37518 '97 MAY 12 P2:35 Vol. M97 Page 14473

ATC# 971790

CERTIFICATION OF VITAL RECORD

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

H-89759

Field	Entry
1. Decedent's Name	Ella M. PAUL
2. Sex	Female
3. Date of Death	April 27, 1997
4. Social Security Number	095-24-0320
5a. Age-Last Birthday (Years)	78
6. Birthplace	Meadow Bridge, WV
7. Date of Birth	February 10, 1919
8. Was Decedent Ever in U.S. Armed Forces?	No
9a. Place of Death	Other: Decedent's Home
9b. Facility Name	965 N. Alameda
9c. City, Town, or Location of Death	Klamath Falls
9d. County of Death	Klamath
10a. Decedent's Usual Occupation	Nursing Services Aid
10b. Kind of Business/Industry	Medical
11. Marital Status	Widowed
12. Spouse	Vincent J. Paul
13a. Residence - State	Oregon
13b. County	Klamath
13c. City, Town or Location	Klamath Falls
13d. Street and Number	965 N. Alameda
13e. Inside City Limits?	Yes
13f. Zip Code	97601
14. Was Decedent of Hispanic Origin?	No
15. Race	White
16. Decedent's Education	College 2
17. Father - Name	Dillard Fox
18. Mother - Name	Edna C. Barr
19. Informant - Name and relationship to deceased	Virginia Lichtenstern-Sister
20a. Method of Disposition	Cremation
20b. Place of Disposition	Klamath Cremation Service
20c. Location	Klamath Falls, Oregon
21a. Signature of Funeral Service Licensee	James O. Riggs
21b. License Number	CO-3572
22. Name, Address and Zip of Facility	O'Hair's Funeral Chapel, 515 Pine St, Klamath Falls, OR 97601
23. Date Filed	APR 30 1997
24. Registrar's Signature	Evelyn Simonson
25. Did hospital representative make request for anatomical gift consent?	N/A
26. Was gift made?	N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
27. Time of Death	10:45 AM
28. Was Medical Examiner Notified?	No
29. Signature	[signature] M.D.
30. Date Signed	4/28/97
34. Name, Title, Address and Zip of Certifier	John J. Kleeman, M.D. 1905 Main Street, Klamath Falls, Oregon 97601
36. Part I (a) Immediate Cause	Renal failure — Interval between onset and death: 3 mos.
Part II. Other Significant Conditions	COPD/HBP/ASVD/Osteoporosis
37. Did tobacco use contribute to the death?	Yes
38. Autopsy	No
40. Manner of Death	Natural
41c. Injury at Work?	No

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

RESERVED FOR REGISTRAR'S USE

Amending: Virginia Lichtenstern, 9650 N. Clark Ct., Klamath Falls, OR 97601

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

DATE ISSUED: APR 30 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

KLAMATH COUNTY DEPARTMENT OF HEALTH — OREGON

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 12th day of May A.D., 19 97 at 2:35 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 14473.

Bernetha G. Letsch, County Clerk

FEE $10.00 by Kathleen Ross