

59034

98 JUN -1 P2:38

Vol. m98 Page 18475

POWER OF ATTORNEY

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instrument was received for record on the 1st day of June, 1998, at 2:38 o'clock P.M., and recorded in book/reel/volume No. M98 on page 18475 and/or 59034 as fee/file/instrument/microfilm/reception No. _____, Records of said County.

SPACE RESERVED
FOR
RECORDER'S USE

Power of

Attorney.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk
NAME TITLE

By Kathleen Rose, Deputy

Fee: \$5.00

4.25 c.c.

After recording, return to (Name, Address, Zip):

Viki L. Higgins
3205 Pine Grove Rd
Klamath Falls, OR 97603

KNOW ALL BY THESE PRESENTS that I, Billy H. McCollough

have made, constituted and appointed, and by these presents do hereby make, constitute and appoint Viki Higgins

my true and lawful attorney for me and in my name, place and stead, and for my use and benefit: to demand, sue for, recover, collect and receive all such sums of money, debts, rents, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me; to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust and to execute and deliver acquittances or other sufficient discharges for any of the same; to bargain, contract for, purchase, receive and take lands, tenements, hereditaments, and accept the seisin and possession thereof and all deeds and other assurances in the law therefor, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate lands, tenements and hereditaments, including my right of homestead in any of the same for such price, upon such terms and conditions and with such covenants as my attorney shall think fit; to sell, transfer and deliver all or any shares of stock owned by me in any corporation for any price and receive payment therefor, and to vote any such stock as my proxy; to bargain for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business of whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agreements, trust agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and satisfactions of mortgages, judgments and other debts payable to me and other instruments in writing of whatever kind and nature which my attorney in his/her absolute discretion shall deem to be for my best interests; to have access to any safe deposit box which has been rented in my name, or in the name of myself and any other person or persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order; to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behalf; to complete, sign, and deliver any tax return or form and pay taxes thereon or collect refunds therefrom; also

GIVING AND GRANTING unto my attorney the full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my attorney shall lawfully do or cause to be done by virtue of these presents.

This power shall take effect (delete inapplicable phrase):

(a) on the date next written below;

(b) on the date I am adjudged incompetent by a court of proper jurisdiction.

If neither phrase is deleted, this power shall take effect on the date next written below.

My attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual notice either of such revocation or of my death.

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

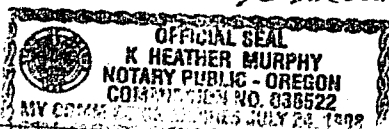
IN WITNESS WHEREOF, I have hereunto set my hand on May 30, 1998.

Billy H. McCollough

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on May 30, 1998.

by Gileen Packer
Geraldine Packer) Sisters



K Heather Murphy
Notary Public for Oregon

My commission expires July 24 1998

253633
I.D. TAG NO.201
Local File NumberOREGON HEALTH DIVISION
CENTER FOR HUMAN STATISTICS
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: John Middle: Milson Last: VAUGHAN			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 22, 1998
4. SOCIAL SECURITY NUMBER 572-40-7575		5a. AGE Last Birthday (Years) 83	5b. Under 1 Year Months: Days: Hours: Mins:	6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, OR
7. DATE OF BIRTH (Month, Day, Year) July 3, 1914		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Veterans <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input checked="" type="checkbox"/> Other: Foster Care		
9. FACILITY NAME (if not residential give street and number) Sikes Elderly Care		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/broker		12b. KIND OF BUSINESS/INDUSTRY Real Estate		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
14. SPOUSE (If Married, Widowed) Viola W.		15. RESIDENCE - STATE Oregon		
16. COUNTY Klamath		17. CITY, TOWN OR LOCATION Klamath Falls		
18. STREET AND NUMBER 2825 Reclamation Ave. ✓		19. RACE American Indian, Black, White, etc. (Specify) Amr. Indian		
20. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) College (1-4 or 5+) 12		21. DATE FILED (Month, Day, Year) APR 24 1998		
22. NAME, ADDRESS AND ZIP OF FACILITY (Davenport's Chapel of the Good Shepherd, 6420 South Sixth St, Klamath Falls, Oregon 97603-7194)				
23. SIGNATURE OF REGISTRAR Edward J. Johnson				
24. RESERVED FOR REGISTRAR'S USE				
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
25. TIME OF DEATH 12:30 P.M.		26. MEDICAL BARRIER NOTIFIED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
27. To the best of my knowledge, death occurred at the time, place and due to the cause(s) and manner stated.		28. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner stated.		
29. DATE SIGNED (Month, Day, Year) April 23, 1998		30. DATE SIGNED (Month, Day, Year) COUNTY		
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Charles Christensen, MD, 1900 Main Street, Klamath Falls, Oregon 97601				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33. PART I: CAUSE OF DEATH (a) Cerebrovascular Accident DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.				
34. 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				
35. 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
36. 39. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Other		41. DATE OF INJURY (Month, Day, Year) 42. TIME OF INJURY 43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
44. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		45. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
46. RESERVED FOR REGISTRAR'S USE				

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED MAY 12 1998

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Viola W. Vaughan the 1st day of June A.D., 19 98 at 2:49 o'clock P.M., and duly recorded in Vol. M98 of Deeds on Page 18476

FEE \$10.00

By Bernetha G. Leitch, County Clerk
Kathleen Ross