K-44909 BARGAIN AND SALE DEED

Vol. 93 Page 9940 9

KNOW ALL MEN BY THESE PRESENTS, That James B. O'Connor Trustee

, hereinafter called grantor,

for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Michael B. Jager and Margaret H. Jager, as trustees of the Jager Family Trust ***

hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath , State of Oregon, described as follows, to-wit:

Lot 3, Block 3, Tract 1161, High Country Ranch, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

Together with an undivided 1/49th interest in Lot 1, Block 11, Tract 1161, High Country Ranch, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

***dated October 15, 1991.

the whole of the actual consideration consists part of the Consideration (indicate which). (The In construing this deed and where the consideration in Construing this deed and where the consideration in Construing the implied to make the provision In Witness Whereof, the grantor has executed to do so by order of its board of directors. This instrument will not allow use of the proscribed in this instrument in violation of applic use laws and regulations. Before signing or this instrument. The person acquiring fee titl property should check with the appropriate county planning department to verify approve the instrument of the country planning department of the country pla	sentence between the symbol ontext so requires, the si is hereof apply equally to cuted this instrument this be signed and its ceal aff the si	or value given or promised where one of the plural and all grammed corporations and to individuals. It is a day of the plural and all grammed and the plural and all grammed corporations and to individuals. It is a day of the person duly authorized by an officer or other person duly authorized by an officer or other person duly authorized by the person duly autho	ich is 3.030.) atical		
			*		
My commission expires	Notary Public	TRUDIE DURANT NOTARY PUBLIC - OREGON or Oregon IN Control assets F. with a			
James B. O'Gonnor		STATE OF OREGON,			
Granter's Name and Address Michael B. Jager Grantee's Name and Address Grantee's Name and Address	SPACE RESERVED FOR RECORDER'S USE	County of Klamath I certify that the within instrument was received for record on to 5.5th day of May 19 9 at 2:36 o'clock P.M., and record in book/reel/volume No. M93	the 13, led		
LO. BOX 345	RECORDER'S USE	page 9940 or as fee/file/instru- ment/microfilm/reception No. 61031, Record of Deeds of said County.			
atili requested otherwise send all tax statements to (Name, Address, Zip):		Witness my hand and seal county affixed.	of		
Stenburg NV 84413		Evelyn Biehn, County Clerk			
	Fee \$30.00	By Daniere Munder Deput	y		

(i	ASOCIAL SECURITY NUMBE 542-12-5569		A. 5b. Under 1	KIRKPAT	RICK,	SR.	Male	Marci	F DEATH (Month, Day Yo h 2, 1993
DICTO LET	B.WAS DECEDENT EVER IN			9a. PLA	Mer CE OF DEATH	rill, Or	egon	June	5, 1918
1	96. FACILITY NAME (II not ins	HOSPITAL Dispatient structure, give street and Road	Li ER/Outpatie	9c, C	ITY, TOWN, O	Ome Decede	ent's Home Do	Other (Specify	1 COUNTY OF DEATH
2	10a DECEDENT'S USUAL OCC (Give kind of wark done duri Do not use retired.)	TIDATION	10b. KIND OF E	USINESSANDUSTRY	Merrill		IATUS - Marring	d 12 SPOUS	Klamath
3		b. COUNTY	Agricu	Iture		Marrie Marrie 13d STREET A	ed	Caro Marc	1 ene Kirkpatr
5	Oregon 136. INSIDE CITY 137. ZIP CO	/Constitute	Klan	nath Falls			Falvey I		
<u> 6</u>	17. FATHER - NAME - BIRST	3 Specify	rumito Hican, etc.	E/No []Yes		ille, etc. (Speci lite		DECITA COURT WY	ENT S EDUCATION ghest grade completed: y (0.12) College (1.4 or 5.
PARINIS	Clarence M. Kirk	patrick SR	Lyda	- Turner	maiden		Marcene	NAME and	elationship to deceased patrick Spou
DISPOSITION 7	□ Burlat Ociemation □ Rem □ Donation □ Other (Specify)	oval from State		OSPOSITION (Name of Cremation		natory, or 120	C. LOCATION	City or Town	. Slate
r 8	276. SIGNATURE OF FUNERAL SPERSON ACTING AS SUCH		100	TID LICENSE NUMBER	122 NAME	ADDRESS AN	10 715 05 5 6		s, Oregon
9	DATE FILED (Month, Day, Ye	Digo	<u> </u>	52-0297	515 P	ine ST	eral Ch . Klama	apei In Fall:	s,OR 97601
	25. DID HOSPITAL REPRESENTA	MART 0		L GIFT CONSENT?		MET MADE?	i.e.	Bobi	nsov
	☐YES XINO ☐NIA	। १९४१ इंट्रहरू १ सम्बद्धाः	167% HERW		□YE	•	DNA		
11	TO SE COME 27. TIME OF DEATH 28. V	PLETED BY CENTERING	S PHYSICIAL		31a TIME OF	TO LE COM	PATE PROMO	T MEINCAL I	EXAMINEN I (Month, Day, Year, Hour)
connector	7:40 A M 29 To the best of my knowledge, due to the cause(s) and mapne	Yes No	lime, date, place		g block da	м			
	(Signature)	DelDr	105	м.b. 📗	at the time (Signature)	, date, place a	nd due to the c	Ruse(s) and n	by opinion death occurred tarmer stated
12	30. DATE SIGNED (Month, Day, Ye								The state of the s
	March 3, 1993		9 (1)		3 DATE SIGN	ED (Morin, Da	y. Yeer)		COUNTY
13 14	34. HAME, TITLE, ADDRESS AND Blake Berven	M.D. 2616	Clover	(Type or Print)				07601	COUNTY
CONDITIONS	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC	ZIP OF CERTIFIERMEN M.D. 2616 ZIAN IF OTHER THAN C	Clover	(Type or Print) Street Kie	amath F	alls, O	regon		COUNTY
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) Pneumon	ZIP OF CERTIFIERMEI M.D. 2616 DAN IF OTHER THAN CONTY ONE CAUSE PER I	Clover	(Type or Print) Street Kie	amath F	alls, O	regon		Informal between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER OI) PART (a) PIDE TO, OR AS A CONSCO	ZIP OF CERTIFIERMENT M.D. 2616 CHAN IF OTHER THAN COUNTY ONE CAUSE PER IT A UNITED TO THE COUNTY OF CAUSE PER IT A UNITED TO THE COUNTY OF CAUSE O	Clover CERTIFIER (Type) LINE FOR (a), (b).	(Type or Print) Street Kie	amath F	alls, O	regon		Interval between cross
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC PART (a) Pneumon Due to, or as a consecutive to the consecu	ZIP OF CENTIFIERMENT M.D. 2616 CHAIN IF OTHER THAN CONLY ONE CAUSE PER IT TO USE OF: UENCE OF: UENCE OF: UENCE OF:	Clover CERTIFIER (Type) LINE FOR (a), (b).	(Type or Print) Street Kie	amath F	alls, O	regon		internal between orset and death 48 hours
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST L CAUSE OF	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER OI PART (a) PNEUMON DUE TO, OR AS A CONSEON (b) Alzheim OUE TO, OR AS A CONSEON (c)	ZIP OF CERTIFIERMENT M.D. 2616 M.D. 2616 DIAN IF OTHER THAN CONTY ONE CAUSE PER I 1 a UENCE OF: OF 15 Diseas: UENCE OF:	Cloyer Entire (Type (LINE FOR (a), (b),	(Type or Print) Street Kla W Print) AND (C1) Do not enter n	amath F	eg Cardiac o	regon	rest.	inforral between orset and death 48 hours informal between onset and death 5 Vears
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST L CAUSE OF	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER OF PRETTY (a) PROTUNON DUE TO, OR AS A CONSCOR PART (c) Alzheim OUE TO, OR AS A CONSCOR PART (c) OTHER SIGNIFICAN' CONDITIONS CONDITIONS TO DEED TYPE SIGNIFICAN' CONDITIONS CONDITIO	ZIP OF CERTIFIERMENT M.D. 2616 M.D. 2616 DIAN IF OTHER THAN CONTROL OF CAUSE PER I LA UENCE OF: UENCE OF: UENCE OF: ITIONS AT DATE OF INJUR AT DATE OF INJUR	ENTIFIER (Type ((Type or Print) Street Kla W Print) AND (c)) Do not enter n	amath f	eg Cardisc d	regon **Resonatory A	TOPSY 39 m	inforal between orset and death 48 hours interval between onset and death 6 years hieral between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST L SCAUSE OLD SCAUSE OLD CONDITIONS IF ANY CAUSE LAST CAUSE CLE SCAUSE OLD CONDITIONS IF ANY CAUSE LAST CAUSE CLE CONDITIONS IF ANY CAUSE CLE CONDITIONS IF ANY CAUSE	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER OF PRETTY (a) PART (a) DUE TO, OR AS A CONSCORD OTHER SIGNIFICAN' CONDITION OF AS A CONSCORD OTHER SIGNIFICAN' CONDITION OF DEATH 40. MANNER OF DEATH 11. OTHER SIGNIFICAN' CONDITION OTHER SIGNIFICAN' CONDIT	ZIP OF CERTIFIERIME M.D. 2616 DIAN IF OTHER THAN CONLY ONE CAUSE PER I LA CONLY ONE CAUSE PER	Clover ERITIFIER (Type LINE FOR (s), (b), e underlying cause Y Alb. Time OF MJURY	Type or Pring Street Kla It Pring AND (c.) Do not enter in given in PART 1. AT WORK? M Ves I'No	amath F 37. Did lobacc to the deal U this S No	eg Cardiac o eg Cardiac o i Describer o Unknown	Respiratory A	TOPSY 39 m	Interval between orset and ideath 48 hours Interval between orset and realh. 6 years Interval between onset and death 113 erre findings considered moving route of death. JYES (JNo EJNA
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UIDERLYING CAUSE AST	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) Pneumon DUE TO, OR AS A CONSEON (b) Alzheim DUE TO, OR AS A CONSEON (c) Alzheim OUE TO, OR AS A CONSEON (d) THER SIGNIFICAN) CONDITION Conditions contributing to den 40. MANNER OF DEATH AND MANNER OF DEATH Netural Pending Immediagation Manner Suicide Homicide Intervention	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 DIAN IF OTHER THAN CONTROL OF CAUSE PER I 1 1 a UENCE OF: UENCE OF: UENCE OF: ITIONS. ITION	Clover ERITIFIER (Type LINE FOR (s), (b), e underlying cause Y Alb. Time OF MJURY	Type or Pring Street Kla It Pring AND (c.) Do not enter in given in PART 1. AT WORK? M Ves I'No	amath F 37. Did lobacc to the deal U this S No	eg Cardiac o eg Cardiac o i Describer o Unknown	Respiratory A	TOPSY 39 m m	Inforral between orset and death 48 hours Informal between onset and feath 6 years informal between onset and death 18 were finding consistent or the feath of th
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST L SCAUSE OLD SCAUSE OLD CONDITIONS IF ANY CAUSE LAST CAUSE CLE SCAUSE OLD CONDITIONS IF ANY CAUSE LAST CAUSE CLE CONDITIONS IF ANY CAUSE CLE CONDITIONS IF ANY CAUSE	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) Pneumon DUE TO, OR AS A CONSEON (b) Alzheim OUE TO, OR AS A CONSEON (c) PART (d) PART (C) P	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 DIAN IF OTHER THAN CONTROL OF CAUSE PER I 1 1 a UENCE OF: UENCE OF: UENCE OF: ITIONS. ITION	Clover ERITIFIER (Type LINE FOR (s), (b), e underlying cause Y Alb. Time OF MJURY	Type or Pring Street Kla It Pring AND (c.) Do not enter in given in PART 1. AT WORK? M Ves I'No	amath F 37. Did lobacc to the deal U this S No	eg Cardiac o eg Cardiac o i Description of the control of the co	Respiratory A	10PSY 39 m	Inforral between oriset and death 48 hours Informal between oriset and death 6 years Informal between oriset and death 155 were Informal consecution or death 155 were Information or death 155 were Information or death 1
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST L SCAUSE OLD SCAUSE OLD CONDITIONS IF ANY CAUSE LAST CAUSE CLE SCAUSE OLD CONDITIONS IF ANY CAUSE LAST CAUSE CLE CONDITIONS IF ANY CAUSE CLE CONDITIONS IF ANY CAUSE	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) Pneumon DUE TO, OR AS A CONSEON OUE TO,	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 M. D. 2616 ZIAN IF OTHER THAN CONTROL OF CAUSE PER IT 1 AUTHOR CONTROL OF CON	e underlying causa Y 41b. Time OF INJURY BRY - Alhome, fairecity)	(Type or Print) Street Kla It Print) AND (c.) Do not enter in given in PART 1. 41c. INJURY AT WORK? M Ves No m, street, factory, office a	37. Did lobacc to the deal	eg Cardiac o eg Cardiac o i Debacy Unknown E HOW INJURN N (Street and h	Respiratory A	TOPSY 39 m	Interval between oriset and death 48 hours Interval between oriset and neath 6 years Interval between oriset and death 18 years Interval between oriset and death 18 were Interval between oriset and death 19 years Interval between original years of death 19 years Interval years or Interval year
CONDITIONS IF ANY WHICH GAVE HISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST LAST LAST CAUSE OLD SCAUSE OLD SCA	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) Pneumon DUE TO, OR AS A CONSEON (b) Alzheim DUE TO, OR AS A CONSEON (c) PART (c) PART (d) PART (d) PART (d) PART (d) PART (e) PROBLEM (e) PR	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 M. D. 2616 DIAN IF OTHER THAN CONTROL OF CAUSE PER IT 1 TO STATE OF INJURY (Month, Day, Year of the District of th	Clover ERITIER (Type UNE FOR (a), (b), e underlying cause y 41b. Time OF INJURY JRY - Alhome, fai	(Type or Print) Street Kla N Print) AND (CL) Do not enter n Tighen in PART 1. AT WORK! M Yes No m, street, factory, office	37. Did tobacco bit the deat Security May 101. LOCATION	eg Cardiac o eg Cardiac o i Debacy Unknown E HOW INJURN N (Street and h	Respiratory A	TOPSY 39 IT AMERICAN IN CONTROL OF THE PROPERTY OF THE PROPERT	Interval between corset and death 48 hours Interval between ornet and read feeth 6 years interval between onnet and feeth 7 years between onnet and death 7 years findings considered feeth 7 years findings from the findings findings from the findings findings from the findings findings from the findings from t
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST L SCAUSE OLD SCAUSE OLD CONDITIONS IF ANY CAUSE LAST CAUSE CLE SCAUSE OLD CONDITIONS IF ANY CAUSE LAST CAUSE CLE CONDITIONS IF ANY CAUSE CLE CONDITIONS IF ANY CAUSE	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) Pneumon DUE TO, OR AS A CONSEON OUE TO,	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 M. D. 2616 DIAN IF OTHER THAN CONTROL OF CAUSE PER IT 1 TO DESCRIPTIONS TO DESCRIP	Clover ERITIER (Type UNE FOR (a), (b), e underlying cause y 41b. Time OF INJURY JRY - Alhome, fai	(Type or Print) Street Kla N Print) AND (CL) Do not enter n Tighen in PART 1. AT WORK! M Yes No m, street, factory, office	37. Did tobacco bit the deat Security May 101. LOCATION	eg Cardiac d o une contribut Probacy Unknown HOW INJURN N (Street and N	Respiratory A 38 AU LI Yes Y OCCURRED	I Route Num	inferral between origet and death 48 hours Interval between origet and reach interval between original and reach interval and rea
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST LAST CAUSE SOLUTION CAUSE C	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) Pneumon DUE TO, OR AS A CONSEON (b) Alzheim DUE TO, OR AS A CONSEON (c) PART (c) PART (d) PART (d) PART (d) PART (d) PART (e) PROBLEM (e) PR	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 M. D. 2616 DIAN IF OTHER THAN CONTROL OF CAUSE PER IT 1 TO DESCRIPTIONS TO DESCRIP	e underlying cause of the form of the control of the cause of the cau	(Type or Print) Street Kla N Print) AND (CL) Do not enter n Tighen in PART 1. AT WORK! M Yes No m, street, factory, office	37. Did tobacco bit the deat Security May 101. LOCATION	eg Cardiac d eg Cardiac d eg Cardiac d probacy Unknown HY N (Street and N	Respiratory A 136 AU LI Yes Y OCCURRED Number or Rurs	TOPSY 39 m Y No [inferral between origet and death 48 hours Interval between origet and reach interval between original and reach interval and rea
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST L CAUSE OF	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) PNEUMON DUE TO, OR AS A CONSEO PART (b) A1.2:heim OUE TO, OR AS A CONSEO PART (c) TOTHER SIGNIFICAN' CONDITION (C) III OTHER SIGNIFICAN' CONDITION (C) PART (c) III OTHER SIGNIFICAN' CONDITION (C) III OTHER SIGNIFICAN' CONDITION (C) PART (c)	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 ZIAN IF OTHER THAN CONTROL OF THE CAUSE PER I 1 AUCHCE OF: TIONS THO BUT NOT resulting in the control of the	e underlying cause y alb. Time of MURY. Al bome, fail beerly) EUCH-ION W. ELAMATH.	Type or Printy Street Kla y Printy AND (c)) Do not enter in given in PART 1 41C, INJURY AT WORK? M D'es DNo m, street, factory, office ALLSTAUSTURE AT COUNTY REGIST	37. Did tobacco bit the deat Security May 101. LOCATION	eg Cardiac d O Une contribut O Une contribut O Probacly Unknown N (Street and h	Respiratory A 1 39 AU Lives OCCUBRED Number of Bura	TIPSY 19 IN THE NUMBER OF THE	Inforal between orset and death 48 hours interval between onset and realing 6. YEARS interval between onset and realing for the first own from the
CONDITIONS IF ANY WHICH GAVE HISE TO THE UNDERLYMA CAUSE STATE OTHER TO THE UNDERLYMA TO THE TO T	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER OF PART (a) PNEUMON DUE TO, OR AS A CONSEON (b) Al Zheim OUE TO, OR AS A CONSEON (c) PART (d) PREDICT TO DESCRIPTION 40. MANNER OF DEATH M	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 M. D. 2616 M. D. 2616 INLY ONE CAUSE PER I 1 a UENCE OF: UENCE OF: TIONS 11a DATE OF INJURY (Month, Day, Year 14b PLACE OF INJURY ID EXACT REPAR	e underlying cause y alb. Time of MURY. Al bome, fail beerly) EUCH-ION W. ELAMATH.	Type or Printy Street Kla y Printy AND (c)) Do not enter in given in PART 1 41C, INJURY AT WORK? M D'es DNo m, street, factory, office ALLSTAUSTURE AT COUNTY REGIST	37. Did tobacco bit the deat Security May 101. LOCATION	eg Cardiac d O Une contribut O Une contribut O Probacly Unknown N (Street and h	PEGON WESPITATORY A STATE OF THE STATE OF	TIPSY 19 IN THE NUMBER OF THE	Inforal between orset and death 48 hours interval between onset and realing 6. YEARS interval between onset and realing for the first own from the
CONDITIONS IF ANY WHICH GAVE RISE TO THE WANTE CAUSE SATING THE WANTE CAUSE OTHER COUSE LAST COUSE	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) PNEUMON DUE TO, OR AS A CONSEON OUE TO,	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 M. D. 2616 M. D. 2616 INLY ONE CAUSE PER I 1 a UENCE OF: UENCE OF: TIONS 11a DATE OF INJURY (Month, Day, Year 14b PLACE OF INJURY ID EXACT REPAR	e underlying cause y alb. Time of MURY. Al bome, fail beerly) EUCH-ION W. ELAMATH.	Type or Printy Street Kla y Printy AND (c)) Do not enter in given in PART 1 41C, INJURY AT WORK? M D'es DNo m, street, factory, office ALLSTAUSTURE AT COUNTY REGIST	37. Did tobacco bit the deat Security May 101. LOCATION	eg Cardiac d O Une contribut O Une contribut O Probacly Unknown N (Street and h	PEGON WESPITATORY A STATE OF THE STATE OF	TIPSY 19 IN THE NUMBER OF THE	Inforal between orset and death 48 hours interval between onset and realing 6. YEARS interval between onset and realing for the first own from the
CONDITIONS IF ANY WHICH GAVE HISE TO THE UNDERLYMO CAUSE LAST LAST LAST LAST LAST LAST LAST LAST	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) Pneumon DUE 10, OR AS A CONSEO (b) Al Zheim OUE 70, OR AS A CONSEO (c) PART (THER SIGNIFICAN) CONDITION OF AS A CONSEO (d) PART (b) Production of the conditions contributing to den 40. MANNER OF DEATH Conditions contributing to den PART THER SIGNIFICAN CONDITION OF AS A CONSEO (d) PART (c) Production of the conditions contributing to den (e) Part (d) Production of the conditions contributing to den (e) Part (d) Production of the conditions contributing to den PART THES IS A TRUE AN REGISTERED AT THE CONTRIBUTION OF A CONTRIBUTION	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 M. D. 2616 DIAN IF OTHER THAN CONTROL OF CAUSE PER IT 1 THE PROPERTY OF CONTROL OF CO	ERIFIER (Type ERIFIER (Type EVICE FOR (A), (b), E underlying cause E underlying cause TY 415 TIME OF INJURY SECURITY STATE OF EXAMATH 1993	Type or Printy Street Kla W Printy AND (c) Do not enter in r given in PART 1. AT WORK! AT WORK! M Yes No m, street, factory, office	32. Old sobsection to the deat of the deat	eg Cardiac d eg Cardiac d probacy Unknown N (Street and h	Respiratory A 38 AU LI Ves COCCURRED Humber of Rura HARLENE BAR UNITY REGIS TH COUNTY	TOPSY 39 IN TOPSY 19 IN TOPSY	interval between corset and death 48 hours interval between orned and nearly and feath 6 years interval between orned and chain 185 are interval between orned and chain 195 are interval between orned
CONDITIONS IF ANY WHICH GAVE RISE TO E WHICH GAVE RISE TO E STAINING THE WHICH GAVE AUSE STAINING THE WHICH GAVE AUSE STAINING THE WHICH GAVE AUSE OF ORE FOR OTHER TO THE TO T	34. NAME, TITLE, ADDRESS AND Blake Berven 35. NAME OF ATTENDING PHYSIC 36. IMMEDIATE CAUSE (ENTER O) PART (a) Pneumon DUE 10, OR AS A CONSEO (b) Al Zheim OUE 70, OR AS A CONSEO (c) PART (THER SIGNIFICAN) CONDITION OF AS A CONSEO (d) PART (b) Production of the conditions contributing to den 40. MANNER OF DEATH Conditions contributing to den PART THER SIGNIFICAN CONDITION OF AS A CONSEO (d) PART (c) Production of the conditions contributing to den (e) Part (d) Production of the conditions contributing to den (e) Part (d) Production of the conditions contributing to den PART THES IS A TRUE AN REGISTERED AT THE CONTRIBUTION OF A CONTRIBUTION	ZIP OF CERTIFIERMENT M. D. 2616 M. D. 2616 M. D. 2616 M. D. 2616 INLY ONE CAUSE PER I 1 a UENCE OF: UENCE OF: ITIOUS. IT	ERIFIER (Type ERIFIER (Type EVICE FOR (A), (b), E underlying cause E underlying cause TY 415 TIME OF INJURY SECURITY STATE OF EXAMATH 1993	ALSIAUSUCENT ALSIAUSUCENT ALSIAUSUCENT ALSIAUSUCENT ALSIAUSUCENT ALSIAUSUCENT COUNTY REGIST COUNTY REGIST COUNTY REGIST	32. Old space. 32. Old space. 10 has space. 10 has space. 11 LOCATION DOFFICIAL RAR. LTrick P.M., n. Page.	eg Cardiac o	Respiratory A 38 AU LI Ves COCCURRED HUMBER OF RUTS HARLENE BAR UNITY REGIS TH COUNTY thee	TOPSY 39 IN TOPSY 19 IN TOPSY	interval between corset and death 48 hours interval between orned and nearly and feath 6 years interval between orned and chain 185 are interval between orned and chain 195 are interval between orned

FICATION OF VITAL RECORD.