

75922 2/7/94

02-10-94P02:30 RCVD

Vol. m94 Page 4645

P02:30 RCVD

THE WASHINGTON WATER POWER COMPANY

FILED FOR RECORD AT REQUEST OF

WHEN RECORDED RETURN TO

Name: Washington Water Power Co.Address: PO Box 3727City, State, Zip: Spokane, WA 99220Attn: Roxanne Fiorelli/Finance

266873

STATE OF OREGON,

County of Klamath

ss.

Filed for record at request of:

on this 10th day of Feb A.D., 19 94
 at 2:30 o'clock P M. and duly recorded
 in Vol. M94 of Mortgages Page 4645

Evelyn Biehn

County Clerk

By

Dorothy Mercer

Deputy.

Fee, \$10.00

Satisfaction of Mortgage

KNOW TO ALL MEN BY THESE PRESENTS: That The Washington Water Power Company doing
 business as W P Natural Gas

the owner and holder of that certain mortgage bearing date 12/9/88

executed by Barks, Clyde W

to secure payment of the sum of Two Thousand Seven Hundred Eleven and 00/100

Dollars (\$2711.00) and interest,

and recorded in the office of the County Auditor/Recorder of Klamath County, State of
 Oregon/California, on 12/30/88, in Volume m88 of Mortgages, at page 22216

being File No. 95456 does hereby acknowledge that the said mortgage has been

FULLY SATISFIED AND DISCHARGED, and does hereby authorize and direct the said County
 Auditor/Recorder to enter full satisfaction thereof of record.

Dated

Feb 7, 1994

By

Dorothy Mercer

STATE OF WASHINGTON/IDAHO/CALIFORNIA/OREGON

) ss.

COUNTY OF Spokane

On this day of , 19 , before me, the undersigned, a Notary Public in and for
 the State of Washington/Idaho, duly commissioned, personally appeared Dorothy K Mercer

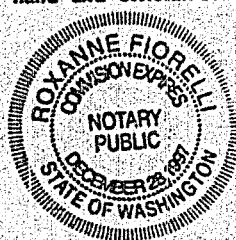
to me known to be the Assistant Treasurer

of THE WASHINGTON WATER POWER COMPANY, the corporation that executed the foregoing
 instrument, and acknowledged the said instrument to be the free and voluntary act and deed of
 said corporation, for the uses and purposes therein mentioned, and on oath stated that he/she is
 authorized to execute the said instrument and that the seal affixed is the corporate seal of said
 corporation.

Witness my hand and official seal here affixed the day and year first above written

Roxanne Fiorelli
 Notary Public in and for the State of

Washington/Idaho residing at Spokane



P-7908

TAG NO.

23-140-45

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 Middle Last Clara Martha GROHS		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 9, 1993
4. SOCIAL SECURITY NUMBER 541-52-5922	5a. AGE Last Birthday (Years) 65	5b. Under 1 Year Mo. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Hilderbrand, Oregon
7. DATE OF BIRTH (Month, Day, Year) February 12, 1927		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Daughter's Home	
9. FACILITY NAME (If not institution, give street and number) 1714 North Myrtle Road		9c. CITY, TOWN, OR LOCATION OF DEATH Myrtle Creek	9d. COUNTY OF DEATH Douglas
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during week of working life. Do not use married) Homemaker/Rancher		11. MARRIAGE STATUS (Specify) Never Married, Widowed, Divorced	12. SPouse or Partner (Specify) Neil C. Grohs
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Bonanza	13d. STREET AND NUMBER 21010 W. Langell Valley Road
14. INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	15. ZIP CODE 97623	16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	17. RACE American Indian, Black, White, etc. (Specify) White
18. FATHER'S NAME (first middle last) Leonard Ritter		19. MOTHER'S NAME (first middle maiden) Julie Zanzinger	
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mountain View Crematory	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Wendy Shoney</i>		22. NAME, ADDRESS AND ZIP OF FACILITY Mt. View Funeral Home 428 N. Old Pacific Hwy. Myrtle Creek, Oregon 97457	
23. DATE FILED (Month, Day, Year) FEB 19 1993		24. REGISTRAR'S SIGNATURE <i>Janice Brock</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		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 10:40 AM	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	29a. TIME OF DEATH M	29b. DATE PRONOUNCED DEAD (Month, Day, Year) M
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>Gerald Hartmann, MD</i>		30. 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)	
31. DATE SIGNED (Month, Day, Year) 2/16/93		32. DATE SIGNED (Month, Day, Year) COUNTY	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Gerald Hartmann, M.D. 2604 Clover Street Klamath Falls, OR. 97601		34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
35. 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) Alzheimer's Disease		Interval between onset and death unk	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		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"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. IF YES, was findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
40. 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"/> Legal Intervention <input type="checkbox"/> Homicide	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY BY AT W/ FBK? <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)	

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

FEB 22 1993

DATE ISSUED:

DONNA CLARKE
COUNTY REGISTRAR
DOUGLAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neil Grohs the 10th day of Feb A.D., 19 94 at 2:47 o'clock PM., and duly recorded in Vol. M94 of Deeds on Page 4646

FEE \$10.00

Evelyn Biehn, County Clerk

By Pauline MuehlenbergReturn: Neil C. Grohs, 21010 W. Langell Valley Rd
Bonanza, Or. 97623