

RECORDING TO SPECIFY TIERJEN Local 156 HARRY

2002 OREGON K. FAI OR 97601

DATE OF DEATH (Month, Day, Year) February 26, 1998

DATE OF BIRTH (Month, Day, Year) July 22, 1930

1. SOCIAL SECURITY NUMBER 478-32-0561

2. SEX M 3. AGE 67 4. RACE White 5. ETHNICITY Other

6. PLACE OF BIRTH Poland 7. PLACE OF DEATH Klamath Falls, Oregon

8. FACILITY (Name) Manila West Medical Center 9. CITY/TOWN OF DEATH Klamath Falls

10. DECEASED'S FULL OCCUPATION (Do not list if deceased during past 12 months) cook

11. RESIDENCE - STATE Oregon 12. COUNTY Klamath

13. RESIDENCE CITY Grignon 14. ZIP CODE 97628

15. WAS DECEASED AT WORK OR BUSINESS? No

16. DATE OF DEATH February 26, 1998

17. FATHER (Name) Holani, Turner 18. MOTHER (Name) William Cord - Husband

19. METHOD OF DISPOSITION Burial 20. PLACE OF BURIAL Gravels Hills Memorial Gardens, Klamath Falls, Oregon

21. SIGNATURE OF DECEASED (If signed) David Pinnosian 22. DATE SIGNED (Month, Day, Year) MAR 02 1998

23. DATE FILED (Month, Day, Year) MAR 02 1998

24. TO BE COMPLETED BY CERTIFYING PHYSICIAN

25. TIME OF DEATH 1538 26. DATE PHYSICIAN DECLARED DEAD (Month, Day, Year) February 26, 1998

27. On the basis of examination and investigation, in my opinion death occurred as a result of natural causes

28. DATE SIGNED (Month, Day, Year) February 26, 1998 29. COUNTY Klamath

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) David Pinnosian MD 8888 Campus Drive, Klamath Falls, OR

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN

32. PART I: DUE TO, OR AS A CONSEQUENCE OF, Respiratory Failure

33. PART II: OTHER SIGNIFICANT CONDITIONS (Do not list conditions contributing to death but not underlying causes given in Part I)

34. MANNER OF DEATH Natural 35. DATE OF ACQUITTAL (Month, Day, Year) February 26, 1998

36. PLACE OF DEATH At Home 37. PLACE OF DEATH At Home

38. DESCRIBE HOW INJURY OCCURRED

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

40. DATE ISSUED MAR 02 1998

41. SIGNATURE OF REGISTRAR Edward J. Johnson II

42. STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 12th day

of June A.D. 19 98 at 3:46 o'clock P. M. and duly recorded in Vol. M98

of Deeds on Page 20241

By Bernetha G. Letsch, County Clerk

FEE \$10.00