

28021

Vol. 1996 Page 35275

KNOW ALL MEN BY THESE PRESENTS, That I, Esther M. Butlerhave made, constituted and appointed and by these presents do make constitute and appoint Betty R. Radcliffe

RADCLIFFE

my true

and lawful attorney in fact ("my attorney"), for me and in my name, place and stead and for my use and benefit, (1) To lease, let, grant, bargain, sell, contract to sell, convey, exchange, remise, release and dispose of any real or personal property, of which I am now or hereafter may be possessed or in which I may have any right, title or interest, including rights of homestead, for any price or sum and upon such terms and conditions as to my attorney may seem proper;

(2) To take possession of, manage, maintain, operate, repair and improve any and all real or personal property now or hereafter belonging to me, to pay the expense thereof, to insure and keep the same insured and to pay any and all taxes, charges and assessments that may be levied or imposed upon any thereof;

(3) To buy, sell and generally deal in and with goods, wares and merchandise of every name, nature and description and to hypothecate, pledge and encumber the same;

(4) To buy, sell, assign, transfer and deliver all or any shares of stock in my name in any corporation for any price and upon such terms as to my attorney may seem right and proper and to receive and make payment therefor;

(5) To borrow any sums of money on such terms and at such rate of interest as to my attorney may seem proper and to give security for the repayment of the same;

(6) To ask for, demand, recover, collect and receive all moneys, debts, rents, dues, accounts, legacies, bequests, interests, dividends and claims whatsoever which are now or which hereafter may become due, owing and payable or belonging to me and to have, use and take all lawful ways and means in my name for the recovery of any thereof by attachments, levies or otherwise;

(7) To prepare, execute and file any proof of debt and other instruments in any court and to take any proceedings under the Bankruptcy Act in connection with any sum of money or demand due or payable to me and in any such proceedings to vote in my name for the election of any trustee(s), and to demand, receive and accept any dividend or distribution whatsoever;

(8) To adjust, settle, compromise or submit to arbitration any account, debt, claim, demand or dispute as well as matters which are now subsisting or hereafter may arise between me or my attorney and any other person or persons;

(9) To sell, discount, endorse, negotiate and deliver any check, draft, order, bill of exchange, promissory note or other negotiable paper payable to me, and to collect, receive and apply the proceeds thereof for my use for any of the purposes aforesaid; to pay to or deposit the same or any other sum of money coming into the hands of my attorney in checking and in savings accounts in my name with any bank or banker of my attorney's selection and to draw out moneys deposited to my credit with any bank, by check or otherwise, including deposits in savings accounts, and to apply the same for any of the purposes of my business as my attorney may deem expedient; to purchase and sell certificates of deposit; to appoint any bank or trust company as escrow agent; to transfer any asset of mine into any form or sort of trust; generally to conduct any and all banking transactions on my behalf;

(10) To make, execute and deliver any and all manner of contracts with reference to minerals, oil, gas, oil and gas rights, rents and royalties, including agreements facilitating exploration for and discovery of oil, minerals and deposits;

(11) To commence and prosecute and to defend against, answer and oppose all actions, suits and proceedings touching any of the matters aforesaid or any other matters in which I am or hereafter may be interested or concerned;

(12) To vote any stock in my name as proxy;

(13) To have access to any safety deposit box which has been or may be rented in my name or in the name of myself and any other person or persons;

HEREBY CONSTITUTING THIS MY TRUE AND SOLE ATTORNEY IN FACT TO DO ALL SUCH ACTS AND THINGS AS ARE HEREIN PROVIDED FOR

**GENERAL POWER OF ATTORNEY**

Esther M. Butler

Betty R. Radcliffe

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

Betty Radcliffe  
1341 Dahlia St  
Klamath Falls, OR 97601

**STATE OF OREGON, County of Clatsop** ss.

I certify that the within instrument was received for record on the \_\_\_\_\_ day

of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded in

book/reel/volume No. \_\_\_\_\_ on page \_\_\_\_\_

and/or as fee/file/instrument/microfilm/reception No. \_\_\_\_\_

Record of \_\_\_\_\_ of said County.

Witness my hand and seal of

County affixed.

NAME TITLE

By \_\_\_\_\_ Deputy

96 MAR - 7 P2:03

CP 102

(14) In connection with any of the powers herein granted, to sign, make, execute, acknowledge and deliver in my name any and all deeds, contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem right, proper and expedient;

(15) To employ, pay and discharge any person, including counsel and attorneys in connection with the exercise of any of the foregoing powers;

(16) To complete, amend, execute, and deliver any tax return or form of any nature whatsoever; to pay any tax due or collect any tax refund due; to make and respond to lawful inquiries from any taxing authority in connection with any power granted herein;

(17)

I expressly declare that I am familiar with the provisions of ORS 127.005 and that the powers of my attorney herein described shall be exercisable by my said attorney on my behalf notwithstanding that I may become legally disabled or incompetent.

(18) To make any and all contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem right, proper and expedient;

(19) To make any and all contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem right, proper and expedient;

(20) To make any and all contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem right, proper and expedient;

(21) To make any and all contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem right, proper and expedient;

(22) To make any and all contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem right, proper and expedient;

(18) Generally to conduct, manage and control all my business and my property, wheresoever situated, as my attorney may deem for my best interests, hereby releasing all third persons from responsibility for the acts and omissions of my attorney;

I hereby give and grant unto my attorney full power and authority freely to do and perform 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 if personally present, hereby ratifying and confirming all that my attorney shall lawfully do or cause to be done by virtue hereof.

In construing this power of attorney, it is to be understood that the undersigned may be more than one person or a corporation, and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

This power shall take effect: (delete inapplicable phrase)

a) on the date next written below;

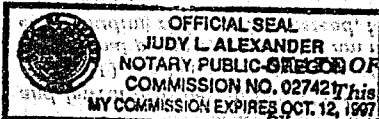
b) if given by an individual, on the date that individual shall be adjudged incompetent by a court of proper jurisdiction.

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.

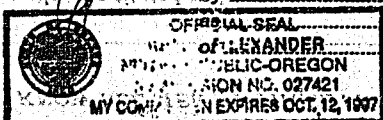
IN WITNESS WHEREOF, I have signed this instrument, or if a corporation, caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so, by order of its board of directors, on this 2nd day of October, 1996.

(1) To make any and all contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem right, proper and expedient;

(2) To make any and all contracts, bills of sale, leases, promissory notes, drafts, acceptances, evidences of debt, obligations, mortgages, pledges, satisfactions, releases, acquittances, receipts, bonds, writs and any and all other instruments whatsoever, with such general or special agreements and covenants, including those of warranty, as to my attorney may seem right, proper and expedient;



This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_.



Judy L. Alexander  
Notary Public for Oregon  
My commission expires Oct 12 1997

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Betty Radcliffe the 7th day of November A.D., 19 96 at 2:03 o'clock P. M., and duly recorded in Vol. M96 of Power of Attorney on Page 35275.

FEE \$10.00

Bernetha G. Letsch, County Clerk  
By Heather Ross

56 NOV -7 P.203

# STATE OF ARIZONA

AKA

ORIGINAL  
STATE  
COPY

## STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO.  
D 102-

|                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                 |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| NAME OF DECEASED<br>A. FIRST<br><b>HAROLD</b><br>B. MIDDLE<br><b>WILLIAM</b><br>C. LAST<br><b>SMITH</b>                                                                                                                                                                                               |  | SEX<br><b>MALE</b>                                                                                                                                                                                                                                                              | DATE OF DEATH<br>1. MONTH<br><b>DECEMBER</b><br>2. DAY<br><b>3</b><br>3. YEAR<br><b>1995</b> |
| RACE (e.g., white, black, American Indian, (specify tribe) etc.)<br>4A. <b>WHITE</b>                                                                                                                                                                                                                  |  | WAS DECEASED OF HISPANIC ORIGIN:<br>(SPECIFY YES OR NO)<br><b>NO</b>                                                                                                                                                                                                            |                                                                                              |
| PLACE OF BIRTH<br>A. COUNTY<br><b>COCHISE</b><br>B. TOWN OR CITY<br><b>SIERRA VISTA</b>                                                                                                                                                                                                               |  | C. HOSPITAL OR INSTITUTION<br>(IF RESIDENCE, GIVE STREET ADDRESS)<br><b>SIERRA VISTA COMMUNITY HOSPITAL</b>                                                                                                                                                                     |                                                                                              |
| DATE OF BIRTH<br>1. MONTH<br><b>SEPTEMBER</b><br>2. DAY<br><b>30</b><br>3. YEAR<br><b>1921</b>                                                                                                                                                                                                        |  | MARRIED, NEVER MARRIED,<br>WIDOWED, DIVORCED (SPECIFY)<br>9. <b>MARRIED</b>                                                                                                                                                                                                     |                                                                                              |
| CITIZEN OF WHAT COUNTRY?<br>12. <b>USA</b>                                                                                                                                                                                                                                                            |  | SOCIAL SECURITY NO.<br>13. <b>491-10-8792</b>                                                                                                                                                                                                                                   |                                                                                              |
| USUAL RESIDENCE<br>A. STATE<br><b>ARIZONA</b><br>B. COUNTY<br><b>COCHISE</b><br>C. TOWN OR CITY<br><b>SIERRA VISTA</b>                                                                                                                                                                                |  | USUAL OCCUPATION (Give kind of work done most of working life, even if retired)<br>16. <b>GENERAL MANAGER</b><br>17. <b>CASINO</b>                                                                                                                                              |                                                                                              |
| STREET ADDRESS OR R.F.D.<br>14. <b>1040 E. EXETER DRIVE</b>                                                                                                                                                                                                                                           |  | HOW LONG IN ARIZONA?<br>18. <b>3 YEARS</b>                                                                                                                                                                                                                                      |                                                                                              |
| FATHER'S NAME<br>A. FIRST<br><b>ALBERT</b><br>B. MIDDLE<br><b>WALTER</b><br>C. LAST<br><b>SMITH</b>                                                                                                                                                                                                   |  | MOTHER'S MAIDEN NAME<br>A. FIRST<br><b>STELLA</b><br>B. MIDDLE<br><b>CECILIA</b><br>C. LAST<br><b>HIGGINS</b>                                                                                                                                                                   |                                                                                              |
| INFORMANT'S SIGNATURE<br>21. <i>Dr. C. Z...</i>                                                                                                                                                                                                                                                       |  | ADDRESS<br>6. STREET NO.<br><b>1040 E. EXETER DR.</b><br>CITY AND STATE<br><b>SIERRA VISTA, ARIZONA</b>                                                                                                                                                                         |                                                                                              |
| DATE OF DEATH<br>25. <b>DECEMBER 7, 1995</b>                                                                                                                                                                                                                                                          |  | CEMENTERY OR CREMATION<br>23. <b>CAVE CREEK, ARIZONA</b>                                                                                                                                                                                                                        |                                                                                              |
| FUNERAL HOME<br>26. <b>HATFIELD FUNERAL HOME</b>                                                                                                                                                                                                                                                      |  | CITY AND STATE<br><b>SIERRA VISTA, ARIZONA</b>                                                                                                                                                                                                                                  |                                                                                              |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED:<br>30. SIGNATURE AND TITLE<br>31. DATE SIGNED (Mo., Day, Year)<br>32. HOUR OF DEATH<br>33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)                                |  | ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED:<br>34. SIGNATURE AND TITLE<br>35. DATE SIGNED (Mo., Day, Year)<br>36. HOUR OF DEATH<br>37. ON DECEMBER 3, 1995<br>38. AT 2156 |                                                                                              |
| NAME AND ADDRESS OF CERTIFIER<br>39. <b>2480 E. WILCOX DR., SIERRA VISTA, AZ</b>                                                                                                                                                                                                                      |  | AUTHORIZED FOR CREMATION (Specify Yes or No)<br>40. <b>Yes</b>                                                                                                                                                                                                                  |                                                                                              |
| DATE REGISTERED<br>42. <b>12/15/95</b>                                                                                                                                                                                                                                                                |  | REG. FILE NO.<br>43. <b>280</b>                                                                                                                                                                                                                                                 |                                                                                              |
| A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE OF EACH LINE)<br>1. <b>Sudden Death</b><br>2. <b>Atherosclerotic Cardiovascular Disease</b>                                                                                                                  |  | DATE RECD. IN STATE OFFICE<br>45. <b>0243</b>                                                                                                                                                                                                                                   |                                                                                              |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I                                                                                                                                                                                 |  | AUTOPSY (Specify Yes or No)<br>49. <b>No</b>                                                                                                                                                                                                                                    |                                                                                              |
| MANNER OF DEATH<br>51. <input checked="" type="checkbox"/> NATURAL CAUSE<br>52. <input type="checkbox"/> HOMICIDE<br>53. <input type="checkbox"/> ACCIDENT<br>54. <input type="checkbox"/> PENDING INVESTIGATION<br>55. <input type="checkbox"/> SUICIDE<br>56. <input type="checkbox"/> UNDETERMINED |  | WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)<br>50. <b>Yes</b>                                                                                                                                                                                                     |                                                                                              |
| DATE OF INJURY<br>57. <b>12</b>                                                                                                                                                                                                                                                                       |  | DECEASED HOW INJURY OCCURRED<br>58. <b>...</b>                                                                                                                                                                                                                                  |                                                                                              |
| PLACE OF INJURY (At home, farm, street, factory, office building, etc.)<br>59. <b>...</b>                                                                                                                                                                                                             |  | WHERE LOCATED?<br>60. <b>...</b>                                                                                                                                                                                                                                                |                                                                                              |
| STREET ADDRESS<br>61. <b>...</b>                                                                                                                                                                                                                                                                      |  | CITY OR TOWN<br>62. <b>...</b>                                                                                                                                                                                                                                                  |                                                                                              |
| STATE<br>63. <b>...</b>                                                                                                                                                                                                                                                                               |  | STATE<br>64. <b>...</b>                                                                                                                                                                                                                                                         |                                                                                              |

STATE OF ARIZONA  
COUNTY OF COCHISE } SS

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **DEC 7 1995**

This is a true and exact reproduction of the document officially registered and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

**JAN 17 1996**

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

**B. F. King**, Director  
County Registrar  
Cochise County Health & Social Services

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Helen Pine** the **7th** day of **November** A.D., 19 **96** at **2:03** o'clock **P.M.**, and duly recorded in Vol. **M96** of **Deeds** on Page **35277**.

FEE \$10.00

Bernetha G. Letsch, County Clerk  
By *Retha G. Letsch*