FORM No. 15—POWER OF ATTORNEY. COPYRIGHT 1990 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204

TK 30750

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Robin R. Hoyt

KNOW ALL MEN BY THESE PRESENTS, That I, ~~Edwin K. Tompkins~~

have made, constituted and appointed and by these presents do make, constitute and appoint Edwin K. Tompkins

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to

handle the alienation of my property known as 517 Mitchell Street, corner of Mitchell Street and the U.S.B.R. A Canal. Lot 1, and part of lot 5, Block 125, Mills Addition, Klamath Falls, Oregon.

JAN -2 P2:26

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural.

Dated Sept 10, 19 96

Robin R. Hoyt

OFFICIAL SEAL
GERALDINE GODDEN
NOTARY PUBLIC-OREGON
COMMISSION NO. 055820
MY COMMISSION EXPIRES AUG. 18, 2000

STATE OF OREGON, County of Washington } ss.

This instrument was acknowledged before me on Sept. 10, 19 96

by Robin R. Hoyt.

Geraldine Godden
Notary Public for Oregon

My commission expires 8/18/2000

POWER OF ATTORNEY
(FORM No. 15)

TO

AFTER RECORDING RETURN TO

Edwin K. Tompkins
1830 Pine Ave
Klamath Falls OR 97601

NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

Fee: $10.00
1.00

STATE OF OREGON,
County of Klamath } ss.

I certify that the within instrument was received for record on the 2nd *day of* January, 1997, *at* 2:26 *o'clock* P.M., *and recorded in book/reel/volume No.* M97, *on page* 60 *or as fee/file/instrument/microfilm/reception No.* 30750, *Record of* Deeds *of said County.*

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk
NAME TITLE

By Kathleen Ross Deputy

10-00
1'ev

Unofficial Copy

PRINT WITH BLACK INK

254966
I.D. TAG NO.

582
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 Glen; Middle Wooden; Last BUCHANAN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 24, 1986
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 84
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Lake, Oregon
7. DATE OF BIRTH (Month, Day, Year): May 21, 1912
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): Plum Ridge Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Rancher
10b. KIND OF BUSINESS/INDUSTRY: Live Stock
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Dorothy Buchanan
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 13851 Algoma Road
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Marvin Buchanan
18. MOTHER - NAME first middle maiden: Annie E. Wooden
19. INFORMANT - NAME and relationship to deceased: Dorothy Buchanan - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James A. Rose
21b. LICENSE NUMBER (Of Licensee): 3672
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): DEC 31 1986
24. REGISTRAR'S SIGNATURE: Eileen Simonson
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: 8:40 P 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): [signature] M.D.
30. DATE SIGNED (Month, Day, Year)

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): Blake Berven, M.D., 2616 Clover Street, 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) Pneumonia — Interval between onset and death: 48 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Esophageal perforation of unknown etiology — Interval between onset and death: 72 hrs
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: Diabetes mellitus, on insulin

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

97 JAN -2 P2:56

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

DATE ISSUED: DEC 31 1986

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

Unofficial Copy

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Dorothy Buchanan the 2nd day of January A.D., 19 97 at 2:56 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 61.

Bernetha G. Letsch, County Clerk
by Kathleen Rose

FEE $10.00