FORM No. 15—POWER OF ATTORNEY. COPYRIGHT 1940 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204

Vol. M91 Page 18202

TK 34426

KNOW ALL MEN BY THESE PRESENTS, That I, JOHN M. KOHLER SR.

have made, constituted and appointed and by these presents do make, constitute and appoint BOB AND ALYICE JENKINS

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

TO HAVE TEMPERARY CUSTODY OF MY SON, JOHN M. KOHLER JR. TO LIVE IN THEIR HOME ON, 2519 HAWKINS ST. KLAMATH FALLS, OR. AS OF SEPT. 3, 1991.

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 September 3, 1991

John M Kohler Sr
1540 Homedale Rd Klamath Falls, Oregon

Alyice Jenkins
2519 Hawkins

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on September 3, 1991,

by John M. Kohler, Sr.

OFFICIAL SEAL
LINDA J. TODD
NOTARY PUBLIC-OREGON
COMMISSION NO. 005516
MY COMMISSION EXPIRES MAR. 24, 1995

Linda J. Todd
Notary Public for Oregon

My commission expires March 24, 1995

POWER OF ATTORNEY
(FORM No. 15)

TO

AFTER RECORDING RETURN TO

John M Kohler Sr
1540 Homedale
Klamath Falls Oregon 97601
NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,
County of Klamath } ss.

I certify that the within instrument was received for record on the 11th *day of* Sept., *19*91, *at* 11:58 *o'clock* A.M., *and recorded in book/reel/volume No.* M91, *on page* 18202 *or as fee/file/instrument/microfilm/reception No.* 34426, *Record of* Power of Attorney *of said County.*

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Pauline Muellendore Deputy

Fee $5.00
cc 1.00

'91 SEP 11 AM 11 58

CK 5.00 100

Unofficial Copy

103121

I.D. TAG NO. 306

Local File Number

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

136-

State File Number

DECEDENT

1. DECEDENT'S NAME — First: Frank; Middle: William; Last: SNYDER
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 27, 1991
4. SOCIAL SECURITY NUMBER: 543/10/0939
5a. AGE - Last Birthday (Years): 81
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Cloquet, MN
7. DATE OF BIRTH (Month, Day, Year): July 2, 1910
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 3149 Cortez Street
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.): Saw Mill Worker
10b. KIND OF BUSINESS/INDUSTRY: Lumber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Sarah
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3149 Cortez Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Joe - Snyder
18. MOTHER - NAME first middle maiden: Elnora - Zapple
19. INFORMANT - NAME and relationship to deceased: Sarah Snyder / Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): AUG 29 1991
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0500 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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): Blake Berven
30. DATE SIGNED (Month, Day, Year): August 27, 1991

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Acute Myocardial Infarction — Interval between onset and death: 10 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) ASHD — Interval between onset and death: 10 years
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: Severe COPD

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ 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 OFFICIAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED AUG 30 1991

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

45-2 REV 1-90

STATE OF OREGON — KLAMATH COUNTY DEPARTMENT OF HEALTH — OREGON

Unofficial Copy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sarah Snyder the 11th day of Sept. A.D., 19 91 at 12:11 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 18203.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $8.00

Return: Sarah Snyder
3149 Cortez, Klamath Falls, Or. 97601