FORM No. 197—REVOCATION OF POWER OF ATTORNEY.

64410 07-12-93A09:50 RCVD Vol m93 Page 16667

KNOW ALL MEN BY THESE PRESENTS, That whereas Cathryn M. Hill NKA Cathryn M. Holmes *by Letter, Warrant or Power of Attorney, bearing the date of* February 25, *19*93., *did make, constitute and appoint* Constance J. Coleman and Tom L. Coleman *true and lawful Attorney, for the purposes and with the powers therein set forth; recorded in the office of the* County Clerk *of* Klamath *County, State of* Oregon, *in book/reel/volume No.* M92 *at page* 3808, *or as fee/file/instrument/microfilm/reception No.* 41443 *(indicate which).*

NOW THEREFORE, the undersigned for good cause by these presents revokes, and makes void the said Letter, Warrant or Power of Attorney, and all power and authority thereby given.

DATED July 9, *19*93.

Cathryn M Holmes (NKA)
Cathryn M Hill

State of Oregon)
S.S.
County of Klamath)

OFFICIAL SEAL
LINDA A. SEATER
NOTARY PUBLIC-OREGON
COMMISSION NO. 006936
MY COMMISSION EXPIRES MAY 20, 1995

On this 9th day of July, 19 93, before me personally appeared Cathryn M Hill NKA Cathryn M. Holmes, whose identity way proved to me on the basis of satisfactory evidence to the person(s) whose names(s) is (are) subscribed to this instrument, and acknowledged that he (she) (they) executed the same.

OFFICIAL SEAL
LINDA A. SEATER
NOTARY PUBLIC-OREGON
COMMISSION NO. 006936
MY COMMISSION EXPIRES MAY 20, 1995

Notary Public
My Commission Expires on 5/20/95

Revocation of
Power of Attorney

Cathryn Holmes
3041 Kane St. Klamath Falls OR 97603
TO
Cathryn Holmes
3041 Kane St. 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 12th *day of* July, *19*93 *at* 9:50 *o'clock* A.M., *and recorded in book/reel/volume No.* M93 *on page* 16667 *or as fee/file/instrument/microfilm/reception No.* 64410, *Record of* Power of Attorney *of said County.*

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE
By Pauline Mullanda, Deputy

Fee $5.00

5

I.D. TAG NO. 392 — Local File Number

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136 — State File Number

DECEDENT

1. DECEDENT'S NAME: First: Wilson; Middle: Sylvester; Last: BARRETT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 7, 1993
4. SOCIAL SECURITY NUMBER: 453-09-8255
5a. AGE (Last Birthday) (Years): 83
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Hamilton, TX
7. DATE OF BIRTH (Month, Day, Year): August 12, 1909
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Clairmont Nursing Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Carpenter
10b. KIND OF BUSINESS/INDUSTRY: Construction
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Julia Louise Barrett
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5245 Miller Avenue
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7 — College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Willis Fred Barrett
18. MOTHER - NAME first middle maiden: Alva Birtie Wilson
19. INFORMANT - NAME and relationship to deceased: Julia Louise Barrett Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael O'Hair
21b. LICENSE NUMBER (Of Licensee): 47-3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JUL 08 1993
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 4:15 P M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): R. A. Breitenstein M.D.
30. DATE SIGNED (Month, Day, Year): 7-8-93

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ralph A. Breitenstein M.D. 2622 Campus Drive Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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

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) Cerebral traumatic accident — Interval between onset and death: 10 days
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
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? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45.2 Rev 7/91

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: JUL 08 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Julia Barrett the 12th day of July A.D., 19 93 at 9:50 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 16668.

Evelyn Biehn . County Clerk
By Pauline Mullendore

FEE $10.00

Return: Julia Barrett, 5245 Miller, Klamath Falls, Or. 97603