FORM No. 15—POWER OF ATTORNEY.

TK 30750 Vol. M97 Page 60

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.

'97 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, 1996.

Robin R. Hoyt

OFFICIAL SEAL
GERALDINE GORDEN
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, 1996

by Robin R. Hoyt.

Geraldine Gordon
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

10-0K
1 ex

PRINT WITH BLACK INK

I.D. TAG NO. 254966

Local File Number 582

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

State File Number 136

1. DECEDENT'S NAME: First: Glen	Middle: Wooden	Last: BUCHANAN	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): December 24, 1996	
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

DECEDENT

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)

1 — 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

2 — 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

3 — 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Dorothy Buchanan

4 — 13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 13851 Algoma Road

5 — 13e. INSIDE CITY LIMITS? ☒ Yes ☐ No

13f. ZIP CODE: 97601

6 — 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 ☐ Mausoleum ☐ 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

REGISTRAR

7 — 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James A Rigg

21b. LICENSE NUMBER (Of Licensee): 3672

22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls 97601

8 — 23. DATE FILED (Month, Day, Year): DEC 31 1996

24. REGISTRAR'S SIGNATURE: Evelyn Simonson

9 — 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

97 JAN -2 P2:56

TO BE COMPLETED BY CERTIFYING PHYSICIAN

10 — 27. TIME OF DEATH: 8:40 P M

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

CERTIFIER

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.

11 — 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

12 — 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake Berven, M.D., 2616 Clover Street, Klamath Falls, Oregon 97601

13 — 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

14 — 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) DUE TO, OR AS A CONSEQUENCE OF: Pneumonia — Interval between onset and death: 48 hrs
(b) DUE TO, OR AS A CONSEQUENCE OF: Esophageal perforation of unrevealed etiology — Interval between onset and death: 72 hrs
(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, gastric atony

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

15 — 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

16 — 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)

17 — 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: DEC 31 1996

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

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

FEE $10.00 by Kathleen Kraai