

DURABLE POWER OF ATTORNEY

KNOWN ALL MEN BY THESE PRESENT, that we, Dwayne Sandoval and Donna Sandoval, residing at, HC 61 BOX 1214, La Pine, Oregon 97739, do hereby nominate, constitute and appoint, Joe P. Sandoval, residing at, 13455 SW Burns Ridge Ct., Ahola, Oregon 97007, name, place and stead, and for our use and benefit:

To ask, demand, sue for, recover, collect, and receive all sums of money, debts, due, accounts, legacies, bequest, interest, dividends, annuities, and demands whatsoever as are now or shall hereafter become due, owing, payable, or belonging to me and take all lawful ways and means in my name or otherwise for recovery thereof, and to compromise and agree to the same and give release other sufficient discharge for the same:

For me in our name, to make, seal, and delivered, bargain, contract, agree for, purchase, receive, and take lands, tenements, hereditaments, and accept the deeds and possessions of all lands and to lease, let demise, bargain, sell, remise, release, convey, mortgage, and hereditaments upon such terms and conditions and under such covenants as Joe P. Sandoval, shall see fit:

Also to bargain and agree to, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in goods, wares, and merchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business of whatever nature and kind:

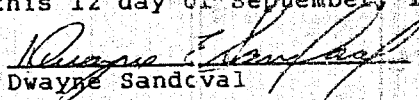
Also as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases, mortgages, bill of lading, bills, notes, receipts, evidence of debt, such as other instruments in writing of whatsoever kind and nature as may be necessary or proper in the premises:

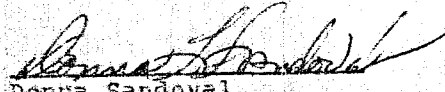
And also to endorse checks, notes, drafts, and any other commercial papers in my name, and to withdraw money from any of my checking or savings accounts at any commercial bank, savings and loan association or other financial institution, transfer any stocks, bonds, securities, annuities, and to sign orders or receipts thereof in my name, may also enter my safety deposit box:

GIVING AND GRANTING unto my said attorney-in-fact full power of authority to do and perform every act necessary, requisite or proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to be done by virtue hereof:

All powers and authority granted herein shall not be affected by my ability, incapacity, or adjudged incompetency.

IN WITNESS WHEREOF, we have set our hand and seal on this 12 day of September, 1991.


Dwayne Sandoval


Donna Sandoval

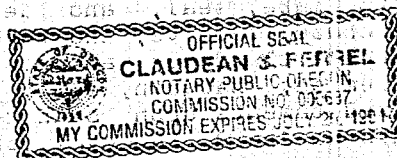
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19570

STATE OF OREGON)
COUNTY OF DESCHUTES,)

On this 12 day of September, 1991, before, me the undersigned, a Notary Public, in and for said County and State, personally appear the within named Dwayne Sandoval and Donna Sandoval, who are known to me to be the identical individuals described in and who execute the written instrument and acknowledge to me that they executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last written.



Claudean S. Ferrel
NOTARY PUBLIC FOR
7/26/94

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 26th day
of Sept. A.D. 19 91 at 2:41 o'clock P. M., and duly recorded in Vol. M91
of _____ Power of Attorney _____ on Page 19569

FEE \$10.00

Evelyn Biehn County Clerk

By *Donna Sandoval*

After Recording Return to:
me + Mrs Sandoval
HC 61 Box 1214
La Pine, OR 97739

079661
I.D. TAG NO.

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME Glenn		2. SEX M		3. DATE OF DEATH (Month, Day, Year) September 8, 1991	
4. SOCIAL SECURITY NUMBER 514-03-3935		5a. AGE Last Birth Day (Years) 78		5b. Under 1 Year Days Hours	
6. BIRTHPLACE (City and State or Foreign Country) Ozawkie, Kansas		7. DATE OF BIRTH (Month, Day, Year) June 3, 1913		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) 2627 Bisbee Street		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work life. Do not use retired) Electrician		12b. KIND OF BUSINESS/INDUSTRY Lumber Mill		12c. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 2627 Bisbee Street		14. RACE American Indian, Black, White, etc. (Specify) White		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (13-16) Postgraduate (17-24) 1	
16. FATHER - NAME first middle last Oliver Pinkney White		17. MOTHER - NAME first middle last LaVita May Lackey		18. INFORMANT - NAME and relationship to decedent Myrtle May White Spouse	
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Klamath Memorial Park		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		21. LOCATION City or Town, State Klamath Falls, Oregon	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael Oka</i>		23. LICENSE NUMBER (Of Licensee) 3237		24. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601	
25. DATE FILED (Month, Day, Year) SEP 10 1991		26. REGISTRAR'S SIGNATURE <i>Dorothy Kennedy</i>		27. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT? CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		TO BE COMPLETED BY CERTIFYING PHYSICIAN			
29. TIME OF DEATH 9:50 A.M.		30. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
31. 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</i>		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) September 9, 1991		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake Berven M.D. 2616 Clover 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)			
37. (a) Acute Myocardial Infarction		38. (b) ASHD		39. (c) Carcinoma of the lung	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41. DATE OF INJURY (Month, Day, Year)		42. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	
43. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. DESCRIBE HOW INJURY OCCURRED	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State)		47. INTERVAL BETWEEN ONSET AND DEATH 10 minutes			
48. INTERVAL BETWEEN ONSET AND DEATH 10 years		49. INTERVAL BETWEEN ONSET AND DEATH 10 years			
49. INTERVAL BETWEEN ONSET AND DEATH 10 years		50. INTERVAL BETWEEN ONSET AND DEATH 10 years			
51. INTERVAL BETWEEN ONSET AND DEATH 10 years		52. INTERVAL BETWEEN ONSET AND DEATH 10 years			
53. INTERVAL BETWEEN ONSET AND DEATH 10 years		54. INTERVAL BETWEEN ONSET AND DEATH 10 years			
55. INTERVAL BETWEEN ONSET AND DEATH 10 years		56. INTERVAL BETWEEN ONSET AND DEATH 10 years			
57. INTERVAL BETWEEN ONSET AND DEATH 10 years		58. INTERVAL BETWEEN ONSET AND DEATH 10 years			
59. INTERVAL BETWEEN ONSET AND DEATH 10 years		60. INTERVAL BETWEEN ONSET AND DEATH 10 years			
61. INTERVAL BETWEEN ONSET AND DEATH 10 years		62. INTERVAL BETWEEN ONSET AND DEATH 10 years			
63. INTERVAL BETWEEN ONSET AND DEATH 10 years		64. INTERVAL BETWEEN ONSET AND DEATH 10 years			
65. INTERVAL BETWEEN ONSET AND DEATH 10 years		66. INTERVAL BETWEEN ONSET AND DEATH 10 years			
67. INTERVAL BETWEEN ONSET AND DEATH 10 years		68. INTERVAL BETWEEN ONSET AND DEATH 10 years			
69. INTERVAL BETWEEN ONSET AND DEATH 10 years		70. INTERVAL BETWEEN ONSET AND DEATH 10 years			
71. INTERVAL BETWEEN ONSET AND DEATH 10 years		72. INTERVAL BETWEEN ONSET AND DEATH 10 years			
73. INTERVAL BETWEEN ONSET AND DEATH 10 years		74. INTERVAL BETWEEN ONSET AND DEATH 10 years			
75. INTERVAL BETWEEN ONSET AND DEATH 10 years		76. INTERVAL BETWEEN ONSET AND DEATH 10 years			
77. INTERVAL BETWEEN ONSET AND DEATH 10 years		78. INTERVAL BETWEEN ONSET AND DEATH 10 years			
79. INTERVAL BETWEEN ONSET AND DEATH 10 years		80. INTERVAL BETWEEN ONSET AND DEATH 10 years			
81. INTERVAL BETWEEN ONSET AND DEATH 10 years		82. INTERVAL BETWEEN ONSET AND DEATH 10 years			
83. INTERVAL BETWEEN ONSET AND DEATH 10 years		84. INTERVAL BETWEEN ONSET AND DEATH 10 years			
85. INTERVAL BETWEEN ONSET AND DEATH 10 years		86. INTERVAL BETWEEN ONSET AND DEATH 10 years			
87. INTERVAL BETWEEN ONSET AND DEATH 10 years		88. INTERVAL BETWEEN ONSET AND DEATH 10 years			
89. INTERVAL BETWEEN ONSET AND DEATH 10 years		90. INTERVAL BETWEEN ONSET AND DEATH 10 years			
91. INTERVAL BETWEEN ONSET AND DEATH 10 years		92. INTERVAL BETWEEN ONSET AND DEATH 10 years			
93. INTERVAL BETWEEN ONSET AND DEATH 10 years		94. INTERVAL BETWEEN ONSET AND DEATH 10 years			
95. INTERVAL BETWEEN ONSET AND DEATH 10 years		96. INTERVAL BETWEEN ONSET AND DEATH 10 years			
97. INTERVAL BETWEEN ONSET AND DEATH 10 years		98. INTERVAL BETWEEN ONSET AND DEATH 10 years			
99. INTERVAL BETWEEN ONSET AND DEATH 10 years		100. INTERVAL BETWEEN ONSET AND DEATH 10 years			

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

DATE ISSUED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Myrtle White the 26th day
of Sept. A.D., 1991 at 2:41 o'clock P.M., and duly recorded in Vol. M91
of Deeds on Page 19571

Evelyn Biehn County Clerk
By Donna A. Verling

FEE \$8.00

Return: Myrtle White
2627 Bisbee, Klamath Falls, Or. 97603

103175
I.D. TAG NO.

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

138

State File Number

Local File Number

1. DECEDENT'S NAME First: Anna, Middle: Allen, Last: MYERS		2. SEX F	3. DATE OF DEATH (Month, Day, Year) September 10, 1991
4. SOCIAL SECURITY NUMBER 414-24-5214	5a. AGE (Years) 66	5b. Under 1 Year Mos. Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Chattanooga, TN
7. DATE OF BIRTH (Month, Day, Year) November 29, 1924		8. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not Institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. COUNTY OF DEATH Klamath		12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
13. SPOUSE (If Married, Widowed, Divorced (Specify) Charles		14. STREET AND NUMBER 1754 Kane Street	
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath	
17. CITY, TOWN, OR LOCATION Klamath Falls		18. 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:	
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. ZIP CODE 97603	
21. FATHER - NAME first middle last Hubert - Allen		22. MOTHER - NAME first middle maiden Nola - Clonts	
23. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Abbey View Memorial Park	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Verlinda Jennings</i>		26. LICENSE NUMBER (Of Licensee) 53-0280	
27. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home		28. DATE OF DEATH (Month, Day, Year) SEP 12 1991	
29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		30. REGISTRAR'S SIGNATURE <i>Dorothy Kennedy</i>	
31. TIME OF DEATH 0730		32. DATE PRONOUNCED DEAD (Month, Day, Year) M	
33. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED (Signature) <i>Walter L. Hydes MD</i>		34. DATE SIGNED (Month, Day, Year) 9/11/91	
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Alden B. Glidden, MD 2680 B Uhrmann Road Klamath Falls, Oregon 97601		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
37. 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 (a) DUE TO, OR AS A CONSEQUENCE OF: Pneumonia PART (b) DUE TO, OR AS A CONSEQUENCE OF: Gastrointestinal Multiple PART (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part (a) or (b): Cigarette Smoker COPD		38. INTERVAL BETWEEN ONSET AND DEATH 6 days 39. INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation on <input type="checkbox"/> Accident <input type="checkbox"/> Understood Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41. DATE OF INJURY (Month, Day, Year) 42. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	
43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		44. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

DATE ISSUED SEP 12 1991

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

STATE OF OREGON: COUNTY OF KLAMATH:

Filed for record at request of Chas. Myers the 26th day of Sept. A.D., 1991 at 2:41 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 19572

Evelyn Biehn County Clerk
By *Donna A. Verling*

FEE \$8.00
Return: Chas. Myers
1754 Kane, Klamath Falls, Or. 97603