

33753

LEAH C. VAN ARSDALE

17059

ATTORNEY AT LAW

P.O. Box 2313  
44903 N. 10th St. West Lancaster, Ca. 93534  
Telephone: (805) 942-4066

## DECLARATION OF CATHY A. FRIZZELL

I, CATHY A. FRIZZELL, declare:

I am the mother of MICHELE RENEE FRIZZELL, born May 17, 1974, and ATHENA MAY FRIZZELL, born June 1, 1976. Their father's name is DENNIS JAMES FRIZZELL, JR. We were divorced in San Diego California, and I was awarded sole custody of the children by the court in March of 1979.

I am temporarily unable to care for my children and desire to give physical custody of the children to my parents, ARLIE JUNIOR AYERS and BARBARA ANN AYERS.

With said physical custody I also authorize them to secure medical care for the children, arrange for the children's schooling, receive any welfare money due the children to be used for their care, to take them out of the country, and all other incidents that would flow from such physical custody.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 6th day of December, 1979 in Lancaster, California.

*Cathy A. Frizzell*  
CATHY A. FRIZZELL

TO 1944 CA (8-74)  
(Individual)



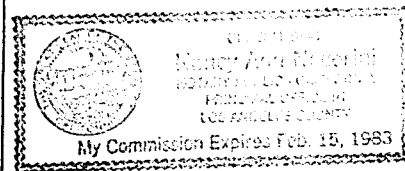
STATE OF CALIFORNIA }  
COUNTY OF Los Angeles } SS.

On December 6, 1979 before me, the undersigned, a Notary Public in and for said State, personally appeared Cathy A. Frizzell

known to me  
to be the person whose name is subscribed she  
to the within instrument and acknowledged that  
executed the same.

WITNESS my hand and official seal.

Signature *Nancy Ann Nocerini*  
Nancy Ann Nocerini



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Arlie J. Ayers the 26th day  
of Aug. A.D., 19 91 at 4:16 o'clock P.M., and duly recorded in Vol. M91  
of Power of Attorney on Page 17059

FEE \$5.00/cc \$1.00

Return: Arlie J. Ayers  
2504 Gettle, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk  
By *Evelyn Biehn*

91 AUG 22 PM 4 16

F 1957  
I.D. TAG NO.180  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

State File Number

## DECEDENT

1  
2  
3  
4  
5  
6

## PARENTS

## DISPOSITION

7

8

9

## REGISTRAR

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11

## CERTIFIER

12

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14

## CAUSE OF DEATH

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17

1 DECEDENT'S NAME First: <b>Norine</b> Middle: <b>-</b> Last: <b>PLUMMER</b>			2 SEX <b>F</b>	3 DATE OF DEATH (Month, Day, Year) <b>May 22, 1991</b>		
4 SOCIAL SECURITY NUMBER <b>572-66-7162</b>		5a AGE - Last Birthday (Years) <b>85</b>	5b Under 1 Year Mos. Days Hours Mins.	5c Under 1 Day Hours Mins.	6 BIRTHPLACE (City and State or Foreign Country) <b>Sun Dance, WY</b>	7 DATE OF BIRTH (Month, Day, Year) <b>August 25, 1905</b>
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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <b>Foster Care</b>			
9b FACILITY NAME (if not institution, give street and number) <b>Renslows Foster Care Home</b>			9c CITY, TOWN, OR LOCATION OF DEATH <b>Chiloquin</b>		9d COUNTY OF DEATH <b>Klamath</b>	
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>School Teacher</b>		10b KIND OF BUSINESS/INDUSTRY <b>Primary Education</b>		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12 SPOUSE (if Married, Widowed) <b>Willard K. Plummer</b>
13a RESIDENCE - STATE <b>Oregon</b>		13b CITY, TOWN, OR LOCATION <b>Klamath</b>		13c STREET AND NUMBER <b>Chiloquin P.O. Box 467</b>		
13d INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e ZIP CODE <b>97624</b>		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) <b>White</b>
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) <b>4</b>						
17 FATHER - NAME first middle last <b>Frank - McCready</b>			18 MOTHER - NAME first middle maiden <b>Nellie - Goodenough</b>			19 INFORMANT - NAME and relationship to decedent <b>Willard K. Plummer Spouse</b>
20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <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) <b>Klamath Cremation Service</b>			20c LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael</i>			21b LICENSE NUMBER (Of Licensee) <b>3287</b>		22 NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601</b>	
23 DATE FILED (Month, Day, Year) <b>MAY 23 1991</b>			24 REGISTRAR'S SIGNATURE <i>Dancy 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			
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27 TIME OF DEATH <b>7:26 P.M.</b>		28 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" 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) <i>Blake Berven M.D.</i> M.D.						
30 DATE SIGNED (Month, Day, Year)						
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601</b>						
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
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).						
PART I (a) <b>Septicemia (unknown organism)</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death <b>48 hours</b>	
(b) <b>Multiple Decubitus Ulcers</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death <b>2 months</b>	
(c) <b>Diabetes Mellitus</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death <b>20 years</b>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <b>Alzheimer's Disease</b>					37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unk	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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 <b>M</b>		41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" 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 REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV

DATE ISSUED **MAY 23 1991**Donna Q. Verling  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Parks & Ratliff** the **26th** day of **Aug.** A.D., 19 **91** at **4:34** o'clock **P.M.**, and duly recorded in Vol. **M91** of **Deeds** on Page **17060**.

Evelyn Biehn County Clerk

By *Donna Q. Verling*

FEE \$8.00

Return: Parks &amp; Ratliff

228 N. 7th, Klamath Falls, Or. 97601