

NL 91032

11-15-94A09:08 RCVD

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KNOW ALL MEN BY THESE PRESENTS, That I, Daniel I Kohlerhave 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, mortgage and hypothecate lands, tenements and hereditaments, including my right of homestead in any 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 owned by me in any corporation for any price and receive payment therefor and to vote any such stock as my proxy; to bargain for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and 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, indentures, agreements, trust agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and satisfactions 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 behalf; to complete, sign, and deliver any, and return or form and pay taxes thereon or collect refunds therefrom; also

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 could 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.

If 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, 1994

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on Nov. 14, 1994, by Daniel I Kohler



OFFICIAL SEAL
JOYE R. FORRESTER
NOTARY PUBLIC - OREGON
COMMISSION NO. 009789
MY COMMISSION EXPIRES SEPT. 24, 1995

Joye R. Forrester
Notary Public for Oregon
My commission expires Sept 24, 1995

POWER OF ATTORNEY

To

After recording return to (Name, Address, Zip):

Donna M. Hasbrouck
1924 McClellan Dr.
P.O. Box 1524
Klamath Falls, OR 97601

Fee \$5.00

STATE OF OREGON,
County of Klamath } ss.

I certify that the within instrument was received for record on the 15th day of November, 1994, at 9:08 o'clock A.M., and recorded in book/reel/volume No. M94 on page 34972 and/or as fee/file/instrument/microfilm/reception No. 21032, Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
By Spette Freitag, Deputy

525-2
Local File Number

DECEDENT

1. DECEDENT'S NAME First Edward Middle Lee Last DAVIS		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 5, 1990
4. SOCIAL SECURITY NUMBER 155 14 3664		5a. AGE - Last Birthday (Years) 71	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Blakely, PA		7. DATE OF BIRTH (Month, Day, Year) January 15, 1919	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <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)			
9b. FACILITY NAME (If not institution, give street and number) DVA Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Roseburg	
9d. COUNTY OF DEATH Douglas			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver		10b. KIND OF BUSINESS/INDUSTRY Logging	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Lenore	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION LaPine	
13c. STREET AND NUMBER 52566 River Pine Dr.			
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE 97739	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input 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 (10-12) College (1-4 or 5+) 10			
17. FATHER - NAME first middle last ---		18. MOTHER - NAME first middle maiden Evelyn Davis	
19. INFORMANT - NAME and relationship to decedent Lani Morin - Daughter			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Uniservice Crematory		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Roseburg, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH John Wilson		21b. LICENSE NUMBER (Of Licensee) 3530	
22. NAME, ADDRESS AND ZIP OF FACILITY Wilson's Chapel of the Roses P.O. Box 358 Roseburg, Oregon 97470			
23. DATE FILED (Month, Day, Year) AUG 0 7 1990		24. REGISTRAR'S SIGNATURE Janice Brock	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

27. TIME OF DEATH 3:45 p.m.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Ivan L. Frye, M.D.			
30. DATE SIGNED (Month, Day, Year) August 5, 1990			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) IVAN L. FRYE, M.D. DVA Medical Center, Roseburg, OR 97470			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Peter Zidd, M.D.			
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)			
PART I		PART II	
(a) Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF:		STATE OF OREGON) COUNTY OF DOUGLAS) SS. I, HAYFIELD COUNTY CLERK AND RECORDER OF CONVEYANCES, DO HEREBY CERTIFY THAT THIS INSTRUMENT WAS RECORDED 1992 APR 20 AM 9:28 DOUGLAS COUNTY CLERK	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death	
40. 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		41a. DATE OF INJURY (Month, Day, Year) 41b. TIME OF INJURY 41c. INJURY AT WORK? <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) DOUGLAS COUNTY CLERK	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE DOUGLAS COUNTY REGISTRARDATE ISSUED
AUG 0 7 1990
BAND 92-07359PETER C. BOLDEN
COUNTY REGISTRAR
DOUGLAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lenore Davis the 15th day
of November A.D., 19 94 at 9:11 o'clock A.M., and duly recorded in Vol. M94

Return: Lenore Davis

Evelyn Biehn

County Clerk

FEE \$10.00

P.O. Box 682
Pleasant Hill, OR 97455

By Janette Chisler