

NL

96326

03-20-95A09:54 RCVD

Vol. M95 Page - 6075-9

KNOW ALL MEN BY THESE PRESENTS, That I, Gerald J. Brownhave made, constituted and appointed, and by these presents do hereby make, constitute and appoint  
Sherl L. Hill

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 tax 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.

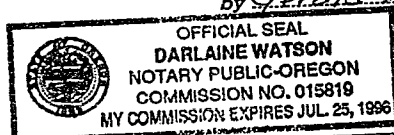
My attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual notice either of such revocation or of my death.

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 March 19, 1995.

STATE OF OREGON, County of Klamath, ss.

This instrument was acknowledged before me on March 19th, 1995,  
by Gerald J. Brown



Darlaine Watson  
Notary Public for Oregon

My commission expires July 25th 1996

### POWER OF ATTORNEY

Gerald J. Brown

To

Sherl L. Hill

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

Sherl L. Hill

130 W. 17th St.

McMinnville, OR 97128

SPACE RESERVED  
FOR  
RECORDER'S USE

STATE OF OREGON,  
County of Klamath } ss.

I certify that the within instrument was received for record on the 20th day of March, 1995, at 9:54 o'clock A.M., and recorded in book/reel/volume No. M95 on page 6075 and/or as fee/file/instrument/microfilm/reception No. 96326, Record of Power of Attorney of said County.

Witness my hand and seal of County affixed.  
Bernetha G. Letsch, Co Clerk  
By Darlene Hite TITLE Deputy

FEE:\$5.00

\$5.00  
cost

086712  
I.D. TAG NO.116  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH 136-

State File Number

1. DECEDENT'S NAME First: <b>Jerry</b> Middle: <b>Wade</b> Last: <b>SCOTT</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>April 5, 1991</b>
4. SOCIAL SECURITY NUMBER <b>555-46-4756</b>		5a. AGE - Last Birthday (Years) <b>55</b>	5b. Under 1 Year Months: <b>0</b> Days: <b>0</b>
6. BIRTHPLACE (City and State or Foreign Country) <b>Manilla, Arkansas</b>		7. DATE OF BIRTH (Month, Day, Year) <b>February 17, 1936</b>	
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 type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <b>relative's</b>			
9b. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>			
9c. COUNTY OF DEATH <b>Klamath</b>			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Construction</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Owner</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed; Divorced) <b>Billie Ruth</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>	
13c. CITY, TOWN, OR LOCATION <b>Bonanza</b>		13d. STREET AND NUMBER <b>Rt. 2 Box 46B / Seagull Drive</b>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>11</b>		17. INFORMANT - (Name and relationship to decedent) <b>Billie Ruth / spouse</b>	
18. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		19. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Memorial Park</b>	
20. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Geraldyn Jennings</i>		21. LICENSE NUMBER (Of Licensee) <b>1257</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home 1945 Main St./Klamath Falls, OR 97601</b>		23. REGISTRAR'S SIGNATURE <i>Dancy Kennedy</i>	
24. DATE FILED (Month, Day, Year) <b>APR 9 1991</b>		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. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>6:15 P M</b>			
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <i>Carol Fellows</i>			
30. DATE SIGNED (Month, Day, Year) <b>4/8/91</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Carol Fellows, MD 2610 Uhrmann Road Klamath Falls, Oregon 97601</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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. <b>(a) Adenocarcinoma of the lung, metastatic</b>			
34. DUE TO, OR AS A CONSEQUENCE OF: <b>(b)</b>			
35. DUE TO, OR AS A CONSEQUENCE OF: <b>(c)</b>			
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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"/> Logical Intervention <input type="checkbox"/> Homicide			
41a. DATE OF INJURY (Month, Day, Year)			
41b. TIME OF INJURY <b>M</b>			
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. DESCRIBE HOW INJURY OCCURRED			
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL COPY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV 3

DATE ISSUED **APR 9 1991**DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Billie R Scott the 20th day  
of March A.D., 19 95 at 9:54 o'clock A M., and duly recorded in Vol. M95  
of Deeds on Page 6076RETURN TO: Billie R Scott  
5946 Seagull Dr  
Bonanza, Or 97623By Bernetha G. Letsch County Clerk

FEE \$10.00