

NL

63073

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KNOW ALL MEN BY THESE PRESENTS, That I,

Keith P. Mouser

have made, constituted and appointed, and by these presents do hereby make, constitute and appoint  
 Barbara L. Mouser

my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to demand, sue for, recover, collect and receive all such sums of money, debts, rents, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me, to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust and to execute and deliver acquittances or other sufficient disposition thereof and all deeds and other assurances in the law therefor and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate lands, tenements and hereditaments, including my right of homestead in any of the same for such price, upon such terms and conditions and with such covenants as my attorney shall think fit; to sell, transfer and deliver all or any shares of stock owned by me in any corporation for any price and receive payment therefor and to vote any such stock as my proxy; to bargain for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with 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 whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agreements, trust agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and satisfactions of mortgages, judgments and other debts payable to me and other instruments in writing of whatever kind and nature which my attorney in his/her absolute discretion shall deem to be for my best interests, to have access to any safety deposit box which has been rented in my name, or in the name of myself and any other person or persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order, to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behalf; to complete, sign, and deliver any tax return or form and pay taxes thereon or collect refunds therefrom; also

**GIVING AND GRANTING** unto my attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do it personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my attorney or my attorney's substitute or substitutes shall lawfully do or cause to be done by virtue of these presents.

This power shall take effect: (delete inapplicable phrase)

(a) on the date next written below;

(b) on the date I may be adjudged incompetent by a court of proper jurisdiction.

If neither phrase (a) nor (b) is deleted, this power shall take effect on the date next written below.

My attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual notice either of such revocation or of my death.

In construing this instrument, and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, I have hereunto set my hand on June 15, 1993

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on

June 15, 1993,



OFFICIAL SEAL  
 GARY A. BEAN  
 NOTARY PUBLIC-OREGON  
 COMMISSION NO. 001024  
 MY COMMISSION EXPIRES AUG. 13, 1994

My commission expires 8/13/94

Notary Public for Oregon

My commission expires 8/13/94

### POWER OF ATTORNEY

To

After recording return to (Name, Address, Zip):

Barbara Mouser  
 4237 Alameda  
 Klamath Falls, OR 97603

SPACE RESERVED  
 FOR  
 RECORDER'S USE

STATE OF OREGON,  
 County of Klamath } ss.

I certify that the within instrument was received for record on the 15th day of June, 1993, at 2:43 o'clock P.M., and recorded in book/reel/volume No. M93 on page 13993 and/or as fee/file/instrument/microfilm/reception No. 63073. Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

Barbara Mouser, Deputy

Fee \$5.00

502 008

F-9197  
I.D. TAG NO.  
262  
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 138

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

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

CAUSE OF  
DEATH

1. DECEDENT'S - First NAME <b>Anna</b>		Middle <b>May</b>		Last <b>HOOD</b>		2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>June 3, 1993</b>
4. SOCIAL SECURITY NUMBER <b>568-30-1362</b>		5a. AGE Last Birthday (Year) <b>69</b>	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) <b>Cumberland, WI.</b>		7. DATE OF BIRTH (Month, Day, Year) <b>May 1, 1924</b>
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"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) <b>15412 River Edge Road</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Keno</b>				9d. COUNTY OF DEATH <b>Klamath</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed, Divorced) <b>Clyde Hood</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN OR LOCATION <b>Keno</b>		13d. STREET AND NUMBER <b>15412 River Edge Road</b>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>97627</b>		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		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. FATHER - NAME first middle last <b>Charles - Bellman</b>		18. MOTHER - NAME first middle maiden <b>Alice -</b>		19. INFORMANT - NAME and relationship to deceased <b>Clyde Hood - Spouse</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input 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) <b>Eternal Hills Crematory</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>			
21a. SIGNATURE OF FUNERAL SERVICE LICENSED OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Or License) <b>93-49-1363</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, Oregon 97603</b>			
23. DATE FILED (Month, Day, Year) <b>JUN 07 1993</b>		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH <b>4:30 A.M.</b>		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. (Signature) <i>[Signature]</i> M.D.							
30. DATE SIGNED (Month, Day, Year) <b>June 4, 1993</b>							
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Robert F. Böhnen M.D. 2610 Uhrmann Road, Klamath Falls, Oregon 97601</b>							
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.							
PART I (a) <b>Adverse reaction of pleura</b>						Interval between onset and death <b>3 months</b>	
(b)						Interval between onset and death	
(c)						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I							
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES enter findings consistent in determining cause of death.			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" 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

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

DATE ISSUED: **JUN 07 1993**

*Charlene Barcus*  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Clyde Hood** the **15th** day of **June** A.D., 19 **93** at **2:43** o'clock **P.M.**, and duly recorded in Vol. **M93** of **Deeds** on Page **13994**.

FEE \$10.00

Return: Clyde Hood, P.O. Box 630, Keno, OR. 97627

Evelyn Biehn - County Clerk

By *[Signature]*