

28025
38590

Vol. 91 Page 25984

When recorded, mail to:

Name: Jim S. Clark

Address: PO Box 72

SPRAGUE RIVER OR 97639

City/State/Zip Code: _____

Space above this line for Recorder's use

GENERAL POWER OF ATTORNEY

(Durable)

KNOW ALL MEN BY THESE PRESENTS:

That I(we), X I John T. Nesbit, the undersigned principal(s),

whose address is 18811 N. 19th Ave #2601 Phoenix, AZ 85027

by this instrument, hereby constitute and appoint Jim S. Clark

whose address is P.O. Box 27 Sprague River, OR. 97639

as my(our) Attorney-in-Fact to act in my(our) name, place and stead, and for my(our) use and benefit as if I(we) were personally present to accomplish the same.

I(We) specifically authorize, although not limited thereby, my(our) above named Attorney-in-Fact to:

a) ask, collect, demand, receive, recover and sue for all such sums of money, debts, accounts, legacies, bequests, interest, dividends, annuities and demands whatsoever as are now, or shall hereafter become due, owing, payable or belonging to me(us); to have, use and take all lawful ways or means necessary to grant acquittance or other sufficient discharges for the same;

b) bargain, contract, purchase, receive, sell, possess, convey, transfer, lease, let, demise, remise, assign, release, encumber, hypothecate, mortgage, or otherwise exercise any property right in any and all types, kinds and descriptions of both real and personal property, in lands, tenements, hereditaments, attachments, equipment, goods, wares, choses in action, personality or other property in possession or in action;

c) sign, seal, deliver or otherwise execute and/or acknowledge any agreement, bottomry, bill, bill of lading, bond, charter, contract, covenant, deed, debt instrument, demand, indenture, judgment, note, notice, pledge, protest, receipts, release, satisfaction of mortgage or any other such instruments in writing as may be necessary or proper to fully accomplish these premises;

d) deposit, withdraw, pledge or otherwise collect, recover or hypothecate any and all monies held in my(our) name in any Bank, Savings and Loan Association, Trust Company, Thrift Institution, Loan Company, Brokerage Firm, Insurance Company, or any other Financial Institution or an individual or firm acting in a fiduciary capacity in regards to any such monies now due, owing, payable or otherwise belonging to me(us);

e) exercise any rights, options or privileges available to me(us) under or in connection with any Annuity, Contract, Disability Award, Accumulated Retirement Contract or Life Insurance Policy, including, but not limited to, the right to amend, change or modify the manner, method or frequency of payments under such contract, and to surrender, pledge or change the beneficiary under any such life insurance policy or policies;

f) invest and reinvest my(our) money in any debt or equity security, such as Stocks, Bonds, Debentures, Treasury Bills, Treasury Notes, Trust Certificates, Certificates of Deposit, Joint Ventures, Mortgages, Deeds of Trust, Limited Partnerships or Contract Services.

GIVING AND GRANTING unto said Attorney-in-Fact, full power and authority to transact any business, perform every act and thing whatsoever requisite and necessary to fully accomplish the intents and purposes of this General Power of Attorney, and therefore, I(we) hereby ratify and confirm every act that said Attorney-in-Fact shall lawfully

do or cause to be done by virtue of these presents.

The validity of this General Power of Attorney shall not be affected by my(our) subsequent disability or incapacity, as recognized under the applicable State Laws, and shall continue in full force and effect during my(our) lifetime, unless sooner revoked or terminated by me(us) in writing.

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) this 4 day of October

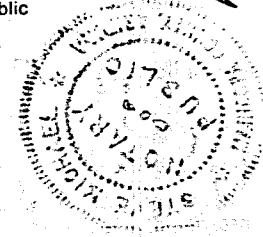
19 91
John Nesbit Principal
Principal

State of ARIZONA)
County of MARICOPA) ss. **ACKNOWLEDGMENT**

On this 4 day of October 19 91, before me, the undersigned Notary Public, personally appeared, John Nesbit

to me known to be the individual(s) described in and who executed the foregoing instrument and acknowledged that he(she)(they) executed the same for the purposes therein contained.

My Commission Expires: Sept 23, 1992
Steve Michael Notary Public



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jim S. Clark the 13th day of Dec. A.D., 19 91 at 9:45 o'clock AM., and duly recorded in Vol. M91 of Power of Attorney on Page 25984

FEE \$10.00

Evelyn Biehn - County Clerk
By Steve Michael

103103

I.D. TAG NO.

422

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 <u>Jeann</u> Middle <u>Armenia</u> Last <u>HESSIG</u>		2 SEX <u>F</u>	3 DATE OF DEATH (Month, Day, Year) <u>Nov. 9, 1991</u>
4 SOCIAL SECURITY NUMBER <u>544/01/3788</u>	5a AGE - Last Birthday (Years) <u>74</u>	5b Under 1 Year Days <u> </u> Hours <u> </u> Mins <u> </u>	5c Under 1 Day Hours <u> </u> Mins <u> </u>
6 BIRTHPLACE (City and State or Foreign Country) <u>Toppenish, Wa.</u>		7 DATE OF BIRTH (Month, Day, Year) <u>Aug. 19, 1917</u>	

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PARENTS

DISPOSITION

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REGISTRAR

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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) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____	
9b FACILITY NAME (If not institution, give street and number) <u>Clairmont Care Center</u>		9c CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d COUNTY OF DEATH <u>Klamath</u>			
10a DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) <u>Homemaker</u>		10b KIND OF BUSINESS/INDUSTRY <u>Own Home</u>	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12 SPOUSE (If Married, Widowed, Divorced) <u>Richard</u>	
13a RESIDENCE - STATE <u>Oregon</u>	13b COUNTY <u>Klamath</u>	13c CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	13d STREET AND NUMBER <u>410 Hillside</u>
13e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f ZIP CODE <u>97601</u>	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) <u>White</u>		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (13-16 or 5+)	
17 FATHER - NAME first middle last <u>LeRoy - Closson</u>		18 MOTHER - NAME first middle maiden <u>Alice Gertrude Rhoads</u>	
19 INFORMANT - NAME and relationship in domestic <u>Richard Hessig / Husb</u>			
20a 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) _____		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Memorial Park</u>	
20c LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>			
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>James H. P. [Signature]</u>		21b LICENSE NUMBER (Of License) <u>3409</u>	
22 NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main Street</u> <u>Klamath Falls, Ore. / 97601</u>		23 REGISTRAR'S SIGNATURE <u>Donna A. Verling</u>	
24 DATE FILED (Month, Day, Year) <u>NOV 13 1991</u>		25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26 WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27 TIME OF DEATH <u>1930</u> M <input checked="" type="checkbox"/> X <input type="checkbox"/> P	28 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a TIME OF DEATH <u> </u> M <input checked="" type="checkbox"/> X <input type="checkbox"/> P	31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </u> M <input checked="" type="checkbox"/> X <input type="checkbox"/> P
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Charles D. Bury</u>		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) <u> </u>	
30 DATE SIGNED (Month, Day, Year) <u>November 12 1991</u>		33 DATE SIGNED (Month, Day, Year) _____ COUNTY _____	
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Charles D. Bury, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601</u>			
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, eg. Cardiac or Respiratory Arrest.			
PART I		INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>Blood Loss</u>		Interval between onset and death _____	
DUE TO, OR AS A CONSEQUENCE OF:			
(b) <u>Bleeding Intestinal Diverticulosis</u>		Interval between onset and death <u>2 weeks</u>	
DUE TO, OR AS A CONSEQUENCE OF:			
(c) <u>Diverticulosis</u>		Interval between onset and death _____	
PART II			
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>Arteriosclerosis</u>		37 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown	
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 checked="" type="checkbox"/> N/A	
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a DATE OF INJURY (Month, Day, Year) _____	
41b TIME OF INJURY _____ M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____		41e LOCATION (Street and Number or Rural Route Number, City or Town, State) _____	

RESERVED FOR REGISTRAR'S USE	
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 8-80

DATE ISSUED NOV 13 1991Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 13th day of Dec. A.D., 19 91 at 9:46 o'clock AM., and duly recorded in Vol. M91 of Deeds on Page 25986.

Evelyn Biehn, County Clerk

By Donna A. Verling

FEE \$8.00

Return: Neal G. Buchanan

601 Main St. #215, Klamath Falls, Or. 97601