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Vol. M97 Page. 4711

ATC: 05045831

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF DESCHUTES

PROBATE DEPARTMENT

Estate of:) Case No. 97-PB-0007-MS
LULA BETH OLSON,) LETTERS OF ADMINISTRATION
Deceased.)

THIS CERTIFIES that JOANNE DALY has been duly appointed and is at the date hereof the duly appointed, qualified and acting Administrator of the estate of LULA BETH OLSON deceased.

IN WITNESS WHEREOF, I, as Clerk of the Circuit Court of the State of Oregon for the County of Deschutes, in which proceedings for Administration upon the said estate are pending do hereby subscribe my name and affix the seal of said court, this 27th day of January, 1997.

ERNEST J. MAZOROL III
TRIAL COURT ADMINISTRATOR

(SEAL)

By Mary C. Jagan Deputy.

STATE OF OREGON,)
County of Deschutes) ss.

I, Mary C. Jagan, Clerk of the Circuit Court, of the State of Oregon for Deschutes County, hereby do certify that the foregoing copy of Letters of Administration has been by me compared with the original, that it is a correct transcript therefrom and the whole of such original Letters of Administration as the same appear on file and of record in my office and in my custody and that said Letters are still in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said court this 27th day of January, 1997.

ERNEST J. MAZOROL III
TRIAL COURT ADMINISTRATOR

BY Mary C. Jagan
Probate Commissioner/Deputy

STATE OF OREGON - COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 14th day
of February A.D., 19 97 at 3:54 o'clock P.M., and duly recorded in Vol. M97
of Deeds on Page 4711

FEE \$10.00

Bernetha G. Leitch, County Clerk
by Kathleen R. Rasmussen

224007
I.D. TAST NO
Local File Number
779

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH
138-
State File Number

1. DECEASED'S First Name: LuTa Middle: Beth Last: OLSON 2. SEX: F 3. DATE OF DEATH (Month, Day, Year): November 23, 1996

4. SOCIAL SECURITY NUMBER: [REDACTED] 5a. AGE - Last Birthday (Years): 70 5b. Under 1 Year: Mon: Days: Hours: Mins: 5c. Under 1 Day: Mon: Days: Hours: Mins: 6. BIRTHPLACE (City and State or Foreign Country): Sheridan, Arkansas 7. DATE OF BIRTH (Month, Day, Year): July 4, 1926

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

10. FACILITY NAME (If not institution, give street and number): 2939 Reindeer Avenue 11. CITY, TOWN, OR LOCATION OF DEATH: Redmond 12. COUNTY OF DEATH: Deschutes

10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker 10b. KIND OF BUSINESS/INDUSTRY: Own Home 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widow 12. SPOUSE (If Married, Widowed, Divorced (Specify): William

13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Deschutes 13c. CITY, TOWN OR LOCATION: Redmond 13d. STREET AND NUMBER: 2939 Reindeer Avenue

13e. INSIDE CITY LIMITS? ☒ Yes ☐ No 13f. ZIP CODE: 97756 14. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12) College (1-4 or 5+)

17. FATHER - Name: first, middle, last: Julius Bradshaw 18. MOTHER - Name: first, middle, maiden: Myrtle Emeline Barnes 19. INFORMANT - Name and relationship to deceased: Warren Olson - son

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 Gardens 20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] 21b. LICENSE NUMBER (Of License): 3408 22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Funeral home 1945 Main St. Klamath Falls, OR 97601

23. DATE FILED (Month, Day, Year): November 25, 1996 24. REGISTRAR'S SIGNATURE: [Signature]

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ Yes ☒ No ☐ NA 26. WAS GIFT MADE? ☐ Yes ☒ No ☐ NA

27. TIME OF DEATH: 8:20 A.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]

30. DATE SIGNED (Month, Day, Year): [Signature] 31. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): [Signature]

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): [Signature]

33. DATE SIGNED (Month, Day, Year): [Signature] COUNTY: [Signature]

34. NAME, TITLE, ADDRESS AND PHONE OF MEDICAL EXAMINER (Type or Print): RANDALL JACOBS M.D. 1501 NE Medical Center Dr. Bend, OR 97701

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

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) CAUSE OF DEATH: CAUSE OF DEATH: [Signature] (b) DUE TO, OR AS A CONSEQUENCE OF: [Signature] (c) DUE TO, OR AS A CONSEQUENCE OF: [Signature]

PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ 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 ☐ Pending investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐ Other

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):

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45-2 Rev 2/96

DATE ISSUED: NOV 25, 1996

FLORENCE ASEND-TORRIGINO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

STATE OF OREGON - COUNTY OF KLAMATH: ss.

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FEE \$10.00

Bernetha G. Letsch, County Clerk
by [Signature]