TITLE

THIS DEED.	COPYRIGHT 1992 STEVENS-NESS LAW PUBLISHING CO., FORTLAND, OR 57204
A No. 881—Oragon Trust Doed Series—TRUST DEED.	TRUST DEED VOI M93 Page 8725 (A) TC 29715-KR VOI M93 Page 8725 (A) TC 29715-KR VOI M93 Page 8725 (A) April M93 Page 8725 (A) A
	11 29715 - KP VOI
THIS TRUST DEED, made this	16 day of April , 19 day of , as Grantor, , as Trustee, and
ARREN. B. SCHILL	KLAMATH COUNTY as Trustee, and
MOUNTAIN TITLE COMPANY OF	KLAMATH COUNTY , as Beneficiary,
MMY E. WELSH	
	WITNESSETH:  Is and conveys to trustee in trust, with power of sale, the property in described as:
Grantor irrevocably grants, bargains, sell	described as:
The E 1/2 of the NW 1/4 of the	the SW 1/4 of Section 15, Township 36 South,
nange 10 Hast of the "Tite"	
	+imher from the
SPECIAL TERMS: Grantors nam	ned above shall not remove any time? I have secured ein until the full amount of the Note secured in full.
real property described here by this Trust Deed is paid i	
	ments and appurtenances and all other rights thereunto belonging or in anywise now of the control of the sum of the control of the sum of the control of the sum of the control of the con
together with all and singular the tenements, hereditant	ofits thereof and all fixtures now or nereaster
the property.	CORMANCE of each agreement of grantor never to
FOR THE PURPOSE OF SECURING PERFORM **EIGHT THOUSAND FIVE HUND	ORED AND NO / 100ths****  Dollars, with interest thereon according to the terms of a promissory  Dollars, with interest thereon according to the terms of a promissory  provider and made by grantor, the final payment of principal and interest hereof, i
	also and made by grantor, the linal payment
note of even date herewith, payable to beneficiary of not sooner paid, to be due and payable	23 ,1999 stated above, on which the final installment of the not
not sooner paid, to be due and payable	this instrument is the date, stated or any interest therein is solu, agit there
becomes due and payable becomes due and payable or alienated by the grantor w	this instrument, irrespective of the maturity dates comment
at the beneficiary due and payable.	stor series:
To protect the security of this trust deed, grain	nator agrees: perty in good condition and repair; not to remove or demolish any building or in perty in good condition and repair; not to remove or demolish any building or improvement which may be constructed the property.
provement thereon; not to come promptly and in got 2. To complete or restore promptly and in got damaged or destroyed thereon, and pay when due all damaged or destroyed thereon, and pay when due all damaged or destroyed thereon, and pay when due all	sod and habitable condition any building of instance of the property; if the beneficial ations, coverants, conditions and restrictions affecting the property; if the beneficiary are require all ations, coverants, conditions and restrictions affecting the property and require all the property against loss of the property against loss of the property against loss.
3. To comply with all laws, out financing state	ations, covenants, conditions and festive conditions and festive conditions are desired to the Uniform Commercial Code as the beneficiary may require a ements pursuant to the Uniform Commercial Code as the beneficiary of the cost of all lien searches made by filing officers or searching rollings, as well as the cost of all lien searches made by filing officers or searching color of the property against loss clary.
to pay lor have be deemed desirable by the beliefer	any arree on the buildings now of herein an amount not less than ht. applica
4. To provide and continuously maintenance by fire and such other hazards as the bene	sticiary may from time to time require, in an insurance shall be delivered for the besticiary may from time to time require, in an insurance shall be delivered for the beneficiary, with loss payable to the latter; all policies of insurance and to deliver the policies to the beneficiary may por any reason to procure any such insurance and to deliver the policiary, the beneficiary may policy of insurance now or hereafter placed on the buildings, the beneficiary uppolicy of insurance now or hereafter placed on the buildings, the beneficiary uppolicy of the policies of the beneficiary may be applied by beneficiary upon the policies of the beneficiary may policy of the beneficiary may be applied by beneficiary upon the beneficiary of the beneficiary may be applied by beneficiary upon the benefic and the beneficiary may be applied by beneficiary
written in companies acceptable to the benefit ail for	or any reason to procure any such fisher placed on the buildings, the beneficiary up
at least lifteen days prior to the expiration of all at least lifteen days prior to the expiration of all and a least lifteen days prior to the expiration of all and a least lifteen days prior to the expiration of all and a least lifteen days prior to the expiration of all and a least lifteen days prior to the expiration of all and a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of all a least lifteen days prior to the expiration of a least lifteen days prior to the lifteen days prior to the expiration of a least liftee	illected under any fire or other institution of beneficiary the entire amount so continued to the state of th
any indebtedness secured hereby and in such order a	ich application or release shall nor cure of
or any part lidete any act done pursuant to such	tion lians and to pay all taxes, assessment shortes become past due or definquent
assessed upon or against the property before any i	notice, notice, notice, and to pay all taxes, assessments and other charges that may be levied to liens and to pay all taxes, assessments and other charges become past due or delinquent of such taxes, assessments and other charges become past due or delinquent should the grantor fail to make payment of any taxes, assessments, insurance premius should the grantor fail to make payment of any taxes, assessments insurance premius the payment of by providing beneficiary with funds with which to make such a ydirect payment or by providing benefit in the rest at the rate set lorth in the rate of the payment thereof, and the amount so paid with interest at the rate set lorth in the rate of the payment thereof, and the amount so paid with interest at the rate set lord.
promptly dentities payable by grantor, entitle by	Abaseof and the amount so paid, whall he added to and become a put
ment, believed the with the obligations described	t any rights arising from preach of any the bound to the same extent that
the debt secured the property nerelliber	I selbed and all such payments shall be this trust deed immediately due and
bound for the payment thereof shall, at the option of	as well as the other costs and expenses on
able and expenses of the	the obligation and trustees and trustees are righte or powers of beneficiary
trustee incurred in and defend any action of I	liniary or trustee may appear, including these; the amount of attorney's
and in any suit, action or proceeding in which the	nig this obligation and trustee's and attention to the proceeding purporting to affect the security rights or powers of beneficiary of the proceeding purporting to affect the security rights or powers of the foreclosure of this of the beneficiary or trustee's attorney's fees; the amount of attorney's of title and the beneficiary's or trustee's attorney's fees; the amount of actorney's fees the proceeding to the trial court and in the event of an appeal from any judgment or decrease the proceeding the proceeding the procedure of the process of the procedure of the process of the procedure of the
mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 7 in all cases shall be mentioned in this paragraph 8.	h sum as the appellate court shall aujuuge reas
the trial court, grantor torney's fees on such appeal.	If the property shall be taken under the right of eminent domain or condemnation, if the property shall be taken under the right of eminent domain or condemnation for such the equire that all or any portion of the monies payable as compensation for such the equire that all or any portion of the monies payable as compensation to the United States, a little insurance company
It is mutually agreed that any portion or all of 8. In the event that any portion or all of the state of the	the property shall or any portion of the monies payable as compensate Bar, a
ficiary shall have the right, it it shot the trustee h	equire that all or any portion of the monies payment of the Oregon State Bar, a hereunder must be either an attorney, who is an active member of the Oregon State Bar, a hereunder must be either an attorney, who is an active member of the Oregon State Bar, a hereunder must be either an attorney, who is an active member of the Oregon State Bar, a hereunder must be either an attorney with the United States or any agency thereof, or an authorized states, affiliates, agents or branches, the United States or any agency thereof, or an authorized states or any agency thereof, or an active member of the Oregon State Bar, a state B
NOTE: The Trust Deed Act provides incommon authorized	hereunder must be either an attorney, who is an active most at the insurance company ized to do business under the laws of Oregon or the United States, a title insurance company ized to do business under the laws of Oregon or the United States or any agency thereof, or an authorized subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an authorized subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an authorized subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an authorized subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an authorized subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an authorized subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an authorized subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an authorized subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an authorized subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an authorized subsidiaries, agents and activities and activities are all all all agents and activities are all all all all all agency and activities are all all all all all all all all all al
rized to insure title to real property of this state, agent licensed under ORS 696.505 to 696.585.	STATE OF OREGON,
TRUST DEED	County of I certify that the within it
WARREN B. SCHIFINI and JOANNE	
WARREN B. SCHIFTE 1104 CURTIS ST.	Relack M., and rec
ALBANY, CA 94/06	in book/reel/volume No
하는 내가 있는 내가 있는 때 반으면서 경험에게 이 등을 다르고	RECORDER'S USE Dage or as fee/Ille/I
EMMY E. WELSH 2612 BERKELEY ST.	ment/microtilne/reception
KLAMATH FALLS VA	Record of
	County affixed.
^KOUNTAIN "TITLE" colleany	
MOUNTAIN TITLE COMMING	TI THE RESERVE TO THE PARTY OF

OF KLAMATH COUNTY
222 S SIXTH ST
KLAMATH FALLS OR 97601

which are in excess of the amount required to pay all reasonable costs, expenses and storrey's teen moreasily paid or incurred by granter in such proceedings, shall be out to beneficiary and applied by it list upon any reasonable costs and expense and incurred by granter in the trial and appellate costs, not agrees, at its own surred by beneficiary in such proceedings, and the balance applied to the processor of the proceedings and the balance applied to the processor of the note for endorseant (in capture) upon beneficiary's request.

The note for endorseant (in capture) upon beneficiary's request.

The note for endorseant (in capture) upon beneficiary sequents without affecting the liability of any person for the accessory of the note for endorseant (in capture) (in captur

T

tri to

DATED:

oth must be deliver reconveyance will be made.

not lose or destroy this Trust Deed OR THE NOTE which it secure d to the trustee for cancellation before

and that the grantor will warrant and lorever defend the same against all persons whomsoever.

The grantor warrants that the proceeds of the loan represented by the above described note and this trust deed are:

(a)\* primarily for grantor's personal, family or household purposes (see Important Notice below).

EXECUTE: \*\*TOTAL TRUST OF THE PROPERTY OF THE PROPERTY

This deed applies to, inures to the benefit of and binds all parties hereto, their heirs, legatees, devisees, administrators, executors, personal representatives, successors and assigns. The term beneficiary shall mean the holder and owner, including pledgee, of the contract secured hereby, whether or not named as a beneficiary herein.

In construing this mortgage, it is understood that the mortgagor or mortgagee may be more than one person; that if the context so requires, the singular shall be taken to mean and include the plural, and that generally all grammatical changes shall be made, assumed and implied to make the provisions hereof apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this inst

the Truth-in-Lending Act and Regulation Z, the with the Act and Regulation by making required as use Stevens-Ness Form No. 1319, or equivalent, is not required, disregard this notice. IFORNIA  STATE OF OFFICE W. County of  This instrument was a creditor.	
This instrument was acknowledged before me on by WARREN B. SCHIFINI and JOANNE M. SCHIFINI	)ss. April
This instrument was acknowledged before me onby	, 19
as	***************************************
of	
My commission expires	Notary Public for XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REQUEST FOR FULL RECONVEYANCE (To be used only when obligations have bee	

Beneticiary

State ofCALIFORNIA	보통이 하고 있다는 이번, 그 호텔에 보다는 등 사람들이다. <u>보통은 하</u> 나를 하는 것이다.	RIGHT THUMBPRINT (OPTIONAL)
County of ALAMEDA		# H
사활 경험하고, 그 얼굴님의 [7]		THUMS SW
On APRIL 21, 1993 befor	re me, ADA L. CABELLO/NOTARY PUBLIC  (NAME, TITLE OF OFFICER - I.E., 'JANE DOE, NOTARY PUBLIC')	0 40
	B. SCHIFINI AND JOANNE M. SCHIFINI*	CARACITY OF ARREST BY CLOUEDIO
	(NAME(S) OF SIGNER(S))	CAPACITY CLAIMED BY SIGNER(S)  INDIVIDUAL(S)  CORPORATE
		OFFICER(S)
☐ personally known to me - OI		☐ PARTNER(S) (TITLE(S)) ☐ ATTORNEY IN FACT
**********************	to be the person(s) whose name(s) is/are sub-	☐ TRUSTEE(S)
OFFICIAL SEAL ADA L. CABELLO	to me that he/she/they executed the same in	☐ GUARDIAN/CONSERVATOR ☐ OTHER:
NOTARY PUBLIC-CALIFOR	his/her/their authorized capacity(ies), and that by	e
ALAMEDA COUNTY	The process of the entire continues as belong of the second	SIGNER IS REPRESENTING:
MY COMM. EXP. JAN. 16, 1995	person(s) acted, executed the instrument.  Winess my hand and official seal.	(NAME OF PERSON(S) OR ENTITY(IES))
	The state of the s	N/A
	Who he hall	
(SEAL)	(SIGNATURE OF NOTARY)	
THIS CERTIFICATE	ested below is OPTIONAL. It could, however, prevent fraudulent attachment of	this certificate to any unauthorized documen
MUST BE ATTACHED	Title or Type of Document TRUST DEED	3PDT 16 1003
TO THE DOCUMENT DESCRIBED AT RIGHT:	Number of Pages Date of Documen Signer(s) Other Than Named Above NONE	APRIL 16, 1993
TS FORM 63240—ALL PURPOSE ACKNOWLEDGMENT WITH	I SIGNER CAPACITY/REPRESENTATION/FINGERPRINT—Rev. 12-92	€ 1992 WOLCOTTS FORM
STATE OF OREGON: COUNTY	Y OF KLAMATH: ss.	
	Wassands Winte Co	the 23rd day
Filed for record at request of	Mountain Title Co	the 23rd day
of April A.I	D., 19 <u>93</u> at <u>1:53</u> o'clock <u>P</u> M., and duly r	recorded in Vol. M93
of April A.I	D. 19 93 at 1:53 o'clock P M., and duly romain Mortgages on Page 8725  Evelyn Biehn Co	ecorded in Vol. M93

CERTIFICATION OF VITAL RECORD

PRINT IN PERMANENT		- oneo		FOR HEALT				4. 54 °	-)∖?
BLACK INK	094399 I.D. TAG NO.	OHEG	59 Tu 17 Million	RTMENT OF HEALTH DIV	ICION :		;		
	Local File Numbe	<u>.</u> . 71	CENTER	FOR HEALT	H STATIS	TICS 136			
	1 DECEDENT'S First		Middle	NIFICATE U	Test		State	File Numbe	
	Ella 4 SOCIAL SECURITY NUMBI	ente acezana a	М.		LUE	F	emale	Januar	y 30, 1993
	465-20-1035	(Ye 87)	Mos Da		Day A BIRT	rbin, Kent	te or foreign	PATE OF A	ค์ก <i>เพล</i> ะสาร ber 10, 19(
DECEDENT	8 WAS DECEDENT EVER IN U.S. ARMED FORCES?	HOSPITAL Dinpation	· Droo · ·	Pa. F	LACE OF DEAT	H (Check only one)			Der 10, 190
	96 FACILITY NAME (II not in	stitution, give street an	d number) .		CITY, TOWN,	Home I Decedent's	Home ( )Oth		COUNTY OF DESTIT
'	Clairmont N	CURATION		BUSINESSANDUSTR	Klamat	h Falls			Klamath
	Give kind of work done du Do not use retired t		Med	ical Financ	al	11. MARITAL STAT Never Married, Divorced (Speci		17 SPOUSE III	Named Widsard
4	Office Manag	ger		own on LOCATION		Widowed		James	Blue
5	Oregon	Klamath		math Falls	<u> </u>	1320 Ple	easant	Avenue	
6		(Specify Mexican	Poet of Rican, et	HISPANIC ORIGIN?	IS FIACE	American Indian, White, etc. (Specify)	(Spe	of any highe	S EDUCATION If grade completed)
	17. FATHER NAME first	7601 Specify	ia MOTHER			hite			1 1
PARIMIS	Ambrose Brev	wer	Lydia	Susan-Wile	ler	Ha	zel Ma		Daughter
DISPOSITION	20a METHOD OF DISPOSITION TO Re		other place	The second secon	The Control	ematory, or 20c. t	OCATION C	ify or Town, St	ele
7	Donation Other (Specify	rl		Hills Memo	4.5	dens K	lamath	Falls,	Oregon
8	PIN HIGHATURE OF FUNERAL	SERVICE LICEUME C	)A	(Of Licensee)	22. NA	lair's Fund	eral Ch	anol	***
9	PATE FILED (Monih, Day,	1 mg	D	52-0297	515	Pine ST,	Klama	th Falls	OR 97601
FIGISTRAP	S PATE FILED (MORITI, Day, 1	TEB	0 3 1993		74. REG	ISTRATES SIGNATUR		) ab.	4-4-50
· · · · · · · · · · · · · · · · · · ·	25 DID HOSPITAL REPRESENT		FOR ANATON	CAL GIFT CONSENT	26 WAS	GIFT MADE?	la !	<u>-2001</u>	nzon
<u> </u>	DYES BIND UN		26 -41 - 1 - 1	12/10/25/19:21 \$2.11		res Liko L	] H/A	terior di distributo del	e kon Pitanda San San
		MPLETED BY CERTIFYII				TO BE COMPLE	TED ONLY BY	MEDICAL EXA	MINER
11	2.26 4	WAS MEDICAL EXAMI	INER NOTIFIED?		31s TIME C				onth. Day, Year, Hou
	, m	Lives Live e, death occurred at the	time, date, plac	e and	30. On the b	M	ando Invest	dation to our o	
CIRITIE	79 To the best of my knowledge due to the causers) and mail	Lives DWo	s time, clate, plac	e and	32. On the to	M pasts of examination re, date, place and or	andy investi fue to the car	gation, in my en riets) and mans	pinion death occurred er stated
	79 To the best of my knowledge due to the cause(s) and main (Signature)	e, death occurred at the type stated	time, date, plac	M.D.	Signatur	re, date, prace and (	Jue to the rai	gation, in my cr rheta) and mani	er states
	79 To the best of my knowledge due to the cause(s) and mail (Signature) (2) DATE SIGNED (Month, Day,	e, death occurred at the	time, cate, plac		Signatur	TOP, GATH, DIRCE BOIS (	Jue to the rai	gation, in my confern	ploign death or greed er stated
12	79 To the best of my kn wiedog due to the cause(s) and mill (Signature)  39 DATE SIGNED (Month. Day, February 1, 34 NAME, TITLE, ADDRESS AN	e, death occurred at the per-dated with the per-dat	1100	M.D.	Signatur	re, date, prace and (	Jue to the rai	gation, in my confermation	er states
12	79 to the best of my knowledge of the causes) and mail (Signature) 90 DATE SIGNED (Month. Day. FEBTUARY 1, 34. NAME, TITLE, ADDRESS AN Blake Berven	year) 1993 0 ZIP OF CENTIFIERIAM D.	EDICAL EXAMINA	M.D.  En (Type or Print) VER Street	Signatur 33 DATE SIG	re, date, prace and (	(ear)	Arth and man	er states
12	79 to the best of my knowledge due to the causes) and mail (Signature) 30 DATE SIGNED (Month. Day, February 1, 34 NAME, TITLE, ADDRESS AN Blake Berven 35 NAME of ATTENDING PHYS	e, death occurred at the present of the control of	EDICAL EXAMINATEDICAL EXAMINATION OF THE PROPERTY OF THE PROPE	M.D.  En (Type or Print)  VET Street  se or Print)	31 DATE SIG	SNED (Worth, Day, )	eni Oregon	97601	er states
12 13 14 CONNINOVS RISE TO PUMPEDIATE PRISE TO PUMPEDIATE PRISE TO PUMPEDIATE PRISE TO PUMPEDIATE PUMPEDIATE PRISE TO PUMPEDIATE PUM	79 To the best of my kn periodo due to the causes) and mail (Signalum) 39 DATE SIGNED (Month. Day, February 1, 114, ADDRESS AN BIAKE BETYEN 35, NAME OF ATTENDING PHYS 35, IMMEDIATE CAUSE (ENTER PART)	e, death occurred at the presented of th	EDICAL EXAMINATED CONTRACTOR OF LINE FOR (a), (	M.D.  En (Type or Print)  VET Street  se or Print)	31 DATE SIG	SNED (Worth, Day, )	eni Oregon	97601	er states
12	79 To the best of my kn periodo due to the causes) and mail (Signalum) 39 DATE SIGNED (Month. Day, February 1, 114, ADDRESS AN BIAKE BETYEN 35, NAME OF ATTENDING PHYS 35, IMMEDIATE CAUSE (ENTER PART)	1993 12 OF CENTIFIER M. D. SICIAN IF OTHER HAA	EDICAL EXAMINATED CONTRACTOR OF LINE FOR (a), (	M.D.  En (Type or Print)  VET Street  se or Print)	31 DATE SIG	SNED (Worth, Day, )	eni Oregon	97601	CORMIY o
12 13 14 COMPINIONS RISE TO PHANEDIATE PROPERTY OF THE PHANE PROPERTY OF THE PHANEDIATE PROPERTY OF TH	79 To the best of my knowledge due to the causes) and mail (Signalum)  30 DATE SIGNED (Month. Day, FEDETUREY 1, 34. NAME, TITLE, ADDRESS AN Blake Berven 35. NAME OF ATTENDING PHYS  36. IMMEDIATE CAUSE (ENTER PART)  (a) Acute My DUE TO, on AS A COUSE  (b) ASHD	e, death occurred at the presented of the presented of the presentation of the present	EDICAL EXAMINATED CONTRACTOR OF LINE FOR (a), (	M.D.  En (Type or Print)  VET Street  se or Print)	31 DATE SIG	SNED (Worth, Day, )	eni Oregon	97601	CORMIY 5  CORMIY 5  Inval between once of death  O minutes  Great between once of death
12	79 To the best of my kn zerodo due to the causes) and mile (Signature)  90 DATE SIGNED (Month. Day.  FEDTUARY 1,  34. NAME, TITLE, ADDRESS AN  Blake Berven 35. NAME OF ATTENDING PHYS  36. IMMEDIATE CAUSE IENTER  PART (a)  COULT ON AS A CONSE  (b)  GUE TO, ON AS A CONSE  (c)  ASHD  DUE TO, ON AS A CONSE	e, death occurred at the presented of the presented of the presentation of the present	EDICAL EXAMINATED CONTRACTOR OF LINE FOR (a), (	M.D.  En (Type or Print)  VET Street  se or Print)	31 DATE SIG	SNED (Worth, Day, )	eni Oregon	9760†	CORNAIV 5  Fernal between coset of death  D.minutes  Environment coset of the coset
12	79 To the best of my knowledge due to the causes) and mile (Signature)  90 DATE SIGNED (Month. Day.  FEDETUREY 1.  34. NAME, TITLE, ADDRESS AN.  Blake Berven  35. NAME OF ATTENDING PHYS  36. IMMEDIATE CAUSE IENTER  PART  (a) Acute Mive DUE TO, OR AS A CONSE  (b) ASHD  TOTHER SIGNIFICANT CONT.	M.D.  ONLY ONE CAUSE FEI OCATAGAI  TOURNE OF:	REDICAL EXAMINATED REPORT OF THE PROPERTY OF T	M.D.  En (Type or Print)  VET Street  So or Print)  D), AND (c)) Do not e	Klama	MED (Month, Day, )	eni Oregon	97601	CORNIV 5  CORNIV 5  Itemal between price of death 5  D minutes (Great British men) of death 6  J wears
12	79 To the best of my kn zerodo due to the causes) and mile (Signature)  90 DATE SIGNED (Month. Day, FEDTUARY 1, 34. NAME, TITLE, ADDRESS AN Blake Berven 35. NAME OF ATTENDING PHYS 36. IMMEDIATE CAUSE IENTER PART (a) DUE TO, OR AS A CONSE (b) DIFFE TO, OR AS A CONSE (c) THE TO, OR AS A CONSE (d) OTHER SIGNIFICANT CONT. (TITLER SIGNIFICANT CONT. (C) Conditions contributing to d	e, death occurred at the presented of th	REDICAL EXAMINATED REPORT OF THE PROPERTY OF T	M.D.  En (Type or Print)  VET Street  So or Print)  D), AND (c)) Do not e	ISIGNATURE SIGNATURE MODE of dynamics and dy	STATED (Month, Day, )  In Falls, (  ng, e.g. Cardiac or fi  seco use contribute leath?	Oregon  Seguing An	97601	CORTRIV CONTRIVES  Toward Bottamen concert of death  The Street Bottamen moter of dreath  Years  Share bedong constraining raise of dreath
12	79 To the best of my knowledge due to the causes) and mile (Signature)  90 DATE SIGNED (Month. Day.  FEDETUREY 1.  34. NAME, TITLE, ADDRESS AN.  Blake Berven  35. NAME OF ATTENDING PHYS  36. IMMEDIATE CAUSE IENTER  PART  (a) Acute Mive DUE TO, OR AS A CONSE  (b) ASHD  TOTHER SIGNIFICANT CONT.	1993 1993 1993 1993 1993 1993 1993 1993	EDICAL EXAMINATED IN CONTROL OF THE PROPERTY O	M.D.  En (Type or Print)  VER Street  Se or Print)  D). AND (c)) Do not en	Klama	SWED (Month, Day, )  Lin Falls, (  ng. eg Cardiac or fi  accourse contribute leath?    Drobaby   Unknown	Dregon  Station And Station An	97601	CORNIV S  tensil between once of death  minutes  tervil between men of death
12	79 To the best of my kn swiedow due to the causes) and mail (Signalum)  30 DATE SIGNED (Month. Day, FEDERUARY 1.  34. HAME, TITLE, ADDRESS AN BIAKE BETYEN 35. NAME OF ATTENDING PHYS 36. IMMEDIATE CAUSE (ENTER PART (a) ACULE MV DUE TO, On AS A CONSE (b) AS HD DUE TO, On AS A CONSE (c) AS HD OTHER SIGNIFICANT CON CONSIGNATION CONS	PRINCIPLE OF COURT OF HAIR ONLY ONE CAUSE FEE OCCURNO OF COURT OF HAIR ONLY ONE CAUSE FEE OCCURNO OF COURT OF HAIR ONLY ONE CAUSE FEE OCCURNO OF COURT OF CO	EDICAL EXAMINATED IN CONTROL OF THE PROPERTY O	M.D.  En (Type or Frint)  VET Street  For Frint)  D), AND (c)) Do not en	Klama  37 Did lob to the c  [1] the p. Mo.	STATED (Month, Day, )  In Falls, (  ng, e.g. Cardiac or fi  seco use contribute leath?	Dregon  Station And Station An	97601	CORTRIV CONTRIVES  Toward Bottamen concert of death  The Street Bottamen moter of dreath  Years  Share bedong constraining raise of dreath
12	79 To the best of my knowledge due to the causes) and mile (Signalum)  30 DATE SIGNED (Month. Day,  FEDETURY 1.  34. NAME, TITLE, ADDRESS AN  Blake Berven 35. NAME OF ATTENDING PHYS  36. IMMEDIATE CAUSE (ENTER  PART (a) Acute My  DUE TO, OR AS A CONSE  (b) ASHD  DUE TO, OR AS A CONSE  (c) ASHD  CONSISTENCY CONSTITUTION OF THE CONSTITUTION OF DEATH  L'Automai [1] Pending Investigation of the Constitution	Popularies  1993  1993  1993  DZIP OF CENTIFIERUM  M. D.  SICIAN IT OTHER THAN  ONLY ONE CAUSE FEI  OCATAGO  OURNEE OF:  GUENCE OF:  GUENCE OF:  GUENCE OF:  All DATE OF HUM  Iton	EDICAL EXAMINATED TO THE CONTROL OF	M.D.  Eff (Type or Print)  VER Street  Po or Print)  D) AND (C) Do not expense given in PART    OF 41c INJURY  M 2 Yes 1 A	Signature ISignature I	SMED (Month, Day, Since and or file Falls, Company of Cardiac or file Seath?  Drobaby Unknown TIBE HOW RAILINY O	Dregon  Salatory An  Lagranory An  Lagranory An  CCCURRED	97601	FORMATY STATES TO THE STATES OF THE STATES O
12	79 To the best of my kn swiedow due to the causels and mile (Signature)  90 DATE SIGNED (Month. Day.  91 DATE SIGNED (Month. Day.  92 DATE SIGNED (Month. Day.  93 HAME, TITLE, ADDRESS AN.  94 BIAKE BEYVEN  95 HAME OF ATTENDING PHYS  96 DATE TO, OR AS A CONSE  10 CONSTRUCTION OF AS A CONSE  11 CONTROL OF AS A CONSE  12 DOMAINER OF DEATH  13 CONTROL OF AS A CONSE  14 CONTROL OF AS A CONSE  15 CONTROL OF AS A CONSE  16 CONTROL OF AS A CONSE  17 CONTROL OF AS A CONSE  18 CONTROL OF AS A CONSE  19 CONTROL OF AS A CONSE  10 CONTROL OF AS A CONSE  10 CONTROL OF AS A CONSE  10 CONTROL OF AS A CONSE  11 CONTROL OF AS A CONSE  12 CONTROL OF AS A CONSE  12 CONTROL OF AS A CONSE  17 CONTROL OF AS A CONSE  18 CONTROL OF AS A CONSE  19 CONTROL OF AS A CONSE  19 CONTROL OF AS A CONSE  10 CONTROL OF AS	POLY ONE CAUSE FEE  OUTPOOL OF  COUNTY ON E CAUSE FEE  OUTPOOL OF  IN DATE OF INJUINING IN  S DISEASE  IN DATE OF INJUINING  IN DATE	The underlying can un	M.D.  En (Type or Frint)  VET Street  For Frint)  D), AND (c)) Do not en	Signature ISignature I	SMED (Month, Day, Since and or file Falls, Company of Cardiac or file Seath?  Drobaby Unknown TIBE HOW RAILINY O	Dregon  Salatory An  Lagranory An  Lagranory An  CCCURRED	97601	FORMETY STATES TO THE STATES OF THE STATES O
12	79 To the best of my knowledge due to the causes) and mile (Signalum)  30 DATE SIGNED (Month. Day,  FEDERUARY 1.  34. NAME, TITLE, ADDRESS AN  BIAKE BERYEN  35. NAME OF ATTENDING PHYS  36. IMMEDIATE CAUSE (ENTER PART)  10. ACULE MY  DUE TO, OR AS A CONSE  (b) AS HD  DUE TO, OR AS A CONSE  (c) AS HD  OTHER SIGNE (CANT)  OTHER	PORT OF THE PLACE OF INDICATE	The underlying case of the industry of the ind	M.D.  En (Type or Print)  VET Street  To Frint)  D), AND (c)) Do not element of the street of the st	Klama  37 Did too to the color mode of dy  37 Did too to the color mode of dy  41d DESCI	SNED (Month, Day, )  Kin Falls, (  The Congress of the Congress of the Congress of the Conference of the Congress of the Congr	Dregon  38. Aut.  1.1 ver 1.	97601  est in large i	FORMETY STATES TO THE STATES OF THE STATES O
12	79 To the best of my kn zwiedo due to the causels and mile (Signature)  90 DATE SIGNED (Month. Day.  91 DATE SIGNED (Month. Day.  92 DATE SIGNED (Month. Day.  93 HAME, TITLE, ADDRESS AN.  94 BIA'R.  95 HAME OF ATTENDING PHYS.  96 DATE TO, ON AS A CONSE  10 DUE TO, ON AS A CONSE  11 OTHER SIGNED CANT.  12 DUE TO, ON AS A CONSE  13 OTHER SIGNED CANT.  14 DATE TO DEATH  15 Under The Conditions contributing to de  16 DATE TO DEATH  17 DEATH  18 DEATH  19 DEATH  10 MANNER OF DEATH  10 Legal Intervalle  11 Legal Intervalle  12 Legal Intervalle  13 ESERVED FOR REGISTINGS  14 ESERVED TOR REGISTINGS  15 ESERVED TOR REGISTINGS  16 ESERVED TOR REGISTINGS  16 ESERVED TOR REGISTINGS  17 ESTATUTE TO THE STATUTE TO T	PROJECT OF INDICATION OF SECURITY OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE OF THE PLACE OF INDICATION OF THE PLACE OF INDICATION OF CAUSE OF THE PLACE OF INDICATION OF THE PLACE O	The underlying ca	M.D.  Eff (Type or Print)  VER Street  Se or Print)  D) AND (c)) Do not expression  The Humpy  At word  Wes DA  Jam, sireel, factory, of	Signature (Signature (	SNED (Month, Day, )  Kin Falls, (  The Congress of the Congress of the Congress of the Conference of the Congress of the Congr	Dregon  38. Aut.  1.1 ver 1.	97601  est in large i	FORMETY STATES TO THE STATES OF THE STATES O
12	79 To the best of my kn zwiedo due to the causes) and mile (Signature)  90 DATE SIGNED (Month. Day.  91 DATE SIGNED (Month. Day.  92 DATE SIGNED (Month. Day.  93 HAME, TITLE, ADDRESS AN.  94 BIAKE BEYVEN  95 HAME OF ATTENDING PHYS  96 BIAKE BEYVEN  96 BIAKE BEYVEN  97 BIAKE BEYVEN  97 BIAKE BEYVEN  97 BIAKE BEYVEN  97 BIAKE BEYVEN  98 BIAKE BEYVEN  98 BIAKE BEYVEN  98 BIAKE BEYVEN  98 BIAKE BEYVEN  99 BIAKE CAUSE IENTER  10 BIAKE BOND CONTROL CONTROL  11 CONTROL  12 Pending Investigation  13 BIAKE BEYVEN  14 BIAKE BOND CONTROL  15 Pending Investigation  16 BIAKE BEYVEN  17 BIAKE BOND CONTROL  18 BIAKE BEYVEN  18 BIAKE BEYVEN  19 BIAKE BOND CONTROL  10 BIAKE BOND CONTROL  10 BIAKE BOND CONTROL  10 BIAKE BOND CONTROL  10 BIAKE BOND CONTROL  11 BIAKE BOND CONTROL  12 BIAKE BOND CONTROL  15 BIAKE BOND CONTROL  16 BIAKE BOND CONTROL  17 BIAKE BOND CONTROL  18 BIAKE BOND CONTROL  18 BIAKE BOND CONTROL  19 BIAKE BOND CONTROL  10 BIAKE	PROJECT OF INDICATION OF SECURITY OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE OF THE PLACE OF INDICATION OF THE PLACE OF INDICATION OF CAUSE OF THE PLACE OF INDICATION OF THE PLACE O	The underlying ca	M.D.  Eff (Type or Print)  VER Street  Se or Print)  D) AND (c)) Do not expression  The Humpy  At word  Wes DA  Jam, sireel, factory, of	Signature (Signature (	SNED (Month, Day, )  Kin Falls, (  The Congress of the Congress of the Congress of the Conference of the Congress of the Congr	Dregon  38. Aut.  1.1 ver 1.	97601  est in large i	FORMETY STATES TO THE STATES OF THE STATES O
12	79 To the best of my kn zwiedo due to the causels and mile (Signature)  90 DATE SIGNED (Month. Day.  91 DATE SIGNED (Month. Day.  92 DATE SIGNED (Month. Day.  93 HAME, TITLE, ADDRESS AN.  94 BIA'R.  95 HAME OF ATTENDING PHYS.  96 DATE TO, ON AS A CONSE  10 DUE TO, ON AS A CONSE  11 OTHER SIGNED CANT.  12 DUE TO, ON AS A CONSE  13 OTHER SIGNED CANT.  14 DATE TO DEATH  15 Under The Conditions contributing to de  16 DATE TO DEATH  17 DEATH  18 DEATH  19 DEATH  10 MANNER OF DEATH  10 Legal Intervalle  11 Legal Intervalle  12 Legal Intervalle  13 ESERVED FOR REGISTINGS  14 ESERVED TOR REGISTINGS  15 ESERVED TOR REGISTINGS  16 ESERVED TOR REGISTINGS  16 ESERVED TOR REGISTINGS  17 ESTATUTE TO THE STATUTE TO T	PROJECT OF INDICATION OF SECURITY OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE FEEL OCATALL IN THE PLACE OF INDICATION OF CAUSE OF THE PLACE OF INDICATION OF THE PLACE OF INDICATION OF CAUSE OF THE PLACE OF INDICATION OF THE PLACE O	The underlying ca	M.D.  Eff (Type or Print)  VER Street  Se or Print)  D) AND (c)) Do not expression  The Humpy  At word  Wes DA  Jam, sireel, factory, of	Signature (Signature (	SNED (Month, Day, )  Kin Falls, (  The Congress of the Congress of the Congress of the Conference of the Congress of the Congr	Dregon  38. Aut.  1.1 ver 1.	97601  est in large i	FORMATY STATES TO THE STATES OF THE STATES O
12	79 To the best of my kn selected over to the causes) and mile (Signature)  90 DATE SIGNED (Month, Day,  FEDTUARY 1,  31. HAME, TITLE, ADDRESS AN  Blake Berven  33. HAME OF ATTENDING DIVES  33. HAME OF ATTENDING DIVES  34. HAME OF ATTENDING DIVES  35. HAME OF ATTENDING DIVES  36. HAME OF ATTENDING DIVES  37. LONG TO AS A CONSE  (b) ASHD  DUE TO, OR AS A CONSE  (c) ASHD  DUE TO, OR AS A CONSE  (d) ASHD  THER SIGNIFICANT CONT  COnditions combining to d  AT Zhe imer (  10. MANNER OF DEATH  L'Avatural  Clagal  Intervention  I Legal  Intervention  I CERTIFY THAT THI  THE VITAL RECORD	POPULATION OF CAUSE PER DOCATE OF INSTITUTE OF THE DUTTE	The underlying can use the	M.D.  Eff (Type or Print)  VER Street  Se or Print)  D) AND (c)) Do not expression  The Humpy  At word  Wes DA  Jam, sireel, factory, of	Signature (Signature (	SNED (Month, Day, )  Kin Falls, (  The Congress of the Congress of the Congress of the Conference of the Congress of the Congr	Dregon  38. Aut.  1.1 ver 1.	97601  est in large i	FORMATY STATES TO THE STATES OF THE STATES O
12	79 To the best of my kn zwiedo due to the causels and mile (Signature)  90 DATE SIGNED (Month. Day.  91 DATE SIGNED (Month. Day.  92 DATE SIGNED (Month. Day.  93 HAME, TITLE, ADDRESS AN.  94 BIA'R.  95 HAME OF ATTENDING PHYS.  96 DATE TO, ON AS A CONSE  10 DUE TO, ON AS A CONSE  11 OTHER SIGNED CANT.  12 DUE TO, ON AS A CONSE  13 OTHER SIGNED CANT.  14 DATE TO DEATH  15 Under The Conditions contributing to de  16 DATE TO DEATH  17 DEATH  18 DEATH  19 DEATH  10 MANNER OF DEATH  10 Legal Intervalle  11 Legal Intervalle  12 Legal Intervalle  13 ESERVED FOR REGISTINGS  14 ESERVED TOR REGISTINGS  15 ESERVED TOR REGISTINGS  16 ESERVED TOR REGISTINGS  16 ESERVED TOR REGISTINGS  17 ESTATUTE TO THE STATUTE TO T	POPULATION OF CAUSE PER DOCATE OF INSTITUTE OF THE DUTTE	The underlying can use the	M.D.  Eff (Type or Print)  VER Street  Se or Print)  D) AND (c)) Do not expression  The Humpy  At word  Wes DA  Jam, sireel, factory, of	Signature (Signature (	EDWARD J. J.	Dregon  38 AUT  11 Yes 1  ON FILE IN	97601  est in large i	FORMATY STATES TO THE STATES OF THE STATES O
12 13 14 COUNTIONS RESERVE ANY WHICH GAVE PIECE TO MAYEDIATE SURPERISHED COUNTY OF THE SURPERISHED COUNTY LAST	79 To the best of my knowledge due to the causes) and mile (Signalum)  30 DATE SIGNED (Month. Day,  FEDERUARY 1.  34. NAME, TITLE, ADDRESS AN  Blake Berven 35. NAME OF ATTENDING PHYS  36. IMMEDIATE CAUSE (ENTER PART (a) ACUTE MV  DUE TO, OR AS A CONSE  (b) AS ID  DUE TO, OR AS A CONSE  (c) AS ID  DUE TO, OR AS A CONSE  (d) AS ID  DUE TO, OR AS A CONSE  (e) AS ID  DUE TO, OR AS A CONSE  (f) AS ID  DUE TO, OR AS A CONSE  (h) AS ID  DUE TO, OR AS	1993 DIP OF CENTIFIERUM M. D. SICIAN IF OTHER THAN ONLY ONE CAUSE FEE OCATAIA I OTHER THAN OUT OF CENTIFIERUM OUT OF CENTIFIERUM I D. SICIAN IF OTHER THAN OUT ONE CAUSE FEE OCATAIA I IN OUT ONE CAUSE FEE OCATAIA I IN OUT OF THE OTHER SICIAN IS DATE OF INJUINING IN THE PLACE OF IN OUT OF THE OTHER SICIAN IN OUT OF THE OTHER APPLICATION OF THE OTHER OTHER THAN IN OUT OF THE OTHER OTHER THAN IN OUT OF THE OTHER INJUINING INJU	The underlying can use the	M.D.  En (Type or Print)  VET Street  Se or Print)  D). AND (c)] Do not en  The street in PART I  OF ALC INJUSTY  AT WORK  M Yes DA  Claim, street, factory, of	Signature (Signature (	SMED (Month, Day, Smed Information, Day, Smed Information, Day, Smediac or fine and the seath?    Probaby   Unknown   TIBE HOW BLIUTY O	Dregon  38 AUT  11 Yes 1  ON FILE IN	97601  est in large i	FORMATY STATES TO THE STATES OF THE STATES O
12 13 14 COUNTIONS RESERVE ANY WHICH GAVE PIECE TO MAYEDIATE SURPERISHED COUNTY OF THE SURPERISHED COUNTY LAST	79 To the best of my knowledge due to the causes) and mile (Signalum)  30 DATE SIGNED (Month. Day,  FEDERUARY 1.  34. NAME, TITLE, ADDRESS AN  Blake Berven 35. NAME OF ATTENDING PHYS  36. IMMEDIATE CAUSE (ENTER PART (a) ACUTE MV  DUE TO, OR AS A CONSE  (b) AS ID  DUE TO, OR AS A CONSE  (c) AS ID  DUE TO, OR AS A CONSE  (d) AS ID  DUE TO, OR AS A CONSE  (e) AS ID  DUE TO, OR AS A CONSE  (f) AS ID  DUE TO, OR AS A CONSE  (h) AS ID  DUE TO, OR AS	1993 DIP OF CENTIFIERUM M. D. SICIAN IF OTHER THAN ONLY ONE CAUSE FEE OCATAIA I OTHER THAN OUT OF CENTIFIERUM OUT OF CENTIFIERUM I D. SICIAN IF OTHER THAN OUT ONE CAUSE FEE OCATAIA I IN OUT ONE CAUSE FEE OCATAIA I IN OUT OF THE OTHER SICIAN IS DATE OF INJUINING IN THE PLACE OF IN OUT OF THE OTHER SICIAN IN OUT OF THE OTHER APPLICATION OF THE OTHER OTHER THAN IN OUT OF THE OTHER OTHER THAN IN OUT OF THE OTHER INJUINING INJU	The orderlying can be read to be	M.D.  En (Type or Print)  VET Street  Se or Print)  D). AND (c)] Do not en  The street in PART I  OF ALC INJUSTY  AT WORK  M Yes DA  Claim, street, factory, of	Signature (Signature (	EDWARD J. J.	Dregon  38 AUT  11 Yes 1  ON FILE IN	97601  est in large i	FORMATY STATES TO THE STATES OF THE STATES O
12	79 To the bost of my kn zeriedo dive to the causes) and mile (Signature)  79 DATE SIGNED (Month. Day.  February 1.  34. NAME, TITLE, ADDRESS AN.  Blake Berven  35. NAME OF ATTENDING PIVE  35. NAME OF ATTENDING PIVE  36. NAME OF ATTENDING PIVE  37. NAME OF ATTENDING PIVE  38. IMMEDIATE CAUSE (ENTER PART (a) Acute Mive  DUE TO, OR AS A CONSE  (b) ASHD  TOTEL TO, OR AS A CONSE  (c) ASHD  TOTEL TO, OR AS A CONSE  (d) ASHD  TOTEL TO, OR AS A CONSE  (e) ASHD  TOTEL TO, OR AS A CONSE  (b) ASHD  TOTEL TO, OR AS A CONSE  (c) ASHD  TOTEL TO, OR AS A CONSE  (d) MANNER OF DEATH  (d) MANNER OF DEATH  (e) MANNER OF DEATH  (h) MANNER OF DEATH  (h	1993 DIP OF CENTIFIERUM M. D. SICIAN IF OTHER THAN ONLY ONE CAUSE FEE OCATION OF CHARLES OF HAIR OUTPOOL OF COUNTY ON THE PLACE OF HAIR ION ONE PLACE OF HAIR ION ONE CAUSE FEE OCATION OF THE OCATION OF	the underlying call the un	M.D.  Eff (Type or Print)  VER Street  Por or Print)  D) AND (C) Do not expense given in PART I.  OF 41c INJURY  AT WOR  M 1/cs [] A  ECT COPY OF THE HEALTH DIVIS	Signature (Signature (	EDWARD J. J.	Dregon  38 AUT  11 Yes 1  ON FILE IN	97601  est in large i	Towns between coced of death  S are between coced of death  S are between coced of death  Towns of went.
12 13 14 COUNTIONS RESERVE ANY WHICH GAVE PIECE TO MAYEDIATE SURPERISHED COUNTY OF THE SURPERISHED COUNTY LAST	79 To the best of my knowledge due to the causes) and mile (Signature) a	POLY ONE CAUSE FEE  OCATAIN TO DIVER THAN  ONLY ONE CAUSE FEE  OCATAIN THE OF THAN  INDIVIDUAL THAN  ATTEMPT THE OF THAN  ATTEMPT THE OF THE OF  ATTEMPT THE OF  KLAMATH:  HAZE	the underlying can unit in the underlying can underlying	M.D.  Eff (Type or Print)  VER Street  Por or Print)  D) AND (C) Do not expense given in PART I.  OF 41c INJURY  AT WOR  M 1/cs [] A  ECT COPY OF THE HEALTH DIVIS	Signature (Signature (	EDWARD J. J.	Dregon  38. Aut.  13 ver  CCURRED  ON FILE IN  CHASON II,  JISTRAR	97601	CORNETY  Ternel bottomen concerts of death  D. MINUTES  Enval between metal of death  YEARS  Enval between metal of death  S. and bottoms concerts  es [] Mo [] MA  City or Town, States  City or Town, States
12	79 To the bost of my kn zeriedo dive to the causes) and mile (Signature)  79 DATE SIGNED (Month. Day.  February 1.  34. NAME, TITLE, ADDRESS AN.  Blake Berven  35. NAME OF ATTENDING PIVE  35. NAME OF ATTENDING PIVE  36. NAME OF ATTENDING PIVE  37. NAME OF ATTENDING PIVE  38. IMMEDIATE CAUSE (ENTER PART (a) Acute Mive  DUE TO, OR AS A CONSE  (b) ASHD  TOTEL TO, OR AS A CONSE  (c) ASHD  TOTEL TO, OR AS A CONSE  (d) ASHD  TOTEL TO, OR AS A CONSE  (e) ASHD  TOTEL TO, OR AS A CONSE  (b) ASHD  TOTEL TO, OR AS A CONSE  (c) ASHD  TOTEL TO, OR AS A CONSE  (d) MANNER OF DEATH  (d) MANNER OF DEATH  (e) MANNER OF DEATH  (h) MANNER OF DEATH  (h	DIP OF CENTIFIERM  M. D.  SICIAN IF OTHER HAA  ONLY ONE CAUSE FEE  OCATAIA I TOTHER  HOND  I TOTHER HAA  I TOTHER	The underlying can be underlying to the underlying can be underlying to the underlying can be underlying to the underlyi	M.D.  En (Type or Print)  VET Street  Se or Print)  D. AND (c)] Do not en  ALSO [No. 1]  M. D.  Set (Type or Print)  D. AND (c)] Do not en  M. D.  Set (Type or Print)  M.	Signature (Signature (	SWED (Month, Dev. )  Lin Falls, (  The Falls	Dregon  Standary And  Standary And  Lives I  CCURRED  ON FILE IN  DANSON II,  JISTRARI	97601  97601  France State of the State of t	CORNETY  Ternal botaseen crices of dealn  D. MILLY CS  Ternal botaseen crices of dealn  YEALS  Samp botase crices of dealn  City or Town, States  City or Town, States
12	79 To the best of my knowledge due to the causes) and mile (Signature) a	DIP OF CENTIFIERM  D. 2019 OF CENTIFIERM  M. D. 3  DO SIP OF CENTIFIERM  M. D. 3  DOIN OF CAUSE FEE  OCATION O	The underlying can be underlying to the underlying can be underlying to the underlying can be underlying to the underlyi	M.D.  En (Type or Primi)  VER Street  Por Street  OF AND (C) Do not expense given in PARTI I  OF ALL INJURY  M. G.	Signature (Signature (	And duly re 8728	Dregon  Standary And  Standary And  Lives I  CCURRED  ON FILE IN  DANSON II,  JISTRARI	97601  97601  Final Property State of the Pr	CORNETY  Ternal botaseen crices of dealn  D. MILLY CS  Ternal botaseen crices of dealn  YEALS  Samp botase crices of dealn  City or Town, States  City or Town, States