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2505-951100-P-2

COMMUNICATIONS LINE RIGHT-OF-WAY EASEMENT

MARY L. IRWIN hereby grants to TELEPHONE UTILITIES OF EASTERN OREGON, INC., dba PTI Communications, its successors and assigns, (hereinafter referred to as the Company), the right to bury and maintain underground telephone and communications facilities, together with all necessary wires and fixtures incidental thereto, under and upon the following described property:

A parcel of land situated in the SE¼ Section 34, T.34S., R.7E., W.M. Said parcel is more particularly described in that Warranty Deed recorded September 8, 1980 in Book M80 of Deeds at Page 17021 of Klamath County Records. Said facilities to be placed along and adjacent to a Northeasterly-Southwesterly roadway, as it exists, located in said parcel.

Situated in the County of Klamath, State of Oregon. It is agreed that the Company, its successors and assigns, shall have access to said premises for the purposes stated, and shall be responsible for any damage to said premises by reason of any negligence on the part of said Company's employees while placing and maintaining construction.

Return To: Affiliated Land Services, Inc.
P.O. Box 17035, Salem, OR 97305

Dated: December 29th, 1995

X Mary L. Irwin
Mary L. Irwin

X _____

X _____

X _____

For Telephone Company:
Job No. _____

STATE OF OREGON)
) ss.
COUNTY OF JACKSON)

BE IT REMEMBERED, That on this 29 day of DECEMBER, 1995, before me, the undersigned, a Notary Public in and for said County and State, personally appeared MARY L. IRWIN

the identical individual described in and who executed the within instrument and acknowledged to me that she executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

M Russell

Notary Public in and for the State of OREGON
My Commission expires: November 20, 1999

OFFICIAL SEAL
M RUSSELL
NOTARY PUBLIC - OREGON
COMMISSION NO. 049131
MY COMMISSION EXPIRES NOV. 20, 1999

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Affiliated Land Services, Inc. the 31st day of December A.D., 19 96 at 1:07 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 40526.

FEE $10.00

Bernetha G. Letsch, County Clerk
by Kathleen Rossi

224920
ID-TAG NO.

541
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Claude; Middle: Allen; Last: BEARE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 26, 1996
4. SOCIAL SECURITY NUMBER: 227-42-7998
5a. AGE-Last Birthday (Years): 63
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Herald, Virginia
7. DATE OF BIRTH (Month, Day, Year): May 9, 1933
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 37637 N. HWY 97
9c. CITY, TOWN, OR LOCATION OF DEATH: Chiloquin
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Diesel Mechanic
10b. KIND OF BUSINESS/INDUSTRY: Self-employed
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Claudette Beare
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Chiloquin
13d. STREET AND NUMBER: 37637 N. HWY 97
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97624
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2+

PARENTS

17. FATHER - NAME first middle last: Alfred -- Beare
18. MOTHER - NAME first middle maiden: Rosa -- Marshall
19. INFORMANT - NAME and relationship to deceased: Claudette Beare - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Wendy W. Forbush
21b. LICENSE NUMBER (Of Licensee): AE - 2778
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 HWY 39 Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): NOV 29 1996
24. REGISTRAR'S SIGNATURE: Marlene Blevins
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 1835 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): M.D.
30. DATE SIGNED (Month, Day, Year): November 27, 1996

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert F. Bohnen, M.D. 2610 Uhlmann Road Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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 (a) Adenocarcinoma of prostate with metastasis — Interval between onset and death: 4½ years
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c) — 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: None
37. DID TOBACCO USE CONTRIBUTE TO THE DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. IF YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other; ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
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)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: NOV 29 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

96 DEC 31 P1:07

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Gary L. Hedlund the 31st day of December A.D., 19 96 at 1:07 o'clock P.M., and duly recorded in Vol. M96 of Deeds on Page 40527.

FEE $10.00

Return: Gary L. Hedlund
303 Pine St.
Klamath Falls, Or. 97601

Bernetha G. Letsch, County Clerk
by Kathleen Rose