

194655 I.D. TAG NO. 454 OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH 136- State File Number

1. DECEDENT'S NAME: Wayne Byron GILLASPIE 2. SEX: Male 3. DATE OF DEATH (Month, Day, Year): September 14, 1995

4. SOCIAL SECURITY NUMBER: 539-24-3414 5a. AGE-Last Birthday (Year): 65 5b. Under 1 Year: 5c. Under 1 Day: 6. BIRTHPLACE (City and State or Foreign Country): Chehalis, WA. 7. DATE OF BIRTH (Month, Day, Year): May 8, 1930

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No 9a. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☒ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify):

9b. FACILITY NAME (if not institution, give street and number): P.O. Box 310 9c. CITY, TOWN, OR LOCATION OF DEATH: Sprague River 9d. COUNTY OF DEATH: Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life): Insurance Adjuster 10b. KIND OF BUSINESS/INDUSTRY: Insurance 11. MARITAL STATUS - Married ☒ Never Married ☐ Widowed ☐ Divorced (Specify): 12. SPOUSE (if Married, Widowed, or Divorced (Specify)): Dixie Gillaspie

13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Klamath 13c. CITY, TOWN OR LOCATION: Sprague River 13d. STREET AND NUMBER: P.O. Box 310

14. INSIDE CITY LIMITS? ☒ Yes ☐ No 15. ZIP CODE: 97639 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes 17. RACE American Indian, Black, White, etc. (Specify): White 18. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) College (1-4 or 5+) 5+

19. FATHER - NAME first middle last: Vernon - Gillaspie 20. MOTHER - NAME first middle maiden: Elizabeth - Crawford 21. INFORMANT - NAME and relationship to decedent: Dixie Gillaspie

22a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): 22b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens 22c. LOCATION - City or Town, State: Klamath Falls, Oregon

23a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] 23b. LICENSE NUMBER (For Licensee): 3588 24. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603

25. DATE FILED (Month, Day, Year): SEP 18 1995 26. REGISTRAR'S SIGNATURE: [Signature] 27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A 28. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

29. TO BE COMPLETED BY CERTIFYING PHYSICIAN 30. TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31. TIME OF DEATH: 6:30 P. M. ☒ Yes ☐ No 32. DATE PRONOUNCED DEAD (Month, Day, Year): M

33. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED (Signature): [Signature] M.D. 34. DATE SIGNED (Month, Day, Year): 9/15/95 35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): Geoffrey F. Marc M.D. 2614 Clover Street Klamath Falls, Oregon 97601

36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 37. 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

38. PART I: (a) Renal Failure (b) Diabetes Mellitus (c) ASHD, CVA, Smoking

39. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: 40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year): 41b. TIME OF INJURY: 41c. INJURY AT WORK? ☐ Yes ☒ No 41d. DESCRIBE HOW INJURY OCCURRED: 41e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify): 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLERK OF THE COUNTY OF KLAMATH, OREGON.

DATE ISSUED: SEP 26 1995

JANET BAILEY-GOBER COUNTY REGISTRAR KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dixie Gillaspie the 26th day of September A.D., 19 95 at 2:45 o'clock P M., and duly recorded in Vol. M95 on Page 26080

FEE \$10.00

Ret: P.O. Box 310, Sprague River, OR 97639

Bernetha G. Lusch, County Clerk
By [Signature]

45447 6731
QUIT CLAIM DEED (Following Kansas Statutory Form)

McCaftree - Short Title Company, Inc.
Fourth and Delaware Streets
Leavenworth, Kansas 66048

STATE OF OREGON,
County of Klamath ss.

Vol 1195 Page 26081
Vol 1192 Page 11585

Filed for record at request of Dixie Gillaspie on this 29th day of September 19 92 at 9:24 o'clock A M., and duly recorded in Vol. M92 of Deeds Page 11585.
Evelyn Biehn County Clerk
By [Signature] Deputy.

Return: Wayne & Dixie Gillaspie
P.O. Box 310
Sprague River, Or. 97639

Fee, \$30.00

Fees \$

LORN W. CRAMER, a single person,

QUIT CLAIMS TO WAYNE D. GILLASPIE and DIXIE GILLASPIE, husband and wife, Oregon
all the following described REAL ESTATE in the County of KLAMATH and the State of Kansas, to-wit:

The Westerly 205 feet of the SE $\frac{1}{4}$ of Section 6, Township 36 South, Range 10 E. W. M.

Subject to rights of way and easements of record and those apparent on the land.

* re-recording to correct spelling of Grantee

for the sum of one dollar and other good and valuable considerations

Dated this 3d day of April A.D. 19 92

[Signature]
LORN W. CRAMER

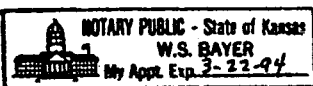
STATE OF KANSAS, COUNTY OF LEAVENWORTH

BE IT REMEMBERED, That on this 3d day of April A.D. 19 92 before me the undersigned a notary public, in and for the County and State aforesaid, came LORN W. CRAMER

who is personally known to me to be such person who executed the within Instrument of writing and such person duly acknowledged the execution of the same.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my seal the day and year last above mentioned.

(Seal)



Notary Public

Term Expires

Quit Claim Deed

FROM
LORN W. CREAMER

TO
Dixie Gillaspie

Recorders - Short Title Company, Inc.
Fourth and Delaware Streets
Leavenworth, Kansas 66048

Recorders - Short Title Company, Inc.
FOURTH AND DELAWARE STREETS
LEAVENWORTH, KANSAS 66048

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dixie Gillaspie the 26th day
of September A.D., 1995 at 2:45 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 26081

FEE \$10.00

By Bernetha G. Wetsch County Clerk

Witness to correct recording of Deed

[Signature]
JOHN W. CREAMER

A.D. 1995

COUNTY OF LEAVENWORTH
A.D. 1995
I, JOHN W. CREAMER, County Clerk of the County and State aforesaid, certify that the foregoing is a true and correct copy of the original as the same was filed for record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my seal, the

County Clerk

JOHN W. CREAMER
COUNTY CLERK
LEAVENWORTH, KANSAS

Term Expires