

ON ATE # 01090563
71265

11-15-93A11:20 RCVD

Vol. m93 Page 30055KNOW ALL MEN BY THESE PRESENTS, That I, LELA HILL KENFIELD

..... have made, constituted and appointed, and by these presents do hereby make, constitute and appoint BILLIE J. KEZER my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to sell and convey to any party or parties at such price or prices and upon such terms as shall seem meet, all or any portion of the following described real property situate, lying and being in the county of Klamath in the state of and more particularly described, as follows, to-wit:

Lot 640 in Block 119, MILLS ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath, State of Oregon.

Code 1, Map 3809-33DA, Tax Lot 3000

with all the privileges and appurtenances thereunto belonging or in anywise appertaining, and for me and in my name to make out, execute, acknowledge and deliver proper deeds of conveyance of the same with or without covenants of seisin, freedom from encumbrances and warranty.

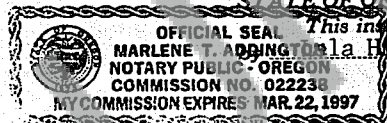
GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do it personally present, with full power of substitution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

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

Dated October 12, 1993

Lela Hill Kenfield
Lela Hill Kenfield

STATE OF OREGON, County of Klamath ss.



OFFICIAL SEAL This instrument was acknowledged before me on October 12, 1993,
MARLENE T. ADDINGTON, Lela Hill Kenfield

NOTARY PUBLIC - OREGON
COMMISSION NO. 02238
MY COMMISSION EXPIRES MAR. 22, 1997

Marlene T. Addington
Notary Public for Oregon
My commission expires March 22, 1997

POWER OF ATTORNEY

TO

AFTER RECORDING RETURN TO

Aspen Title co.

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

Fee \$10.00

STATE OF OREGON,

County of Klamath ss.

I certify that the within instrument was received for record on the 15th day of Nov., 1993, at 11:20 o'clock A.M., and recorded in book/reel/volume No. M93 on page 30055 or as document/fee/file/instrument/microfilm No. 71265, Record of Deeds of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME TITLE
By Pauline Mulendore Deputy

ARE# 01640563

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

13359
10-143 No.
01554
Local File Number

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

93-005950

State File Number

1. DECEDENT'S NAME First: Walter Middle: Myron Last: KENFIELD		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 13, 1993
4. SOCIAL SECURITY NUMBER 541-28-3885	5a. AGE Last Birthday (Years) 63	5b. Under 1 Year Mo: 0 Days: 0 Hours: 0 Mins: 0	6. BIRTHPLACE (City and State or Foreign Country) Salem, OR
7. DATE OF BIRTH (Month, Day, Year) July 14, 1929		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) Emanuel Hospital & Health Center		9b. CITY, TOWN, OR LOCATION OF DEATH Portland	
9c. COUNTY OF DEATH Multnomah		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Machine Operator	
10b. KIND OF BUSINESS/INDUSTRY Hardboard Manufacturing		11. MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)	
12. SPOUSE (If Married, Widowed, Divorced) (Specify)		13. STREET AND NUMBER 902 Mitchell Street	
13a. RESIDENCE - STATE Oregon	13b. CITY, TOWN OR LOCATION Klamath Falls	13c. STREET AND NUMBER 902 Mitchell Street	
13d. INMATE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13e. ZIP CODE 97601	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (14 or 5+) 10	
17. FATHER - NAME first middle last Benjamin - Kenfield		18. MOTHER - NAME first middle maiden Hannah - Reiling	
19. INFORMANT - NAME and relationship to decedent Lela M. Kenfield, POA		20. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		22. LOCATION - City or Town, State Klamath Falls, OR 97601	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		24. LICENSE NUMBER (Of Licensee) 47-3104	
25. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		26. DATE FILED (Month, Day, Year) MAR 22 1993	
27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		28. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
29. TIME OF DEATH 23:34 P.M.	30. MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
32. 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>		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) <i>[Signature]</i>	
33. DATE SIGNED (Month, Day, Year) March 17, 1993		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Rick N. Goldstein, MD, 2800 North Cantonbein, Portland, Oregon 97227			
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.)		Interval between onset and death
PART I (a) Respiratory Failure		2d
(b) Aspiration Pneumonia		4d
(c) Anoxia 1-bd seizure		1 hr
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		39. AUTOPSIED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40a. DATE OF INJURY (Month, Day, Year)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		40e. LOCATION (Street and Number or Rural Route Number, City or Town, State)

ORIGINAL - VITAL STATISTICS COPY
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

OCT 13 1993

DATE ISSUED

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 15th day of Nov A.D., 19 93 at 11:20 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 30056

FEE \$10.00

Return: Aspen Title co

Evelyn Biehn - County Clerk
By *[Signature]*