CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION

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

H-15073 — ID TAG NO. — 16 — Local File Number

21265 — 136- — State File Number

DECEDENT

1. DECEDENT'S NAME: First: Glenn; Middle: Kermit; Last: TRON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 6, 1998
4. SOCIAL SECURITY NUMBER: 502-14-4926
5a. AGE (Last Birthday) (Years): 71
5b. If Under 1 Year: Mos. / Days
5c. If Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Maddock, ND
7. DATE OF BIRTH (Month, Day, Year): September 9, 1926
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
8a. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher
10b. KIND OF BUSINESS/INDUSTRY: Railroad
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): ~~Theresa~~
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2826 Kane St.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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'S NAME: First: Ole; Middle: -; Last: Tron
18. MOTHER'S NAME: First: Inga; Middle: -; Maiden: Clifton

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Theresa Tron - wife
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Simonsen Crematory
20c. LOCATION - City or Town, State: Ashland, Oregon

REGISTRAR

21a. SIGNATURE, FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: RSD
21b. OREGON LICENSE NO. (Of Licensee): 3607
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JAN 09 1998
24. REGISTRAR'S SIGNATURE: Evelyn Simonsen
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2205 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): James N. Beggs MD
30. DATE SIGNED (Month, Day, Year): 1/7/98

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs, MD 2300 Clairmont, Klamath Falls, OR 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I (a) Bacterial pneumonia with sepsis
DUE TO OR AS A CONSEQUENCE OF
(b) Leukopenia
DUE TO OR AS A CONSEQUENCE OF
(c) Chemotherapy for Small Cell Ca Lung - metastatic
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART I

Interval between onset and death
16 Days
10 days
1wk

37. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ 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 ☐ 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
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)
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: JAN 09 1998

EDWARD J. JOHNSON
STATE REGISTRAR

STATE OF OREGON 1859

OREGON STATE HEALTH DIVISION

EXHIBIT A PAGE

EXHIBIT B
REAL PROPERTY

1) A parcel of land in the southeast quarter (SE 1/4) of Section Three (3), Township Forty (40) South, Range Fourteen (14) West; Willamette Meridian, Curry County, Oregon
County Tax Account No.: 1 00154-905 93
Tax Lot No: 01303
1996 Assessor's TCV: $ 51,410.00

2) Industrial, Block Seven (7), Lot Twenty (20) and Twenty-one (21), Klamath County, Oregon
634 Owens Street, Klamath Falls, Oregon
County Tax Acct No: R478682
Tax Lot No: R-3809-033BD-04200-000
1996 Assessor's TCV: $ 36,240.00

TOTAL: $ 87,650.00

Law Offices of Douglas V. Osborne
439 Pine St., Klamath Falls, OR 97601
(541) 884-8152, fax (541) 885-3102

21267

EXHIBIT C

PERSONAL PROPERTY

1)	Promissory Note from Charles Dobry III and Angela Dobry - Sale of the 1533 Madison Street Property		$78,392.15
2)	Automobiles:		
	a.	1973 Smokecraft Boat	1,000.00
	b.	1977 Reinell Boat	4,500.00
	c.	1977 EZ Load Light Boat Trailer	1,500.00
	d.	1967 Honda Motorcycle	500.00
	e.	1950 Plymouth (SOLD) (Proceeds to Checking)	00.00
	f.	1979 Chevrolet Pickup Truck	1,000.00
	g.	1979 Sixpack Camper	1,000.00
	h.	Wood Trailer	125.00
		SUBTOTAL:	$ 9,625.00
3)	Miscellaneous Property:		
	a.	Misc. Household goods, furnishing & equipment	3,525.00
	b.	Pool Table	500.00
	c.	Stereo system with speakers	750.00
	d.	Washer & Dryer at Madison Street Home (SOLD)	00.00
	e.	Washer & Dryer at Owen Street Home	200.00
	f.	Cookstove at Madison Street Home (SOLD)	00.00
	g.	Cookstove at Owen Street Home	75.00
	h.	Refrigerator at Madison Street Home	00.00
	i.	Refrigerator at Owen Street Home	50.00
	j.	Law mower & garden tools	100.00
	k.	Hot Tub	1,000.00
	l.	Pellet Stove	500.00
		SUBTOTAL:	$6,700.00
		TOTAL:	$94,717.15

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State of Oregon, County of Klamath
Recorded 5/28/99, at 1:01 p.m.
In Vol. M99 Page 21262
Linda Smith, County Clerk
Fee $ 35.-
Linda Smith