928 Ivory Street		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Automobile Salesman		10b. KIND OF BUSINESS/INDUSTRY Retail Automobile Sales	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Dixie Belle	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 1928 Ivory Street			
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+) 12			
17. FATHER - NAME first middle last Robert E. Lee Rigg		18. MOTHER - NAME first middle maiden Hattie - King	
19. INFORMANT - NAME and relationship to decedent Dixie Belle Rigg, wife			
20a. METHOD OF DISPOSITION <input 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) Klamath Memorial Park	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merril Beil</i>		21b. LICENSE NUMBER (Of Licensee) 3329	22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St., Klamath Falls, Ore. 97601
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
23. TIME OF DEATH 9:30 A.		24. YES MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. <i>Charles D. Bury</i> M.D.			
26. DATE SIGNED (Month, Day, Year) November 4, 1988			
27. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601			
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
29. 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) Unknown Natural Causes			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner			
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY	31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
32. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		33. DATE FILED (Month, Day, Year) NOV 4 1988	
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		35. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

ORIGINAL-VITAL STATISTICS COPY

45-2 REV. 1-88

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

DATE ISSUED **NOV 4 1988**

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Robert Rigg** the **1st** day of **May** A.D., 19 **91** at **11:46** o'clock **A.M.**, and duly recorded in Vol. **M91** of **Deeds** on Page **8011**.

Evelyn Biehn - County Clerk

By *Pauline Muelenbarger*

FEE \$8.00

Return: Robt. Rigg
333 B St., Ashland, Or. 97520