

42292

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CROOK
PROBATE DEPARTMENT

Vol. m92 Page 5479

FILED
CIRCUIT-DISTRICT CO

92 FEB -3 AM 10: 2

CROOK COUNTY, OREG

ESTATE OF:

HERBERT MOODY HOUSTON

CASE NO.: 91PB0014-15
LETTERS TESTAMENTARY

THIS CERTIFIES THAT THE WILL OF Herbert Moody Houston,
deceased; has been proved and RUTH GORE

has/have been and is/are at the date
hereof the duly appointed, qualified and acting Personal
Representative(s) of the will and estate of the decedent,

IN WITNESS WHEREOF, I, as Clerk of the Circuit Court of the State
of Oregon for the County of Crook, in which proceedings for administra-
tion upon the said estate are pending, do hereby subscribe my name and
affix the seal of said Court this 2 day of February, 1992..

ERNEST J. MAZORAL III
TRIAL COURT ADMINISTRATOR

(SEAL)

BY: Betty Addison
DEPUTY

STATE OF OREGON,
COUNTY OF CROOK

}
SS:
}

I, Clerk of the Circuit Court of the State of Oregon for Crook
County hereby do certify that the foregoing copy of Letters
Testamentary has been compared with the original, that it is a
correct transcript therefrom and the whole of such original Letters
Testamentary as the same appear on file and of record in my office and
and in my custody and that said Letters are still in full force and
effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the
seal of said Court this 3 day of February 1992.

(Seal)

ERNEST J. MAZORAL III
Trial Court Administrator

By: Betty Addison

Clerk

CERTIFIED A TRUE COPY.

James A. Owens
Attorney

92 MAR 17 AM 11 02

ORIGINAL
BLACK INK

087198
I.D. TAG NO.

544
Local File Number

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

136

State File Number

5480

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1. DECEDENT'S NAME First: Herbert Middle: Moody Last: HOUSTON		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 15, 1991
4. SOCIAL SECURITY NUMBER 542-05-0260		5a. AGE-Last Birthday (Years) 88	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Franklin, NC.		7. DATE OF BIRTH (Month, Day, Year) November 28, 1902	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. FACILITY NAME (if not institution, give street and number) Redmond Health Care Center			
9b. CITY, TOWN, OR LOCATION OF DEATH Redmond			
9c. COUNTY OF DEATH Deschutes			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Logger		10b. KIND OF BUSINESS/INDUSTRY Lumber	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Rosa Houston	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Deschutes	
13c. CITY, TOWN OR LOCATION Redmond		13d. STREET AND NUMBER 3025 S.W. Reservoir	
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) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 7			
17. FATHER - NAME first middle last Elbert Houston		18. MOTHER - NAME first middle maiden Cincinnati Buckhannen	
19. INFORMANT - NAME and relationship to decedent Self (4-12-82)		20. LOCATION - City or Town, State Bend, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON CONTACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3381	
22. NAME, ADDRESS AND ZIP OF FACILITY Tabor's Desert Hills Mortuary 1441 N.E. Forbes Ave. - Bend, OR. 97701			
23. DATE SIGNED (Month, Day, Year) October 16, 1991		24. REGISTRAR'S SIGNATURE <i>Viki Y. St. John, Dep. Reg.</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 2:10 P. M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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. <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) 15 Oct 91			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Richard A. Clazie MD 211 NW Larch Redmond Or 97756			
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) Coronary heart failure			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Atherosclerotic heart disease			
DUE TO, OR AS A CONSEQUENCE OF:			
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Pleural effusion			
34. 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		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. DESCRIBE HOW INJURY OCCURRED		41. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

CAUSE OF DEATH

STATE OF OREGON, COUNTY OF DESCHUTES

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL, AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE DESCHUTES COUNTY HEALTH DEPARTMENT AND IN MY OFFICIAL CARE AND CUSTODY.

NOT VALID WITHOUT RAISED SEAL OF
DESCHUTES COUNTY HEALTH DEPARTMENT

Viki Y. St. John, Deputy Registrar
VIKI ST. JOHN, DEPUTY REGISTRAR

October 16, 1991
DATE

Motion

JUN 31 PM 1:17

CROOK COUNTY, OREGON

IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF CROOK

In the Matter of the Estate of)
) CASE NO. 91-PB-0014-15
 HERBERT MOODY HOUSTON,)
) MOTION AND ORDER
 Deceased.) APPROVING SALE OF
) VENDEE'S INTEREST

Comes now Ruth E. Gore, the duly appointed Personal Representative of the estate of Herbert Moody Houston, by and through her attorney James W. Powers, and, based on the attached affidavit, respectfully moves the court for its order approving the sale of Lot 7, Block 4, River Pine Estates in Klamath County, Oregon to Sandra J. McLean for the sum \$33,500.00 (\$10,000.00 down and balance to be paid via a land sale installment contract with payments of \$310.57 per month which includes interest at 10 percent per annum).

Respectfully submitted,

CERTIFIED
James W. Powers
 Attorney

James W. Powers
 JAMES W. POWERS, OSB #71138
 Attorney for Ruth E. Gore,
 Personal Representative of the
 Estate of Herbert Moody Houston

James W. Powers
 Attorney at Law
 200 N. Belknap
 Prineville, OR 97754-1998
 (503) 447-5697

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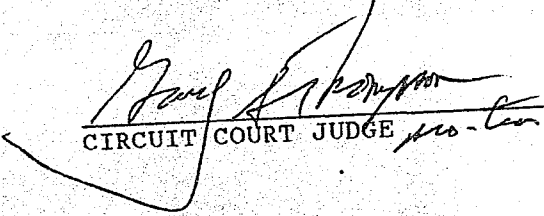
1 - MOTION AND ORDER APPROVING SALE OF VENDEE'S INTEREST

14/15

O R D E R

1
2 IT IS HEREBY ORDERED that the above named court
3 approves of the sale of Lot 7, Block 4, River Pine Estates in
4 Klamath County, Oregon to Sandra J. McLean for the sum
5 \$33,500.00.

6 DATED this 31 day of January, 1992.

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CIRCUIT COURT JUDGE *pro-tem*

CERTIFIED A TRUE COPY


Attorney

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 17th day
of March A.D., 19 92 at 11:02 o'clock A M., and duly recorded in Vol. M92,
of Deeds on Page 5479.

Evelyn Biehn - County Clerk

By 

FEE \$25.00

James W. Powers
Attorney at Law
200 N. Belknap
Prineville, OR 97754-1998
(503) 447-5697

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2 - MOTION AND ORDER APPROVING SALE OF VENDEE'S INTEREST