

64830

## GENERAL POWER OF ATTORNEY

## KNOW ALL PERSONS BY THESE PRESENTS:

That I, Timothy J. Morris, Social Security Number 541-74-2279, of the State of Oregon, a member of the United States Armed Forces (or a family member of a person in the Armed Forces of the United States), currently in Hawaii pursuant to Military Orders, do hereby appoint Jeffrey R. Morris, presently of 4228-C McFarlane Rd, my true and lawful attorney-in-fact to manage and conduct all my affairs and act in all matters in my name and in my behalf. Such acts shall include:

1. To lease, sell, use, establish title to, register, insure, transfer, mortgage, maintain, manage, pledge, exchange or otherwise dispose of or encumber any and all of my property, real, personal, or mixed, including motor vehicles of any kind, and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage, maintenance, or transfer of the same.
2. To buy, receive, lease, accept or otherwise acquire in my name and for my account, property, real, personal or mixed upon such terms, considerations and conditions as my said attorney-in-fact shall deem appropriate.
3. To transact all business of mine on my behalf including entering into contracts and the making of such investments as my attorney shall deem sound.
4. To institute and prosecute, or to appear and defend, any claims or litigation involving me or my interests. This shall include, but not be limited to, the authority to present a claim against the United States for damage to or loss of personal property.
5. To prepare, execute, and file all tax returns and to receive and negotiate all tax refund checks.
6. To execute all documents needed for travel of my family members and transportation or storage of my property, as authorized by law and Military regulations; to sign for and clear government or other quarters in the best interests of my family members and in accordance with law and Military regulations.
7. To demand, act to recover, and receive, all sums of money which are now or will become owing or belonging to me, and to institute accounts on my behalf and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of the powers granted herein. This shall include, but not be limited to, the authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and drawn upon the Treasurer, or other fiscal officer or depository, of the United States.

The above described powers are merely examples of the authority granted by this document and not in limitation or definition thereof. However, my Agent shall have no rights or powers hereunder with respect to the following:

- a. Life Insurance: My Attorney shall have no rights or powers hereunder to cancel or change the beneficiary of any policy of life insurance owned by me.
- b. Fiduciary Powers: My Attorney shall have no rights or powers hereunder with respect to any act, power, duty, right or obligation, relating to any person, matter, transaction or property, owned by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING MY ESTATE, PROPERTY, AND AFFAIRS AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

4237 Pepperwood Dr.

Klamath Falls Or. 97603

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

I direct my attorney-in-fact to seek legal counsel in order to determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on 10 Mar, 1994.

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, 11 MARCH 1992.

STATE OF HAWAII }  
CITY AND COUNTY OF HONOLULU } SS.

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared Timothy J. Morris, who is known by me to be the person who is described herein, whose name is subscribed to, and who signed this Power of Attorney as Grantor, and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my official seal on 11 MARCH 1992.

Notary Public

My Commission Expires: April 3, 1995

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Timothy Morris the 20th day of July A.D., 19 93 at 10:18 o'clock A M., and duly recorded in Vol. M93 of Power of Attorney on Page 17514.

FEE \$10.00

Evelyn Biehn County Clerk

By Dorinda M. Henderson

147041  
I.D. TAG NO.  
307

Local File Number

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

136

State File Number

1. DECEDENT'S NAME First: Catherine Middle: Frances Last: TRACY			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 25, 1993
4. SOCIAL SECURITY NUMBER 543-20-5473	5a. AGE Last Birthday (Years) 68	5b. Under 1 Year Mos: Days: Hours: Mins:	6. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas	7. DATE OF BIRTH (Month, Day, Year) October 25, 1924
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"/> Outpatient <input type="checkbox"/> DDA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (if not institution, give street and number) 1832 Summers Lane			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) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed, Divorced (Specify) Russell Tracy				
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls
13d. STREET AND NUMBER 1832 Summers Lane				
13e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		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) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13 or 14 or 15) 9		
17. FATHER - NAME first middle last Herman John Fiedtha		18. MOTHER - NAME first middle maiden Leona Frances Davenport		19. IF (OR) NAME and relationship to decedent Russell Tracy - Spouse
20a. METHOD OF DISPOSITION <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) Klamath Falls, Oregon		
21a. SIGNATURE OF JUDICIAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Robinson</i>		21b. LICENSE NUMBER (Of Licensee) 93-49-1363		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39, Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year) JUN 29 1993		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 10:45 A.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
29. To the best of my knowledge, death occurred at the time, date, place and (Signature) <i>Jeri L. Britsch</i> M.D.				
30. DATE SIGNED (Month, Day, Year) 6-26-93				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Jeri L. Britsch M.D. 1905 Main Street, Klamath Falls, Oregon 97601				
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 artery disease DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death >10yrs		
(b) Hypertension DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death >10yrs		
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Diabetes mellitus, non-insulin dependent		Interval between onset and death		
34. 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		35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No
35c. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings contributory in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. DESCRIBE HOW INJURY OCCURRED				
41. 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 29 1993

Charles Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Russell Tracy the 20th day  
of July A.D., 19 93 at 10:18 o'clock A.M., and duly recorded in Vol. M93  
of Deeds on Page 17516.

Evelyn Biehn County Clerk

By *Charles Robinson*

FEE \$10.00