FORM No. 654 GENERAL POWER OF ATTORNEY DURABLE (Short Form). NI 91032 11-15-94A09:08 RCVD KNOW ALL MEN BY THESE PRESENTS. That I. have made, constituted and appointed, and by these presents do hereby make, constitute and appoint DonnA M. HASbrouck my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to demand, sue for, recover, collect and receive all such sums of money, debts, rents, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me, to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust and to execute and deliver acquittances or other sufficient discharges for any of the same; to bargain, contract for, purchase, receive and take lands, tenements, hereditaments, and accept the seizin and possession thereof and all deeds and other assurances in the law therefor and to lease, let, demise, bargain, sell, remise, release, convey, morigage and hypothecate lands, tenements and hereditaments, including my right of homestead in Liv of the same for such price, upon such terms and conditions and with such covenants as my attorney shall think fit; to sell, transfer and deliver all or any shares of stock such terms and conditions and with sour covenants as my alterney shall three in the set, it and the set of an of any since set and the set of a set of any since of a set of a other property in possession or in action, and to make, do and transact all and every kind of business of whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, inde. ....s, agreements, trust and in my name and as my act and used, to sign, sear, execute, acknowledge and deriver an decus, covenants, mue. s, agreements, it as agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and existactions of mortgages, judgments and other debts payable to me and other instruments in writing of whatever kind and nature which my attorney in his/her absolute discretion shall deem to be for my best interests, to have access to any safety deposit box which has been rented in my name, or in the name of myself and any other person or persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order, to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behalt; to complete, sign, and deliver all, all return or form and pay taxes GIVING AND GRANTING unto my 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 uld do it personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my attorney or my attorney's substitute or substitutes shall lawfully do or cause to be done by virtue of these presents. This power shall take effect: (delete inapplicable phrase) (a) on the date next written below (b) on the date I may be adjudged incompetent by a court of proper jurisdiction. It neither phrase (a) nor (b) is deleted, this power shall take effect on the date next written below. My attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual notice either of such revocation or of my death. In construing this instrument, and where the context so requires, the singular includes the plural. IN WITNESS WHEREOF, I have hereunto set my hand on ...... November 14 10 99 STATE OF OREGON, County of Klamat This instrument was acknowledged before me on ... NOV Koh OFFICIAL SEAL **JOYE R. FORRESTER NOTARY PUBLIC - OREGON** Notary Public for Oregon COMMISSION NO. 009789 MY COMMISSION EXPIRES SEPT. 24, 1995 My commission expires ... STATE OF OREGON, **POWER OF ATTORNEY** County of Klamath I certify that the withi.. instrument was received for record on the 15tuday 9:08 o'clock A. M., and recorded in book/reel/volume iso M94 on page SPACE RESERVED 3497? and/or as fee/file/instru-FOR RECORDER'S USE ment/microfilm/reception No. 91032, ding return to (Name, Address, Zin) Record of Power of Attorney (924 McClellan Dr of said County. Witness my hand and seal of County affixed. Fee \$5.00 yn Biehn. County Clerk Deputy

	T. DECEDENTS FINI NAME Edwa	md	Mick T C		Lass DAVIS		2.SEX Male	3.D	ile Number ATE OF DEATH 1911St 5	H (Month, Day, Year) 1990	
	4. SOCIAL SECURITY NUMB			Under 1 Year		6. BIRTHPL	ACE (City and State or I	Foreign 7 Di	ATE OF BIRTH	(Moneh, Day, Yaar)	
	155 14 3664 a. was decedent ever in US ARMED EORCES?	1	11	/^	93. PLACE	OF DEATH (C	ely, PA			15, 1919	
CEDENT	U.S. ARMED FORCES?	HOSPITAL:		ER/Outpatient			CATION OF DEATH	Other (Sp		COUNTY OF DEATH	
[	DVA Medical Center					Roseburg				ouglas	
	10a. DECEDENT'S USUAL O (Give kind of work done o Do <u>not</u> use retired.)	KIND OF BUSINESS/INDUSTRY			MARITAL STATUS - M. Novar Married, Widowo Divorced (Specify)		SPOUSE (# N	lamed, Widowed)			
<u> </u>	Truck Driver			Logging			Married Leno				
	Oregon	Desch	utes	LaPine			52566 Rive	r Pine		S EDUCATION	
(	LIMITS?	P CODE 7739	(Specify No c Mexican, Pue Specify:	or Yes - If yes, speci Into Rican, etc.) <b>5</b> 8 No	fy Cuban, o 🔲 Yes	Black, Wr Whit	te	(Specificientery/Second 1	ty only highest econdary (0-1 0	t grade completed) 12) College (1-4 or	5+)
HENTS	17. FATHER - NAME first	middle		Evelyn	Davis	maiden	Lani	. Morin	n – Dau	sho to deceased gnter	
POSITION	20a. METHOD OF DISPOSITION I Mausoleum			20b. PLACE OF DISPOSITION (Name of corneler) other place)			ry, ar 200. LOCA	CTION - City o	or Town, State		
	Donation D Other (Specify)			Uniservice Cremato						gon	
	21a SIGNATURE OF FUNEFAL SERVICE LICENSEE OR PERSON ACTING AS SUCH			21b. LICENSE NUMBER (Of Licensee) 3530		22 HAME, ADDRESS AND ZE OF FACILITY Wilson's Chapel of the Ro					
	23. DATE FILED (Month, Day	(, Year)		<u> </u>		La frances	BOX 358 RG	seburg	3, Oreg 1	on 97470	
GISTRAR			AUG O		CONSENT?	26. 1446 0	Mice	1	HOC	4	<del></del>
<b>a</b> (	25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?							] N/A	8/1	506200-000-000-000-000-000-000-000-000-00	
·(	TO BE COMPLETED BY CERTIFYING PHYSICIAN						TO BE COMPLETE	6			t - C
1	27. TIME OF DEATH 28. WAS MEDICAL EXAMINER NOTIFIED?					11 TIME OF				orsth, Day, Year, Hour	,
	3:45 p k 29. To the best of may know due to the churred a sec	Nedge, death occ	arred at the time	, data, place and		12. On the ba	M i als of examination and e, date, place and due	d/or investig	ation, in my or e(s) and man	pinich death occurn ler stated.	ed 1
ERTIFIER	due to the second manner staled. (Signature) August, Truck, M.D. (Signature)										
2	30. DATE SIGNED (Month, I	Day, Year)		· · · · · · · · · · · · · · · · · · ·							
-		000	<b>v</b>			13. DATE SIG	NED (Month, Day, Year,	2		COUNTY	
3	August 5, 1 34. NAME, TITLE, ADORES	S AND ZIP OF CE			e ar Print)	<u>.</u>				COUNTY	
4	August 5, 1 34. NAME, TITLE, ADORES: IVAN L. FRY 35. NAME OF ATTENDING	SAND ZEP OF CE E, M.D.	DVA	Medical (	e a Pmi) Center, Ros	<u>.</u>	NED (Month, Day, Year, OR 97470				
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