FORM No.	633-WARRANTY	DEED	(Individual or	Corporate).	

PORTLAND, OR. 97204 Vol. Mai Pag 16800

KUZ	777
WARPANTY	

## 1-1-733613

91 AUG 22 PH 1

468 BOLERO WAY

NEWPORT BEACH CA

92663

NAME, ADDRESS, ZIP

## KNOW ALL MEN BY THESE PRESENTS, That MICHAEL B. JAGER and MARGARET H. JAGER, husband and wife, and CLARK J. KENYON, a single man

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by

, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and THOMAS STRAZĂ assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lot 18, Block 1, Tract #1122

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE) To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever. And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except contracts, liens, assessments, rules and regulations for drainage, irrigation, and sewage, reservations, restrictions, easements, and rights of way of record and those apparent on the land grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances. 3,850.00 The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ QHowever,-the-actual-consideration-consists-of-or-includes-other-property-or-value-given-or-promised-which-isthe whole part of the consideration-findicate which).<sup>(()</sup> (The sentence between the symbols<sup>()</sup>, if not applicable, should be deleted. See ORS 93.030.) In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals. In Witness Whereof, the grantor has executed this instrument this 9th day of September , 19 7.9 ; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors. OFFICIAL SEAL ELSIE M. CORY NOTARY PUBLIC - CALIFORNIA (If executed by a corporation offic corporation of the secure of the sec ORANGE COUNTY ennimi expites NOV 12, 1091 STATE OF OREGON, County STATE OF ORREAD, CALIFORNIA 55. County of .... ORANGE Ś Personally appeared who, being duly sworn, November 8 , 19 79 each tor himself and not one for the other, did say that the former is the president and that the latter is the Personally appeared the above named Michael B. Jager, Margaret H. Jager and secretary of ..... and that the seal attixed to the foregoing instrument is the corporation, of said corporation and that said instrument was signed and sealed in be-half of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed. Before me: Clark J. Kenyon and acknowledged the foregoing instruvoluntary act and deed. ment to be their (OFFICIAL SEAL) Before me: (OFFICIAL Eee SEAL) e m Notary Public forx California Notary Public for Oregon My commission expires: Nov. 12, 1981 My commission expires: STATE OF OREGON, JAGER, JAGER & KENYON SS. P.O. BOX 345 Klamath County of ..... GLENBROOK, NV 89413 GRANTOR'S NAME AND ADDRESS I certify that the within instrument was received for record on the THOMAS STRAZA Aug., 19.91, 22nd day of 468 BOLERO WAY o'clock P. M., and recorded at 1:28 NEWPORT BEACH, CA 92663 92663 N91 on page 16800 or as PACE RESERVED in book.... 33613 , FOR file/reel\_number\_ After recording return to: RECORDER'S USE Record of Deeds of said county. THOMAS STRAZA Witness my hand and seal of 468 BOLERO WAY County affixed. NEWPORT BEACH CA 92663 NAME, AD' RESS, ZIP Evelyn Biehn, County Clerk Recording Officer Until a change is requested all tax statems. Is shall be sent to the following ( THOMAS STRAZA

Fee \$28.00

and the second second

	Local File Num		Vital Record CERTIFICATE	os Unit DF DEATH	L136-	Sta	te File Number	
<b>2</b> ( .	NAME		Middie Harvey MONEY	PENNY	1.	sex Malo	3 DATE OF DE	ATH (Month, Day, Year)
	349-56-867	5 1 577	Mos Days Hours	Mins Nor	HPLACE (City and S	ate or Foreign	7. DATE OF BIF	TH (Month, Day, Year)
DECED	L Yes IV No	LIGST TIAL	nt ER/Outpatient DOA		ATH (Check only on			
<u>اللہ اللہ اللہ اللہ اللہ اللہ اللہ اللہ</u>	90 FACILITY NAME (11 00 	Sprague pi	nd number) Ver Highway		Home Deceder	DEATH	Other (Specify)	Highway COUNTY OF DEATH
2 3	- (Give kind of work dor lite Do not use retired	occupation te during most of working	10b. KIND OF BUSINESSINDU	Sprague	11. MARITAL STAT Never Marited, Divorced (Speci	US - Married. Widowed,	K.	lamath Married, Widowed)
4	Truck Drive		Trucking	101	Marrie	d	Delores	s Ann
5	Oregon 13e INSIDE CITY 13F Z	Klamath	Chiloquin		HC 63,	Box 59	8 A	
6	- Ures XINO 97	624 (Since Music Specie	thy No or Yes - If yes, specify Cut Can, Puerto Fican, etc.) 2 No [.]	an, Black Yes	E American Indian, A, White, etc. (Speci	lyi (Speci	DECEDENT'S	EDUCATION (Fade completed) (F) College (1.4 or 5 + )
PARENT	S Harvey C. M			Whi middle maide	19. UN	FORMANT - N	AME and related	Inship to deceased
DISPOSITIO	20a METHOD OF DIFRONT	ION [] Mausoleum	Ora Hec 200. PLACE OF DISPOSITION (N other place)	kathorn	De.	lores .	A. Mone	vpenfore
7	Donation [] Other (Spi	ecity)	P. L. Fry & Sc		1		, Calif	
8 a	214 AGNATURE OF FUNER PERSON ACTING AS SI	UCH-	21b. LICENSE NU (Of Licensed 3080	Ward	S Klama	th Fur	W Maral W	
REGISTRA	23 DATE FILED (Munih, Day		3080		Main St	••• K18	math Fa	alls, OR
(	25. DID HOSPITAL REPRESI	ENTATIVE MAKE REQUES	T FOR ANATOMICAL GIFT CONSI	NT? 36 WAS	NCY Ken	,		
10		AINE			S DNO X	) NIA		
11	TO BE CO	MPLETED BY CERTIFYIN 8 WAS MEDICAL EXAM	IG PHYSICIAN	114 1144	TO BE COMPLETE	D ONLY BY M	EDICAL EXAMIN	IER I
	29 To the best of my knowle due to the cause(s) and m (Signature)	tres I No	e lime, dale, place and	2345	July	/ 29.	1990 22	IER Th. Day. Year, Hour) 50 44
CERTIFIER						nd/or Investige lue to the cau	tion, in my opinic se(s) and manna	on death occurred r stated.
12.					ule D/	S		
13	Charles n p	ND ZIP OF CERTIFIERIME	DICAL EXAMINER (Type or Print)	J DATE SIGN	A 3 1 9	10	<u></u> <i>k</i> La,	ance UL1 '
13 14 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE	34 NAME, TITLE, ADDRESS AN <u>Charles D. Bu</u> 35 NAME OF ATTENDING PHY 36 IMMEDIATE CAUSE (ENTER IC PART (4) ASDAVX is a	ND ZIP OF CERTIFIERME 1 Y , M.D. SICIAN IF OTHER THAN DALLY <u>ONE</u> CAUSE <u>PER LIP</u>	• • • ·	Klamat	ED (Month, Day, Yo 31 (9) h Falls,	10 OR 97	601	marth '
13 14 CONDITIONS	34 NAME, TITLE, ADDRESS AN <u>Charles D. Bl</u> 35 NAME OF ATTENDING PHY 36 IMMEDIATE CAUSE (ENTER) ( PART (a) Asphyxiat DUE TO, OR AS A CONSE (c) Basilar S	NO ZIP OF CERTIFIERWE 1177, M.D. SICIAN IF OTHER THAN SICIAN IF	2300 Clairmont CERTIFIER (Type or Print) NE FOH (a). (b). AND (c) ) Do not ent	Klamat	ED (Month, Day, Yo 31 (9) h Falls,	10 OR 97	601	I between onset
13 CONDITIONS IF ANY WHICH GIVE MAEDIATE STATING THE UNDERLYING CAUSE OF DEATH	34 NAME TITLE ADDRESS AN <u>Charles D. Bu</u> 35 NAME OF ATTENDING PHY 36 IMMEDIATE CAUSE (ENTERIC PART (a) ASphyxiat bue to, or as a conse (c)	ND ZIP OF CERTIFIERME <u>ITY, M.D.</u> SICIAN IF OTHER THAN SICIAN IF OTHER THAN DALY <u>ONE</u> CAUSE <u>PER LIN</u> DOLY <u>ONE</u> CAUSE <u>PER LIN</u> DUENCE OF: <u>OUENCE OF:</u> DUENCE OF:	2300 Clairmont CERTIFIER (Type or Print) NE FOH (a). (b). AND (c) ) Do not ent	Klamat	ED (Month, Day, Yo 31 (9) h Falls,	10 OR 97	601 Interval and do Interval Interval	i belween onset
13 CONDITIONS IF ANY WHICH GIVE MAEDIATE STATING THE UNDERLYING CAUSE OF DEATH	34 NAME, TITLE, ADDRESS AN <u>Charles D. Bl</u> 35 NAME OF ATTENDING PHY 36 IMMEDIATE CAUSE (ENTER) ( PART (a) Asphyxiat DUE TO, OR AS A CONSE (c) Basilar S	ND ZIP OF CERTIFIERME <u>ITY, M.D.</u> SICIAN IF OTHER THAN SICIAN IF OTHER THAN DALY <u>ONE</u> CAUSE <u>PER LIN</u> DOLY <u>ONE</u> CAUSE <u>PER LIN</u> DUENCE OF: <u>OUENCE OF:</u> DUENCE OF:	2300 Clairmont CERTIFIER (Type or Punt) NE FOH (#1.(b), AND (c) / Do not ent NE FOH (#1.(b), AND (c) / Do not ent	3 DATE SIGN TUL Klamat r/ mode of dying. e g [37. Did toba	ED (Monin, Day, Ye 3.1.19 h. Falls, Cardiac or Respira	OR 97	ELCA 601 Interval and dea 1nterval and dea 1nterval	I between onset aln between onset aln between onset in between onset in between onset
13 CONDITIONS IF ANYE AUSE TO IMMEDIATE CAUSE STATING THE UNDENETING CAUSE OF DEATH 15	34 NAME, TITLE, ADDRESS AN     Charles D., Bl     35 NAME OF ATTENDING PHY     36 IMMEDIATE CAUSE (ENTERIC DUE TO, OR AS A CONSE     (b) Basilar S     (c) LBASILAR S     DUE TO, OR AS A CONSE     (c) LASSILAR S	NO ZIP OF CERTIFIERME <u>ITY, M.D.</u> SICIAN IF OTHER THAN DALY <u>ONE</u> CAUSE <u>PER LIN</u>  DALY <u>ONE</u> CAUSE <u>PER LIN</u>  ONE OUTONS: dealth but not related to c	2300 Clairmont CERTIFIER (1ype or Punt) <u>NE FOH(#).(b)</u> , AND(c) / Do not ent <u>NE FOH(#).(b)</u> , AND(c) / Do not ent <u>NE FOH(#).(b)</u> , AND(c) / Do not ent Cause given in PART I.	37 Did toba	ED (Monin, Day, Ye 3.1.191 h. Falls, Cardiac or Respira Cardiac or Respira Contribute	OR_97	ELC.	I between onset an I between onset an I between onset an
13 CONDITIONS IF ANYE AUSE TO IMMEDIATE CAUSE STATING THE UNDENETING CAUSE OF DEATH 15	34 NAME TITLE ADDRESS AN <u>Charles D. Bu</u> 35 NAME OF ATTENDING PHY 36 NAME OF ATTENDING PHY 36 NAME OF ATTENDING PHY 36 NAME OF ATTENDING PHY 36 NAME OF DEATH CONDITIONS CONTINUUNG TO 10 MANNER OF DEATH NEUMAL PWOMON	NO ZIP OF CERTIFIER/WE <u>ITY, M.D.</u> SICIAN IF OTHER THAN  DNLY <u>ONE</u> CAUSE <u>PER LIN</u>   DITIONS MULL Fractu MULL Fractur MULL Fractur MUL	2300 <u>Clairmont</u> CERTIFIER ( <i>Type or Print</i> ) <u>NE FOH (#1. (b), AND (c) / Do not ent</u> <u>JIC</u> CAUSO given in PART I. CAUSO given in PART I.	37 DATE SIGN TUL Klamat er mode of gying, e g 37. Did toba 10 to the da U ve DNO 141. DESCRIB Auto r	ED (Monin, Day, re 3.1.191 h. Falls, Cardiac or Respira Control Contribute entr Control Contribute E HOW INJURY OCC 0.11ed OV	0R 97	601 Interval and de Interval and de Interval in determin o U yes D	I belween anset i belween anset ath i between anset ath thetween anset ath indings considered indings considered I NO [] N/A
13 14 CONDITIONS WHICH OVE ANSE TO IMMEDIATE CAUSE STATING THE UNDERLITING CAUSE LAST UNDERLITING CAUSE OF DEATH 15 16 17	34 NAME TITLE ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 NAME OF DATE CAUSE (ENTERIC DUE TO, OR AS A CONSE     4 (b) BASILAR S     5 DUE TO, OR AS A CONSE     6 (c) BASILAR S     7 OTHER SIGNIFICANT CON     10 MANNER OF DEATH     10 Natural   Providing     12 Sucide   Understamming     13 HOMER OF DEATH   Sucide     14 Homicide   Legal	NO ZIP OF CERTIFIER/WE <u>SICIAN IF OTHER THAN</u> SICIAN IF OTHER THAN DALLY <u>ONE</u> CAUSE <u>PER LIN</u> DALLY <u>ONE</u> CAUSE <u>PER LIN</u> DALLY <u>ONE</u> CAUSE <u>PER LIN</u> DALLY <u>ONE</u> CAUSE <u>PER LIN</u> AUDITIONS - COMMING AND	2300     Clairmont       CERTIFIER (Type or Print)       NE FOH(#).(b), AND (c) / Do not ent       NE FOH(#).(b), AND (c) / Do not ent       ITC       CAUSE given in PART I.       (410       TIME OF       2345       M       Y All Dome, fairm, surget, factory, cl	33 DATE SIGN TUL Klamat M mode of dying, e g 37. Did toba to the da D Ves DNo KY7 41d. OESCAB Auto rr We dr ver	Cerdiac or Respira Cerdiac or Respira Cerdia	OR 97	A Decision of the second secon	Lettween onset all libetween onset all libetween onset all libetween onset indiags consumers ing cause al dealh? J No [] N/A
13 14 CONDITIONS WHICH OVE ANSE TO IMMEDIATE CAUSE STATING THE UNDERLITING CAUSE LAST UNDERLITING CAUSE OF DEATH 15 16 17	34 NAME TITLE ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 NAME OF DATE CAUSE (ENTERIC DUE TO, OR AS A CONSE     (b) BASILAR S     (c) BASILAR S     CONDITIONS CONTINUUNG TO     10 MANNER OF DEATH     (N MANNER OF DEATH     (N MANNER OF DEATH     (S) Understand     (S) Understand     (S) WARD PHY	NO ZIP OF CERTIFIER/WE <u>SICIAN IF OTHER THAN</u> SICIAN IF OTHER THAN DALLY <u>ONE</u> CAUSE <u>PER LIN</u> DALLY <u>ONE</u> CAUSE <u>PER LIN</u> DONLY <u>ONE</u> CAUSE <u>PER LIN</u> DONLY <u>ONE</u> CAUSE <u>PER LIN</u> AUDITIONS - COMPARING OF: MULTIONS - COMPARING DEC STATE MULTIONS - COMPA	2300     Clairmont       CERTIFIER (Type or Print)       VE FOH (#1. (b), AND (c) / Do not ent       ITC       Cause given in PART I.       Cause given in PART I.       (10 TIME OF INJURY       2345     M (□ ves x)	33 DATE SIGN TUL Klamat M mode of dying, e g 37. Did toba to the da D Ves DNo KY7 41d. OESCAB Auto rr We dr ver	ED (Monin, Day, re 3.1.191 h. Falls, Cardiac or Respira Control Contribute entr Control Contribute E HOW INJURY OCC 0.11ed OV	OR 97	A Decision of the second secon	Lettween onset all libetween onset all libetween onset all libetween onset indiags consumers ing cause al dealh? J No [] N/A
13 14 CONDITIONS IF ANY WHICE NOVE ANSE TO IMMEDIATE CAUSE STATING THE UNDENETING CAUSE OF DEATH 15 16 17	34 NAME TITLE ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 NAME OF DATE CAUSE (ENTERIC DUE TO, OR AS A CONSE     4 (b) BASILAR S     5 DUE TO, OR AS A CONSE     6 (c) BASILAR S     7 OTHER SIGNIFICANT CON     10 MANNER OF DEATH     10 Natural   Providing     12 Sucide   Understamming     13 HOMER OF DEATH   Sucide     14 Homicide   Legal	NO ZIP OF CERTIFIER/WE <u>SICIAN IF OTHER THAN</u> SICIAN IF OTHER THAN DALLY <u>ONE</u> CAUSE <u>PER LIN</u> DALLY <u>ONE</u> CAUSE <u>PER LIN</u> DONLY <u>ONE</u> CAUSE <u>PER LIN</u> DONLY <u>ONE</u> CAUSE <u>PER LIN</u> AUDITIONS - COMPARING OF: MULTIONS - COMPARING DEC STATE MULTIONS - COMPA	2300     Clairmont       CERTIFIER (Type or Print)       NE FOH(#).(b), AND (c) / Do not ent       NE FOH(#).(b), AND (c) / Do not ent       ITC       CAUSE given in PART I.       (410       TIME OF       2345       M       Y All Dome, fairm, surget, factory, cl	33 DATE SIGN TUL Klamat M mode of dying, e g 37. Did toba to the da D Ves DNo KY7 41d. OESCAB Auto rr We dr ver	Cerdiac or Respira Cerdiac or Respira Cerdia	OR 97	A Decision of the second secon	Lettween onset all libetween onset all libetween onset all libetween onset indiags consumers ing cause al dealh? J No [] N/A
13 14 CONDITIONS IF ANY WHICE NOVE ANSE TO IMMEDIATE CAUSE STATING THE UNDENETING CAUSE OF DEATH 15 16 17	34 NAME TITLE ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 NAME OF ATTENDING PHY     37 NAME OF ATTENDING PHY     38 NAME OF DATA     39 NAME OF DATA     39 NAME OF DEATH     30 NAMNER OF DEATH     31 NAMEN OF DEATH     34 NAMEN OF DEATH     35 NAMEN OF DEATH     35 NAMEN OF DEATH     35 NAMEN OF DEATH     35 NAMENER OF DEATH     35 NA	NO ZIP OF CERTIFIER/WE <u>SICIAN IF OTHER THAN</u> SICIAN IF OTHER THAN DNLY <u>ONE</u> CAUSE <u>PER LIN</u> DITIONS MULLI FRACE MULLI FRACE MULLI FRACE MULLI FRACE MULLI PRACE MULLI PRACE MU	2300 Clairmont GENTIFIER (Type or Print) NE FOH (el. (b), AND (c) / Do not ent ITC CAUSE given in PART I. CAUSE given in PART I. (410 TIME OF INJURY 410. TIME OF AT WOY 2345 M U Ves \$1 K-Alhome, fairm, sirset, factory, of Highway	33 DATE SIGN TUL. Klamat M mode of dying. ∉ ( 37. Did tobs to the de □ tres □ No 141 DESCAN Auto r driver M.P.21	ED (Monin, Day, re 3.1.19 h. Falls, Cardiac or Respira Cardiac or Respira Contract or Respiration Contract or Respirat	OR 97	ELCU 601 Interval and do Interval and do Interval and do Unterval and do Unte	Lotiween onset ath thetween onset in thetween onset is thetween on
13 14 CONDITIONS IF ANY WHICH GIVE AISE 10 IMMEDIATE STANDOR STANDOR CAUSE LAST CAUSE OF DEATH 15 16 17	34 NAME TITLE ADDRESS AN <u>Charles D. Bu</u> 35 NAME OF ATTENDING PHY 36 IMMEDIATE CAUSE (ENTERIC PART (a) Asphyxiat bue to, OR AS A CONSE (b) Basilar S (c) Basilar S (c) Control (C) Control (C) Control (C) C (c) Control (C) Control (C) C (c) Control (C) Control (C) C (c) C (c) C (c) C (c) Control (C) C (c) C (c	NO ZIP OF CERTIFIERME ITY, M.D. SICIAN IF OTHER THAN SICIAN IF OTHER THAN DALY ONE CAUSE PENLIN DALY ONE CAUSE PENLIN CONTONE QUENCE OF: KUII Fractu MUNITIONS dealth but not related to c Alla DATE OF INJURY MONTIONS dealth Dut not related to c 7/29/90 Alla PLACE OF INJUR DUILDING, etc. (Spe E ORIGINAL	2300     Clairmont       CERTIFIER (Type or Print)       NE FOH(#).(b), AND (c) / Do not ent       NE FOH(#).(b), AND (c) / Do not ent       ITC       CAUSE given in PART I.       (410       TIME OF       2345       M       Y All Dome, fairm, surget, factory, cl	33 DATE SIGN TUL Klamat M mode of dying, e.g. 37. Did toba to the de 37. Did toba 40. DESCRIP M. P. 21 TICS COPY	ED (Monin, Day, re 3.1.19 h. Falls, Cardiac or Respira Cardiac or Respira Contract or Respiration Contract or Respirat	OR 97	ELCU 601 Interval and do Interval and do Interval and do Unterval and do Unte	Lettween onset all libetween onset all libetween onset all libetween onset indiags consumers ing cause al dealh? J No (] N/A
13 14 CONDITIONS IF ANY WHICH GIVE AISE 10 IMMEDIATE STANDOR STANDOR CAUSE LAST CAUSE OF DEATH 15 16 17	34 NAME TITLE, ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 IMMEDIATE CAUSE (ENTERIC PART (a) ASPhyxiat     36 IMMEDIATE CAUSE (ENTERIC DUE TO, OR AS A CONSE     (b) Basilar S     (c) Basilar S     (c) Conditions contributing to Basilar S     (c) Conditions Contributing to Conditions Contributing to Conditions Contributing to Descriptions Contributing to Conditions Contrest to Conditions Contrest to Conditions Contrest o C	NO ZIP OF CERTIFIERME ITY, M.D. SICIAN IF OTHER THAN SICIAN IF OTHER THAN DALY ONE CAUSE PENLIN DALY ONE CAUSE PENLIN DALY ONE CAUSE PENLIN CONTONE QUENCE OF: KUII Fractu QUENCE OF: KUII Fractu GUENCE OF: KUII Fractu MONTONE QUENCE OF: KUII FRACE ORIGINAL EXACT REPRODUCT OFFICE OF THE KL	2300 Clairmont CERTIFIER (Type or Punt) The FOM (#1. (b), AND (c) / Do not ent ITC CAUSE given in PART I. (41b TIME OF 11NJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 10 ves \$2 10 ves \$2 11 c. 11 c. 11 c. 12 c. 12 c. 12 c. 13 c. 14 c. 15 c. 16 c. 17 c. 17 c. 17 c. 18 c. 19 c. 10 ves \$2 10	37. Did toba r mode of dying, e ( 37. Did toba to the dd 37. Did toba 410. DESCRIB 410. DESCRIB 410. DESCRIB M. P. 211 TICS COPY OFFICIALLY XAR.	ED (Monin, Day, Ye 3.1.19 h. Falls, I Cerdiac or Respira I Cer	OR 97	ELCU 601 Interval and de Interval and de Interval Interval And de Interval And de Interval Inte	Lotiween onset and thetween onset in thetween onset is thetween on
13 14 CONDITIONS IF ANY WHICH GIVE AISE 10 IMMEDIATE STANDOR STANDOR CAUSE LAST CAUSE OF DEATH 15 16 17	34 NAME TITLE, ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 IMMEDIATE CAUSE (ENTERIC PART (a) ASPhyxiat     36 IMMEDIATE CAUSE (ENTERIC DUE TO, OR AS A CONSE     (b) Basilar S     (c) Basilar S     (c) Conditions contributing to Basilar S     (c) Conditions Contributing to Conditions Contributing to Conditions Contributing to Descriptions Contributing to Conditions Contrest to Conditions Contrest to Conditions Contrest o C	NO ZIP OF CERTIFIERME ITY, M.D. SICIAN IF OTHER THAN SICIAN IF OTHER THAN DALY ONE CAUSE PENLIN DALY ONE CAUSE PENLIN CONTONE QUENCE OF: KUII Fractu MUNITIONS dealth but not related to c Alla DATE OF INJURY MONTIONS dealth Dut not related to c 7/29/90 Alla PLACE OF INJUR DUILDING, etc. (Spe E ORIGINAL	2300 Clairmont CERTIFIER (Type or Punt) The FOM (#1. (b), AND (c) / Do not ent ITC CAUSE given in PART I. (41b TIME OF 11NJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 10 ves \$2 10 ves \$2 11 c. 11 c. 11 c. 12 c. 12 c. 12 c. 13 c. 14 c. 15 c. 16 c. 17 c. 17 c. 17 c. 18 c. 19 c. 10 ves \$2 10	37. Did toba r mode of dying, e ( 37. Did toba to the dd 37. Did toba 410. DESCRIB 410. DESCRIB 410. DESCRIB M. P. 211 TICS COPY OFFICIALLY XAR.	ED (Monin, Day, Ye 3.1.19 h. Falls, Cardiac or Respire Cardiac or Respire Construction Cardiac or Respire Construction C	OR 97	ELCU 601 Interval and do Interval and And	Lotiween onset and thetween onset in thetween onset is thetween on
13 14 CONDITIONS IF ANY WHICH GIVE MAEDUE STATMO THE UNDERLYING CAUSE AST CAUSE OF DEATH 15 16 17 000000000000000000000000000000000	34 NAME TITLE ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 IMMEDIATE CAUSE (ENTERIO PART (a) Asphyxiat     10 IMMEDIATE CAUSE (ENTERIO PART (a) Asphyxiat     10 IMARDIATE CAUSE (ENTERIO DUE TO, OR AS A CONSE     10 IMANNER OF DASI   Ar OS CONSILIONS CONTIDUING TO H     10 MANNER OF DEATH     11 IMARDIA     12 OTHER SIGNIFICANT CON H     130 MANNER OF DEATH     131 IMARDIA     14 OTHER SIGNIFICANT CON H     15 OUCOS     16 MANNER OF DEATH     16 MANNER OF DEATH     17 OTHER SIGNIFICANT CON H     18 OUGOS     19 OTHER SIGNIFICANT CON H     10 MANNER OF DEATH     19 ONALISE     19 OTHER SIGNIFICANT CON H     10 MANNER OF DEATH     19 OUGOS     10 MANNER OF DEATH     10 Succos     10 MANNER OF OR REGISTRAR'S US     11 THIS IS A TRUE AND I REGISTERED AT THE     11 DATE ISSUED	NO ZIP OF CERTIFIERME ITY, M.D. SICIAN IF OTHER THAN DALLY ONE CAUSE PENLIN DALLY ONE CAUSE PENLIN DALLY ONE CAUSE PENLIN DALLY ONE CAUSE PENLIN CONTONS MULLI Fractu MULIONS. M	2300 Clairmont CERTIFIER (1/pe or Punt) ME FOH (#1.10), AND (C) / Do not ent ME FOH (#1.10), AND (C) / Do not ent ITC CAUSE given in PART I. (410 TIME OF 41C. INJURY 2345 4 0 res (2) 1 res (2) (410 TIME OF 41C. INJURY 2345 4 0 res (2) (410 TIME OF 41C. INJURY 2345 4 0 res (2) (410 TIME OF 41C. INJURY (410 TIME OF 4	3 DATE SIGN TUL Klamat M mode of dying, eg 37. Did tobs to the de □ to the d	ED (Monin, Day, Ye 31.19 h. Falls, Cardiac or Respire Cardiac or Respire Cardiac or Respire Cardiac or Respire Construction Cardiac or Respire Construction Cardiac or Respire Construction Construction County KLAMATH CC	OR 97	EL CL 601 Interval and do Interval and And	Letween onset an I between onset an I between onset in Indige considered in Consol assist I no [] N/A ] or Town, State I Y
13 14 CONDITIONS IF ANY WHICH GIVE MAEDUE STATMO THE UNDERLYING CAUSE AST CAUSE OF DEATH 15 16 17 000000000000000000000000000000000	34 NAME TITLE, ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 IMMEDIATE CAUSE (ENTERIC PART (a) ASPhyxiat     36 IMMEDIATE CAUSE (ENTERIC DUE TO, OR AS A CONSE     (b) Basilar S     (c) Basilar S     (c) Conditions contributing to Basilar S     (c) Conditions Contributing to Conditions Contributing to Conditions Contributing to Descriptions Contributing to Conditions Contrest to Conditions Contrest to Conditions Contrest o C	NO ZIP OF CERTIFIERME ITY, M.D. SICIAN IF OTHER THAN DALLY ONE CAUSE PENLIN DALLY ONE CAUSE PENLIN DALLY ONE CAUSE PENLIN DALLY ONE CAUSE PENLIN CONTONS MULLI Fractu MULIONS. M	2300 Clairmont CERTIFIER (Type or Punt) The FOM (#1. (b), AND (c) / Do not ent ITC CAUSE given in PART I. (41b TIME OF 11NJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 2345 41c. INJURY 10 ves \$2 10 ves \$2 11 c. 11 c. 11 c. 12 c. 12 c. 12 c. 13 c. 14 c. 15 c. 16 c. 17 c. 17 c. 17 c. 18 c. 19 c. 10 ves \$2 10	3 DATE SIGN TUL Klamat M mode of dying, eg 37. Did tobs to the de □ to the d	ED (Monin, Day, Ye 31.19 h. Falls, Cardiac or Respire Cardiac or Respire Cardiac or Respire Cardiac or Respire Construction Cardiac or Respire Construction Cardiac or Respire Construction Construction County KLAMATH CC	OR 97	EL CL 601 Interval and do Interval and And	Letween onset an I between onset an I between onset in Indige considered in Consol assist I no [] N/A ] or Town, State I Y
13 14 CONDITIONS IF ANY WHICH GIVE MAEDIAL STATMO THE STATE OF OREC Filed for record a	34 NAME TITLE ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 IMMEDIATE CAUSE (ENTERIO PART (a) Asphyxiat     bue to, on as a conset     bue to, on as a conset     bue to, on as a conset     conditions contributing to     bue to, on as a conset     conditions contributing to     manner     bue to, on as a conset     conditions contributing to     bue to, on as a conset     conditions contributing to     momental     Part (c)     natural     Pending     X Accident     intervention     medical Legat     intervention     conditions contributing using     builde     Lagat     DATE ISSUED     DATE ISSUED     DATE ISSUED     DATE ISSUED     DATE ISSUED	NO ZIP OF CERTIFIERME ITY, M.D. SICIAN IF OTHER THAN DALLY ONE CAUSE PENLIN DALLY ONE CAUSE PENLIN	2300 Clairmont CERTIFIER (1/p+ or Punt) ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end ME FOR (#). (b). AND (C) / Do not end AND (C) / Do not end (*). (b). (c) / Do not end AND (C) / Do not end (*). (c) / Do n	3 DATE SIGN TUL Klamat M mode of dying, eg 37. Did tobs to the de □ to the d	ED (Monin, Day, Ye 31.19 h. Falls, Cardiac or Respire Cardiac or Respire Cardiac or Respire Cardiac or Respire Construction Cardiac or Respire Construction Cardiac or Respire Construction Construction County KLAMATH CC	OR 97	EL CL 601 Interval and do Interval and And	Letween onset an I between onset an I between onset in Indige considered in Consol assist I no [] N/A ] or Town, State I Y
13 14 CONDITIONS IF ANY WHICH GIVE MAEDIAL STATMO THE STATE OF OREC Filed for record a	34 NAME TITLE ADDRESS AN     Charles D. Bu     35 NAME OF ATTENDING PHY     36 IMMEDIATE CAUSE (ENTERIO PART (a) Asphyxiat     10 IMMEDIATE CAUSE (ENTERIO PART (a) Asphyxiat     10 IMARDIATE CAUSE (ENTERIO DUE TO, OR AS A CONSE     10 IMANNER OF DASI   Ar OS CONSILIONS CONTIDUING TO H     10 MANNER OF DEATH     11 IMARDIA     12 OTHER SIGNIFICANT CON H     130 MANNER OF DEATH     131 IMARDIA     14 OTHER SIGNIFICANT CON H     15 OUCOS     16 MANNER OF DEATH     16 MANNER OF DEATH     17 OTHER SIGNIFICANT CON H     18 OUGOS     19 OTHER SIGNIFICANT CON H     10 MANNER OF DEATH     19 ONALISE     19 OTHER SIGNIFICANT CON H     10 MANNER OF DEATH     19 OUGOS     10 MANNER OF DEATH     10 Succos     10 MANNER OF OR REGISTRAR'S US     11 THIS IS A TRUE AND I REGISTERED AT THE     11 DATE ISSUED	NO ZIP OF CERTIFIERME ITY, M.D. SICIAN IF OTHER THAN SICIAN IF OTHER THAN DALLY ONE CAUSE PEN LIN CONTYONE CAUSE PEN LIN CONTONS MULTIONS	2300 Clairmont CERTIFIER (Type or Punt) ME FOR (#). (b). AND (C) / Do not ent ME FOR (#). (b). AND (C) / Do not ent ITC Cause given in PART I. (10 OF THE OF AT WOY 2345 M U ves (2) (10 OF THE DOCUMENT AMATH COUNTY REGISTI AMATH COUNTY REGISTI SS. TES Moneypenny 13 O'Clock	J DATE SIGN T.U.L. Klamat Klamat Klamat Signal Sign	ED (Monin, Day, Ye 31.19 h. Falls, Cardiac or Respira Cardiac or Respira Control Control County KLAMATH CC	D OR 97 Ion Anest	EL CL 601 Interval and do Interval and do Interval Interval And do Interval And do Interva	Letween onset an Letween onset an Detween onset Detween onset an Detween onset Detween onset an Detween onset an Detween onset an Detween onset an Detween onset Detween onset an Detween onset an Detween onset an Detween onset an Detween onset an Det