Affidavit of Publication

STATE OF OREGON, COUNTY OF KLAMATH

I. Sarah Parsons, Office Manager, being first duly sworn, depose and say that I am the principal clerk of the publisher of the Herald and News a newspaper of general circulation, as defined by Chapter 193 ORS, printed and published at Klamath Falls in the aforesaid county and state; that the LEGAL #6493

TRUSTEE'S NOTICE OF SALE
PEDEN VS KLAMATH COUNTY TITLE CO.
Contribute to house
a printed copy of which is hereto
annexed, was published in the entire
ssue of said newspaper for
FOUR
(<u>4</u> insertions) in the following issues:
JUNE 15, 22, 29, 1994
JULY 6, 1994

Total Cost:	\$729.60 L. Garsens	
Dorah	J. Varsens	

Subscribed and s	WOLL O DOLOIG LIE THE	
day of	JULY\	19 94
,	IDNA A	1 Nove
	_ 1	No::ary Public of Oregon
	xpires	19 096
My commission e	XDITOS TOTAL TOTAL TOTAL TOTAL CONTROL TO THE PARTY	ZZ 86.2 10

6TH

Mu nommission expires	1
My commission expires	ľ
OFFICIAL STALL	ć
D CAR TO THE PROPERTY OF THE STATE OF THE ST	Į,
	ľ
TAY Comment of the state of the	757

After Recording

Return to:

Regional Trustee Services Corp.

F/K/A Interstate Trustee Services Corp.

2730 Washington Mutual Tower

Recording

Late Charges

Trust deed: To sall fifth the foregoing obligation and the costs and expenses of sale, including a reasonable costs.

Late Charges

Trust deed: To sall fifth the foregoing obligation and the costs and expenses of sale, including a reasonable costs. 1201 Third Ave. Seattle, Wa. 98101

HAT THE MAN AND THE PARTY OF TH 10 CALLER OF COMMATH VIDE COMMATH COUNTY TITLE COMMENT OF COMMENT ANA
LEANATH FALES OR
Jegil
The undersigned
restee discialms any
ability for any incorectness of the aboya
tree address priother
ammon designation.
Both the beneclary and the trustee
rive elected to sell the
did real fictopecty for
this y the obligations
seu each a force of deunit has been record
the pursuent for Grepon
avised. Stratutes
6.735(3), the default
or which the forector
(5) failure to pay WHEREFORE,

WHEREFORE, notice hereby given that the undersigned frustee will on August 10, 1994; at the hour of 10:00 AM, in accord with the standard of time established by ORS:187:110, at the MAIN ENTRANCE TO THE KLAMATH COULTY COURTHOUSE, 316 MAIN STREET, KLAMATH FALLS County of KLAMATH, State of Oregon, sell at public auction to the highest bidder for cash the interest in the said described real property which the granton had or had power to convey at the time of the execution by him of the said trust deed, to gether with any interest acquired after the execution of said for the the coregoing colligations thereby secure or silve to pay man due the following eyments: payments at \$475.59. ech; \$1,426.77 payments at \$466.36;

ALSO IF YOU have falled to pay sixes on the property, provide insurance on the property, provide insurance on the property of pay office sentorillens or entitled in the note and sed or trust the period in the provide for the provide for any pay set could be entitled in the provide for any pay set could be entitled in the period standing The period standing The period standing The period standing the period of the period standing the period of the

Notice is further given that any person named in DRS 36 150 has the right, at any time prior to five days before the date last set for the sale, for how this foreclosure proceeding dismissed and the trust deed refer ceeding dismissed and the trust deed reinstated by the nicelar. The beneficiary of the entire amountable lother, man, such portion of the principal as would not then be due had no default occurred) and by curing any other terms, that is capable of being cured by tendering, the performance required under the obligations or trust deed, and in addition to deed, and in addition to paying said sums or tendering the performance necessary to cure the default, by paying all costs and ex-penses—actually in-curred in enforcing the obligation and frust deed, together with trustee's and attorney's fees
In construing this notice, the masculine gender includes the femining and the neutrons.

gender from the neutrer the singular includes the plural, the word "grantor" includes any successor in interest to the grantor as well as any other person owing an obligation, the person owing an obligation, the performance of which is secured by said frust deed, and the words "trustee" and "beneficiary" include their respective successors in interest, if any DATED: March 29, 1994 REGIONAL TRUSTEE SERVICES CORPORATION 174/a INTERSTATE RATION

//k/a INTERSTATE
TRUSTEE SERVICES

CORPORATION Successor Trustee

Successor Trustee
BY
ALETA LAVANDIER
PRESIDENT
130 THIRD AVENUE;
SUSTE 2730
SEATTLE; WA 98101
(\$50) 347-2550
STATE OF
WASHINGTON
COUNTY OF KING
I certify that I am an
authorized representalive of trustee, and
the foregoing is a complete and exact copy of
the original Trustee's plets and exact copy of the original Trustee's notice of sale DEBBIE KAUFMAN, AUTHORIZED 3. REPRESENTATIVE OF TRUSTEE 66493 June 15, 22, 29, 1994 July 6, 1994

TATE (OF OREGON: COU	JNTY OF KLAI	MATH: ss.				
iled for	record at request July	of _ A.D., 1994	Aspen Tit1 at 3:41 Mortgages	e co _ o'clockP_M., on Page _	and duly recorded in 23191	28th VolM94	da
FF	\$10.00	ot		Frales Right	County Cle	rk elendore	

85014

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

BLACK INK	I.D. TAG NO.		N DEPARTA	ALTH DIVISIO	Not been been		(1) 1 (1) 1
	Local File Number		CENTER FO	R HEALTH S	TATISTICS EATH	Maria Territoria de Caracteria	
	1. DECEDENT'S First		Middle	Lesi	\$ 54 a 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		File Number 3. DATE OF DEATH (Month, Cay, Year)
ルン	Donald		Richard	WILL Sc. Under 1 Day	FORD	l alam	March 22, 1994
份基础	1 360 14 3/901	72	Mos. Days		Sheri	dan WY	May 5, 1921
OLCEDENT	8 WAS DECEDENT EVER IN U.S. ARMED FORCES? HOSPITAL	L []Inpellant	☐ EP/Outpatient	9a PLACE □DOA OTHER □	OF DEATH (Check	only one) Decedent's Home Oth	
	5230 Sturdivant	give street and	number)	9c. CITY	, TOWN, OR LOCA	TION OF DEATH	9d COUNTY OF DEATH
3	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most to not use retired.)	N	10b. KIND OF BUSI	NE SS/INDUSTRY	III MAR	th Falls	Klamath 2. SPOUSE (If Married, Widowed)
3	Vice President 13a. RESIDENCE - STATE 13b. COUN	31)A. A	Ba 13c. CITY, TOWN	nking	Divo. W	r Married, Widowed, rced (Specify)	Mary F.
5	Oregon K1	lamath	K1ama	th Falls		禁禁发生	5230 Sturdivant
6	шитея □ vэв Щ No 97603	Specil /:	DECEDENT OF HISPA to or Yes - if yes, apo Puerto Rican, etc.)	Ko LiYes	15. RACE America Black, White, etc	Elementan	6. DECEDENT'S EDUCATION illy only highest grade completed) ilSecondary (0-12) College (1-4 or 5+)
PARINIS	17. FATHER - NAME (IN) MIDDLE Richard E. Will		18 MOTHER - NAME Effie	Mae Seam	malden	19. INFORMANT - N	AME and relationship to deceased
DISPOSITION	201. METHOD OF DISPOSITION MAI	Crust lot 's	20b. PLACE OF DISI	POSITION (Name of Co	metery, cremetory,	or 20c LOCATION - C	Willford / Bro. Ty or Town, State
7	☐ Burial ☐ Cremation ☐ Removal fro☐ Donation ☐ Other (Specify)		Klamath	Crematio	n Servic		h Falls, Oregon
	211. SIGNATURE OF FUNERAL SERVICE	E LICENSEE D	21b	LICENSE NUMBER	22. NAME ADDR	IESS AND ZIP OF FACILI	Tuneral Home, Inc.
ا	Camen H 2	2/11	1	3409	1945 Mai	n / Klamath i	uneral Home, Inc. Falls, OR. / 97601
REGISTRAR	23. SATE FILED (Month, Def. Year)	MAR	2 5 1994		24. REGISTRAR'S		
\sim (25 DID HOSPITAL REPRESENTATIVE M	AKI. REQUEST	FOR ANATOMICAL O	SIFT CONSENT?	26. WAS GIFTON	DE? Simon	200-
	YES □NO Y□NIA				.□YES (JNO MANA	
1/	TO BE COMPLETED				TOB	E COMPLETED ONLY BY	MEDICAL SYMPTOM
<i>/</i> 11	00.46	EDK:AL EXAMIN	IER NOTIFIED?	3	* TIME OF DEATH	131h DATE PROMOTE	CED DEAD (Month, Day, Year, Hour)
-1-10 L		F 40			OF DEATH	DIG DATE PROMOTIO	CED DEAD (MORIN, Day, Year, Hour)
Common and	29. To the best of my knowledge, death of the to the causa(s) and manner state	C No			国家新提供	м	
CERTUFIER	20. To the best of my knowledge, death of due to the causa(s) and manner state (Signerure)	ocal med at the			国家新提供	м	pation, in my opinion death occurred se(s) and manner stated.
CIRIUILE 12	29. To the best of my knowledge, death of the causa(s) and manner state	ocal med at the			On the basis of er at the time, date,	M examination and/or investi- place and due to the cau	
CERTIFIER 12	20. To the best of my knowledge, Gesting the to the causal and marrier stage (Signertize) 20. DATE SIGNED (Month, Vey, Year) 24. NAME: HILE ADDRESS AND ZIP OF	CEMPTERIAL	time, date, place and	33.	On the basis of er at the time, date, (Signature) DATE SIGNED (Mo	M ramination and/or investi- place and due to the cau	M palion, in my opinion death occurred sets) and manner stated. COUNTY
12	20. To the best of my knowledge, Gesting the to the to the cause) and manner state (Specture) 30. DATE SIGNED (Month, Vay, Year) 34. NAME: SILLE ADDRESS AND ZIP OF JON G. MCKellar	CE ALLEGATION	time, date, place and	pro Pini	On the basis of er at the time, date, (Signature) DATE SIGNED (Mo	M ramination and/or investi- place and due to the cau	M palion, in my opinion death occurred sets) and manner stated. COUNTY
	20 To the best of my knowledge, death of the to the to the cause of th	ZED CE THEILE IAE , MD / OT IER THAN	time, date, place and	pp 2 or Print) 1 r mont /	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo	M kamination and/or investigate and due to the cau place and fue to the	pation, in my opinion death occurred sets) and manner stated. COUNTY GON / 97601
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO MARCDATE	20. To the best of my knowledge, Gestin of the to the cause) and manner state (Signet Org.) and manner state (Signet Org.) 30. DATE SIGNED (Month, Vay, Year) 34. NAME SIGNED (MONTH, Vay, Year) 35. NAME OF ATTENDING PHYSICIAN IF 36. IMMEDIATE CAUSE (ENTER ONLY ON	ZED CE THEILE IAE , MD / OT IER THAN	time, date, place and	pp 2 or Print) 1 r mont /	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo	M kamination and/or investigate and due to the cau place and fue to the	pation, in my opinion death occurred sets) and manner stated. COUNTY 901 / 97601
12	20 To the best of my knowledge, death of the to the to the cause of th	CENTRIER MAN	time, date, place and	pp 2 or Print) 1 r mont /	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo	M kamination and/or investigate and due to the cau place and fue to the	pation, in my opinion death occurred sets) and manner stated. COUNTY GOT / 97601
12	20. To the best of my knowledge, Gesting the to the to the cause) and marrier stage (SignerOre) 20. DATE SIGNED (MORIN, Voy, Year) 31. NAME: SITE ADDRESS AND ZIP OF JOH G. MCKellar 32. NAME OF ATTENDING PHYSICIAN IF 23. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE	CE TIPLE IA	time, date, place and	pp 2 or Print) 1 r mont /	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo	M kamination and/or investigate and due to the cau place and fue to the	pation, in my opinion death occurred sets) and manner stated. COUNTY 901 / 97601
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE UNDERLYING C-USE LAST CAUSE OF	20. To the best of my knowledge, Geath of the to the cause) and manner state (Signet Oral). 20. DATE SIGNED (Month, Vay, Year) 31. NAME: SIGNED (Month, Vay, Year) 34. NAME: SIGNED (Month, Vay, Year) 35. NAME OF ATTENDING PHYSICIAN IF 26. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) COLE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE	CE THE THAN TO FEEL THAN TO	time, date, place and	pp 2 or Print) 1 r mont /	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo	M kamination and/or investigate and due to the cau place and fue to the	pation, in my opinion death occurred sets) and manner stated. COUNTY 200 / 97601 Interval between onset and death
12	20. To the best of my knowledge, Gesting the to the causal) and marrier stage (Signetive) 20. DATE SIGNED (Month, Vey, Year) 20. DATE SIGNED (Month, Vey, Year) 20. DATE SIGNED (Month, Vey, Year) 21. MANE-SILLE ADDRESS AND ZIP OF JOR G. MC Kellar 23. NAME OF ATTENDING PHYSICIAN IF 24. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 26. DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE	CE THE THAN TO FEEL THAN TO	time, date, place and	pp or Print) ir mont / mil) (D (GL) Co not enter m	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo	M kamination and/or investing place and due to the cau mith. Day, Year) Falls, Ore ardiac or Respiratory Am	gation, in my opinion death occurred sets) and manner stated. COUNTY COUNTY Interval between onset and death
12 13 14 CONDITIONS IF ARY WHICH GAVE RISE TO IMMEDIATE CAUSE GRATING THE CAUSE LAST CAUSE LAST CAUSE LAST	20. To the best of my knowledge, Gesting the to the causal) and marrier stage (Signettive) 20. DATE SIGNED (Month, Vey, Year) 20. DATE SIGNED (Month, Vey, Year) 21. NAME: SILLE ADDRESS AND ZIP OF JON G. MCKellar 23. NAME OF ATTENDING PHYSICIAN IF DUE TO, OR AS A CONSEQUENCE (IN) 24. IMMEDIATE CAUSE (ENTER ONLY ON DUE TO, OR AS A CONSEQUENCE CONSTITUTION OF THE SIGNIFICANT CONDITIONS IN CONGRESSION OF CONDITIONS CONGRESSION OF CONDITIONS IN CONGRESSION OF CONTROL OF CONDITIONS IN CONGRESSION OF CONTROL OF CONTR	CE THE THAN TO FEEL THAN TO	DIGAL EXAMINER (T) 2300 C1 a CERTIFIER (Type or F) UINE FOR (s), (s), AN	pp or Print) ir mont / mil) (D (GL) Co not enter m	On the basis of er at the time, date, (Signature) DATE SIGNED (Mo Klamath de of dying, e.g. C 7. Did lobscop use to the destift?	M camination and/or investigate and due to the cau with. Day, Year) Falls, Ore ardiac or Respiratory Arm	pation, in my opinion death occurred se(s) and manner slated. COUNTY COUNTY Interval between onset and death
12 13 14 CONDITIONS IF ARY WHICH GAVE RISE TO IMMEDIATE CAUSE GRATING THE CAUSE LAST CAUSE LAST CAUSE LAST	20. To the best of my knowledge, Gestin due to the cause), and marrier stage (SignerOre) 20. DATE SIGNED (MORIN, Voy, Year) 31. MANE-SILE ADDRESS AND ZIP OF JOH G. MC Kellar 35. NAME OF ATTENDING PHYSICIAN IF 26. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE CONSEQUENCE PART OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS 40. MANNER OF DEATH 418.	CENTRICE IA	DIGAL EXAMINER (T) 2300 C1 a CERTIFIER (Type or F) UINE FOR (s), (s), AN	pp 2 or Print) I PM On t Pmont (D(c)) Do not enter m.	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo K 1 a m a t h one of cyling, e.g. C 7. Did tobacco use to the desth? 1. We We R	M camination and/or investigate and due to the cau with. Day, Year) Falls, Ore ardiac or Respiratory Arm	pation, in my opinion death occurred se(s) and manner slated. COUNTY COUNTY Interval between onset and death
12 14 14 CONDITIONS IF ARY WHICH GIVE HIMBEDIATE CAUSE STATING THE UNDERLYING CAUSE OF DEATH 15 16	20. To the best of my knowledge, geath due to the cause), and manner stake of the cause), and manner stake (Signettive) 20. DATE SIGNED (Month, Vey, Year) 21. DATE SIGNED (Month, Vey, Year) 22. DATE SIGNED (Month, Vey, Year) 23. NAME-GILE ADDRESS AND ZIP OF THE ONLY ON PART (a) 24. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 25. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 26. DUE TO, OR AS A CONSEQUENCE (b) 27. DUE TO, OR AS A CONSEQUENCE (c) 28. MANNER OF DEATH 29. MANNER OF DEATH ACCIdent Ponding Investigation Accident Undetermined	CENTRICE IN CENTRICE IN MD / OT IER THAN VE CAUSE PER OF OF OF DATE OF INJUINTED IN JUINTED IN	DIGAL EXAMINER (TO 2300 C.1 a GERTIFIER (Type or F	pp 2 or Print) I PM On t Pmont Pmont Pmont Thin III The IIII The IIIII The IIIIIII The IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo K 1 am a t h Jose of cytog, e.g. C 7. Did tobacco use to the desain? Was P No D Id. DESCRIBE HOW	M kamination and/or investigate and due to the cau place and due to the	gation, in my opinion death occurred sets) and manner stated. COUNTY COUNTY GOOD / 97601 Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death Open / 97601
12 13 14 CONDITIONS IF ARY WHICH GAVE RISE TO IMMEDIATE CAUSE GRATING THE CAUSE LAST CAUSE LAST CAUSE LAST	20. To the best of my knowledge, geath due to the cause), and manner stake of the cause), and manner stake (Signettive) 20. DATE SIGNED (Month, Vey, Year) 21. DATE SIGNED (Month, Vey, Year) 22. DATE SIGNED (Month, Vey, Year) 23. NAME-GILE ADDRESS AND ZIP OF THE ONLY ON PART (a) 24. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 25. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 26. DUE TO, OR AS A CONSEQUENCE (b) 27. DUE TO, OR AS A CONSEQUENCE (c) 28. MANNER OF DEATH 29. MANNER OF DEATH ACCIdent Ponding Investigation Accident Undetermined	CENTRICE IN CENTRICE IN MD / OT IER THAN VE CAUSE PER OF OF OF DATE OF INJUINTED IN JUINTED IN	DIGAL EXAMINER (TO 2300 C.1 a GERTIFIER (Type or F	pp 2 or Print) I PM On t Pmont Pmont Pmont Thin III The IIII The IIIII The IIIIIII The IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo K 1 am a t h Jose of cytog, e.g. C 7. Did tobacco use to the desain? Was P No D Id. DESCRIBE HOW	M kamination and/or investigate and due to the cau place and due to the	gation, in my opinion death occurred sets) and manner stated. COUNTY COUNTY GOOD / 97601 Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death Open / 97601
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE UNDERLYING C-USE LAST CAUSE OF DEATH 15 16 17	20. To the best of my knowledge, Gesting due to the causal) and marrier stage due to the causal) and marrier stage (Signetive) 20. DATE SIGNED (MORTH, Vey, Year) 24. NAME: HILE ADDRESS AND ZIP OF JON G. MCKellar 25. NAME OF ATTENDING PHYSICIAN IF 26. IMMEDIATE CAUSE (ENTER ONLY ON DUE TO, OR AS A CONSEQUENCE ONLY ON DUE TO, OR AS A CONSEQUENCE ONLY ON THE SIGNIFICANT CONDITIONS II Conditions contributing to death but to the conditions contributing to death but to the conditions on the conditions of the cond	CENTRIUE NA CENTRIUE NA CENTRIUE NA CENTRIUE NA COF COF COF COF COF COF COF CO	DICAL EXAMINER (1) 2300 C.1 a CERTIFIER (1)	pp 2 or Print) I PM On t Pmont Pmont Pmont Thin III The IIII The IIIII The IIIIIII The IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo K 1 am a t h Jose of cytog, e.g. C 7. Did tobacco use to the desain? Was P No D Id. DESCRIBE HOW	M kamination and/or investigate and due to the cau place and due to the	gation, in my opinion death occurred sets) and manner stated. COUNTY COUNTY GOOD / 97601 Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death Open / 97601
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE UNDERLYING C-USE LAST CAUSE OF DEATH 15 16 17	20. To the best of my knowledge, Gesting the to the cause) and marrier stage to the cause) and marrier stage (SignetOre) 20. DATE SIGNED (MORIA, Vey, Year) 31. MANE-SILLE ADDRESS AND ZIP OF JOH G. MC Kellar 32. IMMEDIATE CAUSE (ENTER ONLY ON DUE TO, OR AS A CONSEQUENCE CONSEQUEN	CENTRICE IN CENTRICE IN MD / OT IER THAN VE CAUSE PER OF OF OF DATE OF INJUINTED IN JUINTED IN	DICAL EXAMINER (1) 2300 C.1 a CERTIFIER (1)	pp 2 or Print) I PM On t Pmont Pmont Pmont Thin III The IIII The IIIII The IIIIIII The IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo K 1 am a t h Jose of cytog, e.g. C 7. Did tobacco use to the desain? Was P No D Id. DESCRIBE HOW	M kamination and/or investigate and due to the cau place and due to the	gation, in my opinion death occurred sets) and manner stated. COUNTY COUNTY GOOD / 97601 Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death Open / 97601
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE UNDERLYING C-USE LAST CAUSE OF DEATH 15 16 17	20. To the best of my knowledge, Gesting due to the causal) and marrier stage due to the causal) and marrier stage (Signetive) 20. DATE SIGNED (MORTH, Vey, Year) 24. NAME: HILE ADDRESS AND ZIP OF JON G. MCKellar 25. NAME OF ATTENDING PHYSICIAN IF 26. IMMEDIATE CAUSE (ENTER ONLY ON DUE TO, OR AS A CONSEQUENCE ONLY ON DUE TO, OR AS A CONSEQUENCE ONLY ON THE SIGNIFICANT CONDITIONS II Conditions contributing to death but to the conditions contributing to death but to the conditions on the conditions of the cond	CENTRICE IA CENTRICE IA CENTRICE IA CONTROL IA CON	DIGAL EXAMINER (1) 2300 C.1 a CERTIFIER (7) PP OF F LINE FOR (a), (b), AN TO SHAPE THE COMMENT OF THE COMMENT	pp or Print) ir mont ir mont from ir mont from ir mont from ir MART L 41c. INJURY AT WORK 41c. INJURY AT WORK IF HEALTH DIVI	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo Klamath The control of the cate, and the cate	M Lamination and/or investigate and due to the cau place and due to the	gation, in my opinion death occurred sets) and manner stated. COUNTY GOON / 97601 Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death Opey 39, if YES were findings considered in determining cause of death? Ono
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE UNDERLYING C-USE LAST CAUSE OF DEATH 15 16 17	20. To the best of my knowledge, geath due to the cause), and manner stake due to the cause), and manner stake (Signettive) 20. DATE SIGNED (Month, Vey, Your) 20. DATE SIGNED (Month, Vey, Your) 20. DATE SIGNED (Month, Vey, Your) 21. DATE SIGNED (Month, Vey, Your) 22. DATE SIGNED (Month, Vey, Your) 23. NAME OF ATTENDING PHYSICIAN IF 24. NAME OF ATTENDING PHYSICIAN IF 25. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 26. DUE TO, OR AS A CONSEQUENCE (b) 27. DUE TO, OR AS A CONSEQUENCE (c) 28. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 29. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) COULT TO, OR AS A CONSEQUENCE (b) 29. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) CONSEQUENCE (c) 20. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) CONSEQUENCE (c) 20. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (c) 20. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (c) 20. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 21. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 24. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 25. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 26. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 26. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 26. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 27. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 28. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 29. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) DUE TO, OR AS A CONSEQUENCE (d) 29. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 29. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 20. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d) 20. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) DUE TO, OR AS A CONSEQUENCE (d)	CENTRICE IA CENTRICE IA CENTRICE IA COF COF COF COF COF COF COF CO	DIGAL EXAMINER (TO 2300 C.1 a GERTIFIER (Type or F	TATISTICS C	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo Klamath Klamath 7. Did tobacco use to the death? 1. Was F	M Lamination and/or investigation and due to the cau place and due to t	COUNTY COUNTY
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE UNDERLYING C-USE LAST CAUSE OF DEATH 15 16 17	20. To the best of my knowledge, Gesting the to the cause) and marrier stage to the cause) and marrier stage (SignetOre) 20. DATE SIGNED (MORIA, Vey, Year) 31. MANE-SILLE ADDRESS AND ZIP OF JOH G. MC Kellar 32. IMMEDIATE CAUSE (ENTER ONLY ON DUE TO, OR AS A CONSEQUENCE CONSEQUEN	CENTRICE IA CENTRICE IA CENTRICE IA COF COF COF COF COF COF COF CO	DIGAL EXAMINER (TO 2300 C.1 a GERTIFIER (Type or F	TATISTICS C	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo Klamath Klamath 7. Did tobacco use to the death? 1. Was F	M Lamination and/or investigation and due to the cau place and due to t	COUNTY COUNTY
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE RISE TO IMMEDIATE RISE TO IMMEDIATE UNDERLINE CLUSE LAST 15 16 17 17	20. To the best of my knowledge, Gesting the to the cause), and manner stage (Scientific). 20. DATE SIGNED (Month, Cey, Year) 21. DO G. MC Kellar 22. NAME OF ATTENDING PHYSICIAN IF 23. NAME OF ATTENDING PHYSICIAN IF 24. NAME OF ATTENDING PHYSICIAN IF 25. NAME OF ATTENDING PHYSICIAN IF 26. DUE TO, OR AS A CONSEQUENCE 26. DUE TO, OR AS A CONSEQUENCE 27. DUE TO, OR AS A CONSEQUENCE 28. NAME OF DEATH 29. NAME OF DEATH 29. NAME OF DEATH 21. NAME OF DEATH 29. NAME OF DEATH 20. NAME OF DEATH 21. NAME OF DEATH 21. NAME OF DEATH 21. NAME OF DEATH 22. NAME OF DEATH 23. NAME OF DEATH 24. NAME OF DEATH 24. NAME OF DEATH 25. NAME OF DEATH 26. MANNER OF DEATH 26. NAME OF DEATH 27. NAME OF DEATH 28. NAME OF DEATH 29. NAME OF DEATH 29. NAME OF DEATH 20. NAME OF DEATH 20. NAME OF DEATH 21. NAME OF DEATH 21. NAME OF DEATH 24. NAME OF DEATH 25. NAME OF DEATH 26. NAME OF DEATH 26. NAME OF DEATH 27. NAME OF DEATH 28. NAME OF DEATH 29. NAME OF DEATH 29. NAME OF DEATH 20. NAME OF DEATH 21. NAME OF DEATH 21. NAME OF DEATH 22. NAME OF DEATH 24. NAME OF DEATH 25. NAME OF DEATH 26. NAME OF DEATH 26. NAME OF DEATH 27. NAME OF DEATH 28. NAME OF DEATH 29. NAME OF DEATH 29. NAME OF DEATH 20. N	CENTIFICE IALL Z.D. CENTIFICE IALL MD / OT LEATHAN VE LAUSE FER OF OF OF OF OF LATE OF INJUINATION INVENTIGATION ON ON ON ON OR OR	time, date, place and applications of the control o	TATISTICS C	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo Klamath Klamath 7. Did tobacco use to the death? 1. Was F	M Lamination and/or investigation and due to the cau place and due to t	COUNTY COUNTY
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE STATING CUSE LAST CAUSE OF DEATH 15 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	20. To the best of my knowledge, Gesting due to the cause), and manner stage of the cause), and manner stage (Scientife) 20. DATE SIGNED (MORTH, Vey, Year) 20. DATE SIGNED (MORTH, Vey, Year) 20. DATE SIGNED (MORTH, Vey, Year) 21. DATE SIGNED (MORTH, Vey, Year) 22. NAME OF ATTENDING PHYSICIAN IF 23. NAME OF ATTENDING PHYSICIAN IF 24. DUE TO, OR AS A CONSEQUENCE 25. DUE TO, OR AS A CONSEQUENCE 26. DUE TO, OR AS A CONSEQUENCE 27. DUE TO, OR AS A CONSEQUENCE 28. MAINTER OF DEATH 29. NATURAL PROBLEM OF DEATH 21. DATE ISSUED 29. DATE ISSUED 20. DATE ISSUED 20. DATE ISSUED 20. DATE ISSUED	CENTRICE IAL CENTRICE IAL COT LER THAN OF LAUSE PER OF OF OF OF OF OF OF OF OF O	DIGAL EXAMINER (1) 2300 C.1 a CERTIFIER (7) PP OF F LINE FOR (a), (b), AN THE TIME OF RULL ANNUAL COM RU	pp or Print) ir mont ir mont from O (GL) Co not enter m AT WORK? AT WORK? WE HEALTH DIVI STATISTICS C	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo Klamath Klamath 7. Did tobacco use to the death? 1. Was F	M Lamination and/or investigation and due to the cau place and due to t	COUNTY COUNTY
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE STATING THE UNDERLIVED CLUST 15 16 17 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	20. To the best of my knowledge, Gesting due to the cause), and manner stage due to the cause), and manner stage (Scientife) 20. DATE SIGNED (Month, Vey, Year) 21. DATE SIGNED (Month, Vey, Year) 22. DATE SIGNED (Month, Vey, Year) 23. NAME OF ATTENDING PHYSICIAN IF 24. NAME OF ATTENDING PHYSICIAN IF 25. NAME OF ATTENDING PHYSICIAN IF 26. DUE TO, OR AS A CONSEQUENCE 26. DUE TO, OR AS A CONSEQUENCE 27. DUE TO, OR AS A CONSEQUENCE 28. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 29. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 20. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 21. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 21. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 22. IMMEDIATE CAUSE (ENTER ONLY ON PART (a) 23. IMMEDIATE CAUSE (ENTER ONL	CENTIFICE IALL CENTIFICE IALL COF OF OF OF OF OF OF OF OF O	time, date, place and second place and s	pp or Print) i r mont i r mont mint for (CI) Do not enter m von in PART L 41c. INJURY AT WORKY LE HEALTH DIVI STATISTICS C	On the basis of er at the time, cate, (Signature) CATE SIGNED (Mo K 1 amath The control of the control of the death? No DI No DESCRIBE HOW	M camination and/or investing place and due to the cau place and due to	COUNTY COUNTY GOOD / 97601 Interval between onset and death Int
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE STATING CUSE LAST 15 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	20. To the best of my knowledge, Gesting due to the cause), and manner stage of the cause), and manner stage (Scientife) 20. DATE SIGNED (MORTH, Vey, Year) 20. DATE SIGNED (MORTH, Vey, Year) 20. DATE SIGNED (MORTH, Vey, Year) 21. DATE SIGNED (MORTH, Vey, Year) 22. NAME OF ATTENDING PHYSICIAN IF 23. NAME OF ATTENDING PHYSICIAN IF 24. DUE TO, OR AS A CONSEQUENCE 25. DUE TO, OR AS A CONSEQUENCE 26. DUE TO, OR AS A CONSEQUENCE 27. DUE TO, OR AS A CONSEQUENCE 28. MAINTER OF DEATH 29. NATURAL PROBLEM OF DEATH 21. DATE ISSUED 29. DATE ISSUED 20. DATE ISSUED 20. DATE ISSUED 20. DATE ISSUED	CENTIFICE IALL CENTIFICE IALL COF OF OF OF OF OF OF OF OF O	time, date, place and a Company of the condition of the c	Te Co	On the basis of er at the time, date, (Signature) DATE SIGNED (MC Klamath Code of dying, e.g. C Did tobacco use to the death? No D RECEITION D P P P M P P M P M P M P M P M P M P M P M P M P M P M P M P M P M M	M Lamination and/or investigate and due to the cau place and due to the cau with. Day, Year) Falls, Ore reduce or Respiratory Arm contribute 38. AUT. Probably Ves 5 INJURY OCCURRED ACED MEMber CRECING EDWARD J. JOHN: 5TAIE REGISTY MANAGEMENT REGISTY AND	COUNTY COUNTY GOOD / 97601 Interval between onset and death Int
12 13 14 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE STATING THE UNDERLIVED CLUST 15 16 17 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	20. To the cest of my knowledge, Gesting due to the cause), and marrier stage of the cause), and marrier stage (Signetive) 20. DATE SIGNED (MORTH, Vey, Year) 20. DATE SIGNED (MORTH, Vey, Year) 21. NAME: HILE ADDRESS AND ZIP OF JON G. MC Kellar 22. NAME OF ATTENDING PHYSICIAN IF 23. NAME OF ATTENDING PHYSICIAN IF 24. NAME OF ATTENDING PHYSICIAN IF 25. DUE TO, OR AS A CONSEQUENCE (b) 26. DUE TO, OR AS A CONSEQUENCE (c) 27. DUE TO, OR AS A CONSEQUENCE (b) 28. NAME OF DEATH (c) 29. NAME OF DEATH (c) 20. MANNER OF DEATH (c) (d) 20. MANNER OF DEATH (d) (d) (d) (d) (d) (d) (d) (d	CENTIFICE IALL CENTIFICE IALL COF OF OF OF OF OF OF OF OF O	time, date, place and second place and s	pp or Print) i r mont / ir mont / mrij von in PART L 41c. INJURY AT WORK? 41c. INJURY AT WORK? WHITE HEALTH DIVI STATISTICS C Le Co o'clock	On the basis of er at the time, cate, (Signature) DATE SIGNED (Mo Klamath Total Control of the cate, or the death? PM., On Page	m lamination and/or investigation and duly reconsors ardiac or Respiratory Arm ardiac or Respiratory	COUNTY COUNTY GOOD / 97601 Interval between onset and death Int