

4753

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLACKAMAS
PROBATE DEPARTMENT

IN THE MATTER OF THE ESTATE OF

GLENN FLEET

Deceased.

LETTERS OF ADMINISTRATION
CASE NO. P94-10-15

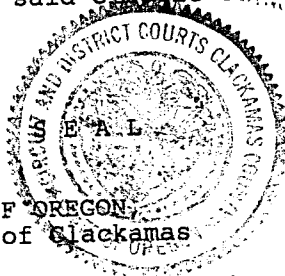
STATE OF OREGON. }
County of Clackamas }

TO ALL PERSONS TO WHOM THESE PRESENTS SHALL COME, GREETING:

KNOW YE that it appearing to the Court aforesaid that _____
GLENN FLEET has died intestate, leaving at the time of
death property in the State, such Court has duly appointed _____
ANITA FLEET personal representative of the estate of said
deceased.

This, therefore authorizes the said ANITA FLEET
to administer the estate of said deceased according to law.

IN TESTIMONY WHEREOF, I the Clackamas County Court Administrator
of the Circuit Court, have hereunto subscribed my name and affixed the
seal of said Circuit Court this 10th day of NOVEMBER 19 94.



CLACKAMAS COUNTY COURT ADMINISTRATION

By Vianne Holland Deputy

STATE OF OREGON
County of Clackamas

I, the Clackamas County Administrator of the Circuit Court of
Clackamas, State of Oregon, do hereby certify that the foregoing copy
of Letters of Administration has been by me compared with the original
and that it is a correct transcript therefrom, and the whole of such
original as the same appears on file and of record in my office and in
my care and custody.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the
seal of the Circuit Court this 15 day of November 19 94

S E A L

CLACKAMAS COUNTY COURT ADMINISTRATOR

By Vianne Holland Deputy

After recording return to:
Anita Fleet
23000 S Hwy 99E
Canby, OR 97013

170908
ID. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

22093

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>Glenn</u> Middle: <u>-</u> Last: <u>FLEET</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>October 3, 1994</u>
4. SOCIAL SECURITY NUMBER <u>540-88-5427</u>	5a. AGE-Last Birthday (Years) <u>42</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Bangor, Maine</u>
7. DATE OF BIRTH (Month, Day, Year) <u>May 2, 1952</u>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <u> </u>	
9. FACILITY NAME (If not institution, give street and number) <u>Emanuel Hospital</u>			
10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Heavy Equipment Operator Road Construction</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Divorced</u>	
12. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>-</u>		13. CITY, TOWN, OR LOCATION OF DEATH <u>Portland</u>	
14. COUNTY OF DEATH <u>Multnomah</u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEASED'S EDUCATION (Specify only highest grade completed: Elementary/Secondary (9-12) College (14 or 5+) <u>12</u>		17. FATHER - NAME first middle last <u>MacLin Manderville</u>	
18. MOTHER - NAME first middle maiden <u>Dorothy Fleet</u>		19. INFORMANT NAME and relationship to decedent <u>Dorothy Livingston- Mother</u>	
20. 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): <u> </u>		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Valley Crematory</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Canby Funeral Chapel</u> <u>160 S. Grant St.</u> <u>Canby, Oregon 97013-1148</u>		23. DATE FILED (Month, Day, Year) <u>OCT 12 1994</u>	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. WAS GIFT MADE? <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 M <u> </u> <input type="checkbox"/> Yes <input type="checkbox"/> No		28. DATE MEDICAL EXAMINER NOTIFIED? <u> </u>	
29. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Karen Gunson, M.D.</u>			
30. DATE SIGNED (Month, Day, Year) <u>October 5, 1994</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>KAREN GUNSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
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.			
PART I (a) <u>HEAD INJURIES WITH SUBDURAL HEMORRHAGE</u>		Interval between onset and death	
(b) <u> </u>		Interval between onset and death	
(c) <u> </u>		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.		34. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
35. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	
37. DATE OF INJURY (Month, Day, Year) <u>October 2, 1994</u>		38. TIME OF INJURY <u>12:37PM</u>	
39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. DESCRIBE HOW INJURY OCCURRED <u>Driver in multiple vehicle crash</u>	
41. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u>Highway</u>		42. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>Highway 99-E, Milepost 19.5, Canby, OR</u>	
RESERVED FOR REGISTRAR'S USE <u>97-2828</u>			

ORIGINAL-VITAL STATISTICS COPY

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

45-2 Rev 11-92

OCT 12 1994

DATE ISSUED: ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dorothy Livingston the 18th day of August A.D., 19 95 at 1:30 o'clock P. M., and duly recorded in Vol. M95 of Deeds on Page 22092

FEE \$15.00

By Bernetha G. Letsch, County Clerk
Cornette Mueller