M06-12932

Klamath County, Oregon 06/23/2006 03:11:34 PM Pages 2 Fee: \$26.00

After Recording Return to:

RICK D. HENRY 323 Front S

K. Falls ORE. 9760 | Until a change is requested all tax statements

Shall be sent to the following address:

RICK D. HENRY Same as above

> ASOON: 63383 MS WARRANTY DEED (INDIVIDUAL)

WILLIAM GREGORY, herein called grantor, convey(s) to RICK D. HENRY, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 1, Block 28, FIFTH ADDITION TO KLAMATH RIVER ACRES, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 021 MAP 4008-006BB TL 01800 KEY #622516

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$232,000.00. (here comply with the requirements of ORS 93.930)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)). THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)).

Dated June 23, 2006.

William Jugory
WILLIAM GREGORY

STATE OF OREGON, County of Klamath) ss.

on work 3 , 2006 personally appeared the above named WILLIAM GREGORY and acknowledged the foregoing instrument to be his voluntary act and deed.

This document is filed at the request of:

ASPEN TITLE & ESCROW, INC.

525 Main Street Klamath Falls, OR 97601 Order No.: 00063383 Notary Public for Oregon
My commission expires: 3//0/09

Official Seal

OFFICIAL SEAL
M. A. SILVERIA
NOTARY PUBLIC-OREGON
COMMISSION NO. 390459
MY COMMISSION EXPIRES MAR. 10, 2009

SWS Vision Form SDD03OR Rev. 01/23/97

26-A

7735

10-17-95P02:21 RCVD .VOL M95 Page 28300

	199974 1.D. TAG NO	1	۲	RTMENT OF HUM REALTH DIV IS IOI	N			
	290 Local File Num		CENTER	FOR HEALTH ST TIFICATE OF DE	ATISTICS 1		ale File Num	ber
	1. DECEDENT'S First	1	M·ddle	Lasi		2. SEX	3. DATE OF	DEATH (Month, Day, Year)
	Cord		Earlene	GREGO		Female		25. 1995
	4. SOCIAL SECURITY NO	UMBER 5a AGE-Last 6 (Years)	Birthday 5b Under 1 Mos Day		B. BIRTHPLACE (Cit) Country)		gn 7. DATE OF	BIRTH (Month, Day, Year)
	553-52-0990	T INT 5	2	. 1	Bakersfi		March	1 27 . 1943
DECEDENT	U.S. ARMED FORCES?	NOSPIIAL OIN	patient []ER/Outpatle		Nursing Home 📆 Dec		Other (Specify)	
	96. FACILITY NAME III A	•	eet and number)	1	TOWN, OR LOCATIO	ON OF DEATH	,	9d. COUNTY OF DEATH
'	15333 Green	I OCCUPATION	105 KIND OF	BUSINESS/INDUSTRY	111. MARITA	AL STATUS - Marr	ed. 12. SPOUS	Klamath
2	(Give kind of work do Do not use retired)	one during most of work	king life		Never I Divorce	Married, Widowed, ed (Specify)		
3	Owner/operat			are Center	Marr		W1111	Lam
·	13a. RESIDENCE - STATE			OWN OR LOCATION		ET AND NUMBER		оор РО Вож 557
5	Oregon 13e. INSIDE CITY 13f.	Klamati	WAS DECEDENT OF	HISPANIC ORIGIN?	15. RACE American Black, White, etc. (s	Indian,	16. DECED	ENT'S EDUCATION
3	1	07607	Specify No or Yes - If yes lexican, Puerto Rican, et pecify:	s, specify Cuban, tc.) [3]No []Yes	ł .	Eleme		ighest grade completed) ry (0.12) Collego (1.4 or 5.4)
	Yes IK No	3/02/			White	110 (0)500114	8	relationship to deceased
PARENTS	Calvin Est		last 18 MOTHER - Ruth	_	makken Lrgent	1	_	y, husband
	20a, METHOD OF DISPO			F DISPOSITION (Name of ce	~		N · City or Tow	
DISPOSITION	80 Burial ☐ Cremation		te				or c=:	
7	☐ Donation ☐ Other (Cemetery Tab License NUMBER	22 NAME ADDRES	Keno,	OR 976	27 inport's Chapel
3	PIRSON ACTING A	S SUCH	0	(Of Licensee)	of the Go	od Sheph	erd, 642	nport's Chapel 20 So. 6th St.,
,	Belliam .	J. Nove	upart	CO-3104	Klamath F	alls, Öre		
REGISTRAR	23. DATE FILED (Month,	Day, Year)	IN 2 & 1995	-	24. REGISTRAR'S S		/	
	25. DID HOSPITAL REPR	RESENTATIVE MAKE P	EQUEST FOR ANATOM	ICAL GIFT CONSENT?	28. WAS GIFT MAD		man	en
\mathcal{L}_i (☐YES ☐NO	EXINIA			□YES □	NO 23 N/A		
· · · · · ·								
)——— I			ERTIFYING PHYSICIAN		TO BE	COMPLETED ON		L EXAMINER AD (Month, Day, Year, Hour)
I	27. TIME OF DEATH 18:44 P	M Dyes SA		ſ	IN ITME OF DEATH	JID. DATE PHO	MOUNCED DE	NO (Montin, Day, Year, Hour)
	29. To the best of my kni	owledge, death occurr		ace and	2. On the basis of ex-	amination and/or	nvestigation, in	my opinion death occurred i manner stated.
CERTIFIER	(Signature)	ing manner stated.	Λ -		(Signature)	Hace and due to t	ne cause(s) ano	manner stated.
	30. DATE SIGNED (MATERIAL	MAD	welens 9					
2					DATE SIGNED (Mo	ath Day Yearl		COLINITY
	· · · · · · · · · · · · · · · · · · ·				. DATE SIGNED (Moi	nih, Day, Year)		COUNTY
	June 26, 19	995	TIFIER/MEDICAL EXAMI		3. DATE SIGNED (Mo)	nih, Day, Year)		COUNTY
	June 26, 19 34. NAME, TITLE, ADDRE Ralph A. Br	995 ESS AND ZIP OF CER reitenstein	, MD, 2622	NER (Type or Print) Campus Drive,		·	on 9760	
CONDITIONS	June 26, 19	995 ESS AND ZIP OF CER reitenstein	, MD, 2622	NER (Type or Print) Campus Drive,		·	30n 9760	
CONDITIONS	June 26, 19 34. NAME, TITLE, ADDRE Ralph A. Br	995 ess and zip of cer reitenstein ig physician if oth	ER THAN CERTIFIER (7)	NER (Type or Print) Campus Drive,	Klamath Fa	lls, Oreg		Interval between onset
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	June 26, 19 34. NAME, TITLE, ADDRE Ralph A. Br 35. NAME OF ATTENDIN	995 ess and zip of cer reitenstein ig physician if oth	ER THAN CERTIFIER (7)	NER (Type or Print) Campus Drive,	Klamath Fa	lls, Oreg		1
CONDITIONS IF ANY MHICH GAVE RISE TO IMMEDIATE CAUSE TAING THE UNDERLYING	June 26, 19 34. NAME, TITLE, ADDRE Ralph A. Br 35. NAME OF ATTENDIN	995 ess and zip of cer reitenstein ig physician if oth	ER THAN CERTIFIER (7)	NER (Type or Print) Campus Drive,	Klamath Fa	lls, Oreg		Interval between onset and death IntervalDetween onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	June 26, 19 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) PART (II)	995 ESS AND ZIP OF CER Teltenstein IG PHYSICIAN IF OTH ENTER ONLY ONE CO	ER THAN CERTIFIER (7)	NER (Type or Print) Campus Drive,	Klamath Fa	lls, Oreg		Interval between onset and death
CONDITIONS IF ANY IF AN	June 26, 19 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) PART (II)	995 ess and zip of cer reitenstein ig physician if oth	ER THAN CERTIFIER (7)	NER (Type or Print) Campus Drive,	Klamath Fa	lls, Oreg		Interval between onset and death Interval between onset and death Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	June 26, 19 34. NAME, TITLE, ADDRE RAIPH A. Br 36. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) PART (a) DUE TO, OR AS A (b) PART (c)	995 ESS AND ZIP OF CER reitenstein IG PHYSICIAN IF OTH ENTER ONLY ONE CA CONSEQUENCE OF CONSEQUENCE OF	AUSE PER LINE FOR IA	NER (Type or Print) Campus Drive, ype or Print) (16), AMD (c), De not coter to	Klamath Fa	11s, Oreg	ory Arrest	Interval between onset and death
CONDITIONS IF ANY IF AN	June 26, 19 34. NAME, TITLE, ADDRE RAIPH A. Br 36. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) PART (a) DUE TO, OR AS A (b) PART (c)	995 ESS AND ZIP OF CER reitenstein IG PHYSICIAN IF OTH ENTER ONLY ONE CA CONSEQUENCE OF CONSEQUENCE OF	ER THAN CERTIFIER (7)	NER (Type or Print) Campus Drive, ype or Print) (16), AMD (c), De not coter to	Klamath Fa	11s, Oreg	8. AUTOPSY 3	Interval between oriset and death Interval between onset and death October onset of death?
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A (b) DUE TO, OR AS A PART (c) OTHER SIGNIFIAN Conditions contribu	995 ESS AND ZIP OF CER reitenstein IG PHYSICIAN IF OTH ENTER ONLY ONE CA CONSEQUENCE OF: CONSEQUENCE OF: INT CONDITIONS Illing to death but not re	AUSE FER LINE FOR IAL	NER (Type or Print) Campus Drive, ype or Print) (1b), AMD (c)) De not coter s cause given in PART I.	Klamath Fa	11s, Oreg	8. AUTOPSY 3	Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	June 26, 19 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A (b) DUE TO, OR AS A PART (II) OTHER SEMIMEA II CONDITION 40. MANNER OF DEATH	ESS AND ZIP OF CER TEITERSTEIN IG PHYSICIAN IF OTH ENTER ONLY ONE CO. CONSEQUENCE OF: A CONSEQUENCE OF: INT CONDITIONS Jing to death but not re	AUSE FER LINE FOR IAL	NER (Type or Print) Campus Drive, ype or Print) (15), AND (a)) Do not color to the color of the	Klamath Fa	11s, Oreg	8. AUTOPSY 3	Interval between oriset and death Interval between onset and death October onset of death?
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	June 26, 19 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) PART (a) DUE TO, OR AS A (b) CONDITION OF AS A CONDITION 40. MANNER OF DEATH CANADURAL ACCIDENT ACCIDENT	ESS AND ZIP OF CER reitenstein G PHYSICIAN IF OTH ENTER ONLY ONE OF CONSEQUENCE OF: CONSEQUENCE OF: NT CONDITIONS Illing to death but not re Pending Investigation Undetermined Monner	AUD, 2622 (SER THAN CERTIFIER (7) AUSE PER LINE FOR VAIL BOURTING In the underlying TE OF INJURY 41b. TIME INJURY 141b. TIME INJURY 141	NER (Type or Print) Campus Drive, ype or Print) (L), AND (a)) Do not color to cause given in PART I. E OF	Klamath Fa mode of dying, e.g. C. 37. Did lobacco use in the dealit? No	11s, Oreg	8. AUTOPSY 3	Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) PART (a) DUE TO, OR AS A (b) OTHER SCHIRCA Conditions contribut 40. MANNER OF DEATH DENatural Cacident Suicide Suicide	995 ESS AND ZIP OF CER reitenstein IG PHYSICIAN IF OTH ENTER ONLY ONE C. CONSEQUENCE OF CONSEQUENCE OF INT CONDITIONS Juling to death but not re A TONDITIONS JULING TONDITIONS J	AUD, 2622 (SER THAN CERTIFIER (7) AUSE PER LINE FOR VAIL BOURTING In the underlying TE OF INJURY 41b. TIME INJURY 141b. TIME INJURY 141	NER (Type or Print) Campus Drive, ype or Print) (L), AND (a)) Do not color to cause given in PART I. E OF	Klamath Fa mode of dying, e.g. C. 37. Did lobacco use in the dealit? No	11s, Oreg	8. AUTOPSY 3	Interval between oriset and death Interval between onset and death October onset of death?
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF OFATH	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A (b) DUE TO, OR AS A PART (C) THE SANIALA Conditions contribut 40. MANNER OF DEATH Accident Accident Suicide Homicide	ESS AND ZIP OF CER TEITER STEIN G PHYSICIAN IF OTH ENTER ONLY ONE CA CONSEQUENCE OF: CONSEQUENCE OF: INT CONDITIONS Illing to death but not re Intervention Ala DA' (Mo Intervention Intervention	ACC OF INJURY Atho	NER (Type or Print) Campus Drive, ype or Print) (L), AND (a)) Do not color to cause given in PART I. E OF	Klamath Fa mode of dying, e.g. C. 37. Did lobacco use in the dealit? No	11s, Oreg	8. AUTOPSY 3	Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Br 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A (b) DUE TO, OR AS A (c) OTHER SANIECA Conditions contribut 40. MANNER OF DEATH SANIELA Accident Accident Suicide Homicide RESERVED FOR REGIST	ESS AND ZIP OF CER TEITERS TEIT IG PHYSICIAN IF OTH ENTER ONLY ONE CO CONSEQUENCE OF: CONSEQUENCE OF: IT CONDITIONS Jing to death but not re Pending investigation Undetermined Manner Legal Undetermined Helpal Intervention RAR'S USE	A. MD, 2622 (SER THAN CERTIFIER (7) AUSE FER LINE FOR (4) Seulting in the underlying in the underlyi	NER (Type or Print) Campus Drive, ype or Print) (12), AND (c); Do not enter to allow possible. Cause given in PART I. E OF	Klamath Fa	11s, Oreg	8. AUTOPSY 3	Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF OFATH	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Br 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A PART (II) OTHER SSINICA (C) OTHER SSINICA III OTHER SSINICA LANGING CONTRIBUTE ACCIDENT Suicide Homicide RESERVED FOR REGISTI	ESS AND ZIP OF CER TEITERS TEIT IG PHYSICIAN IF OTH ENTER ONLY ONE CO CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: A CONSE	ALL OF INJURY AT A TO INJURY OF INJURY AT A TO INJURY AT A TO INJURY AT A TO INJURY OF INJU	NER (Type or Print) Campus Drive, ype or Print) (L), AND (a)) Do not color to cause given in PART I. E OF	Klamath Fa node of dying, e.g. Co. 37 Did (obacco use to line dealit? Filives C. A. 41d. DESCRIBE HOV 41f. LOCATION (Sire	11s, Oreg	8. AUTOPSY 3	Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF OFATH	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Br 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A PART (II) OTHER SSINICA (C) OTHER SSINICA III OTHER SSINICA LANGING CONTRIBUTE ACCIDENT Suicide Homicide RESERVED FOR REGISTI	ESS AND ZIP OF CER TEITERS TEIT IG PHYSICIAN IF OTH ENTER ONLY ONE CO CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: A CONSE	A. MD, 2622 (SER THAN CERTIFIER (7) AUSE FER LINE FOR (4) Septimal of the underlying in the underlyi	NER (Type or Print) Campus Drive, ype or Print) Lib. AND (c) J De not enter to a long to the print) Cause given in PART I. E OF 41c. INJURY AT WORK? M Yes No me, larm, street, factory, office	Klamath Fa	ardian or Pespirate Ardian or Pespirate Contribute 3 Probably Unknown [V INJURY OCCUR	B. AUTOPSY 3	Interval between onset and death Interv
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF OFATH	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Br 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A PART (II) OTHER SSINICA (C) OTHER SSINICA III OTHER SSINICA LANGING CONTRIBUTE ACCIDENT Suicide Homicide RESERVED FOR REGISTI	Pending to death but not result intervention the purchase of the pending to death but not result intervention the pending threating to death but not result intervention the pending threating to death but not result intervention the pending threating to death but not result intervention the pending threating to death but not result intervention the pending threating threatin	AUSE PER LINE FOR VAILABLE IN THE LINE FOR INJURY A A THOUGHT IN THE LINE FOR INJURY A THOUGHT IN THE LINE	Campus Drive, Campus Drive, ype or Print) Lib. AND (c) Do not enter to the print) Cause given in PART I. E OF 41c. INJURY AT WORK? M Yes No The DOCUMENT OLCOUNTY REGISTRA	Klamath Fa	ardion or Pespirali Losin contribute 3 Probably Unknown V INJURY OCCUR eet and Number of	B. AUTOPSY 3 In Page 1 Rep. 1 Rural Route I	Interval between onset and death Interv
CONDITIONS IF ANY IF AN	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A (b) DUE TO, OR AS A PART (c) OTHER SEMIACA Conditions contribut 40. MANNER OF DEATH SALUTAL CAUCIDED HOMICIDE RESERVED FOR REGISTE THIS IS A TRUE REGISTERED A	Pending to death but not result intervention the purchase of the pending to death but not result intervention the pending threating to death but not result intervention the pending threating to death but not result intervention the pending threating to death but not result intervention the pending threating to death but not result intervention the pending threating threatin	A. MD, 2622 (SER THAN CERTIFIER (7) AUSE FER LINE FOR (4) Septimal of the underlying in the underlyi	Campus Drive, Campus Drive, ype or Print) Lib. AND (c) Do not enter to the print) Cause given in PART I. E OF 41c. INJURY AT WORK? M Yes No The DOCUMENT OLCOUNTY REGISTRA	Klamath Fa	andian or Pespirali contribute 3 Probably Unknown V INJURY OCCUR JANET BAIL	8. AUTOPSY 3. In Property of the Property of t	Interval between onset and death Interv
CONDITIONS IF ANY IF AN	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A PART (II) OTHER SEMIREA Conditions contribut 40. MANNER OF DEATH SNatural Accident Suicide Homicide RESERVED FOR REGIST THIS IS A TRUE REGISTERED A	Pending to death but not result intervention the purchase of the pending to death but not result intervention the pending threating to death but not result intervention the pending threating to death but not result intervention the pending threating to death but not result intervention the pending threating to death but not result intervention the pending threating threatin	AUSE PER LINE FOR VAILABLE IN THE LINE FOR INJURY A A THOUGHT IN THE LINE FOR INJURY A THOUGHT IN THE LINE	Campus Drive, Campus Drive, ype or Print) Lib. AND (c) Do not enter to the print) Cause given in PART I. E OF 41c. INJURY AT WORK? M Yes No The DOCUMENT OLCOUNTY REGISTRA	Klamath Fa mode of dying, e.g. Co. 37 Did lobacco use to inte dealth? Fi Yes C. I. C.	ardion or Pespirali Losin contribute 3 Probably Unknown V INJURY OCCUR eet and Number of	B. AUTOPSY 3 "Yes TO No RED TRUTAL ROUTE 1 EY GOBER EGISTRAR	Interval between onset and death
CONDITIONS IF ANY IF AN	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AL A (b) DUE TO, OR AL A (c) OTHER SEMIMEA (conditions contributed to the cont	995 ESS AND ZIP OF CER reitenstein IG PHYSICIAN IF OTH ENTER ONLY ONE CO. CONSEQUENCE OF: CONSEQUENCE OF: INT CONDITIONS - Juling to death but not re Intervention RAR'S USE AND EXACT RE T THE OFFICE CO. JUN	ACE OF INJURY ATTO DEFTHE KLAMATH ORIGINAL* 2 6 1995	Campus Drive, ype or Print) Campus Drive, ype or Print) Cause given in PART I. E OF	Klamath Fa mode of dying, e.g. C. 37 Did fobacco use in the dealin? No	and or or Pespirate ardiar or Pespirate contribute 3 Probably Unknown [VINJURY OCCUR JANET BAIL COUNTY RI KLAMATH COU	8. AUTOPSY 3 Yes No RED RED Yes OBER EY GOBER EGISTRAR NTY OREGO	Interval between onset and death
CONDITIONS IF ANY IF AN	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A PART (II) OTHER SEMINICAL Conditions contribut 40. MANNER OF DEATH SMAIUTAL Conditions contribut 40. MANNER OF DEATH SMAIUTAL Conditions THIS IS A TRUE REGISTERED A DATE ISSUED:	995 ESS AND ZIP OF CER reitenstein IG PHYSICIAN IF OTH ENTER ONLY ONE CO. CONSEQUENCE OF: CONSEQUENCE OF: INT CONDITIONS - Juling to death but not re Intervention RAR'S USE AND EXACT RE T THE OFFICE CO. JUN	ACE OF INJURY ATD. TIME INJURY ATD. ORIGINAL. 2 6 1995	Campus Drive, ype or Print) Campus Drive, ype or Print) Cause given in PART I. LE OF AT WORK? M Yes No me,larm,street,tactory,office	Klamath Fa mode of dying, e.g. C. 37 Did fobacco use in the dealin? No	and or or Pespirate ardiar or Pespirate contribute 3 Probably Unknown [VINJURY OCCUR JANET BAIL COUNTY RI KLAMATH COU	8. AUTOPSY 3 Yes No RED RED Yes OBER EY GOBER EGISTRAR NTY OREGO	Interval between onset and death
CONDITIONS IF ANY IF AN	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A PART (II) DUE TO, OR AS A PART (III) OTHER SANIACA Conditions contribut 40. MANNER OF DEATH ACCIDENT III OTHER SANIACA Conditions contribut 40. MANNER OF DEATH ACCIDENT III OTHER SANIACA Conditions contribut THIS IS A TRUE REGISTERED A A DATE ISSUED:	995 ESS AND ZIP OF CER reitenstein IG PHYSICIAN IF OTH ENTER ONLY ONE CO. CONSEQUENCE OF. ICONSEQUENCE OF. I	ACE OF INJURY ATTO INGINAL. PRODUCTION OF THE KLAMATH ORIGINAL. 2 6 1995 ACH THE SS.	Campus Drive, ype or Print) Campus Drive, ype or Print) Cause given in PART I. E OF 41c. INJURY AT WORK? M Yes No The DOCUMENT O I COUNTY REGISTRA VITAL STATISTICS	Klamath Fa mode of dying, e.g. C. 37 Did fobacco use in the dealin? No	and or or Pespirate ardiar or Pespirate contribute 3 Probably Unknown [VINJURY OCCUR JANET BAIL COUNTY RI KLAMATH COU	B. AUTOPSY 3 In The State of S	Interval between onset and death Interv
CONDITIONS IF ANY IF AN	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A PART (II) DUE TO, OR AS A PART (III) OTHER SANIALA Conditions contribut 40. MANNER OF DEATH (ANALURA III) DISuicide Homicide THIS IS A TRUE REGISTERED A ADATE ISSUED: GON: COUNTY at request of	SESS AND ZIP OF CER TEITERS TEIT IG PHYSICIAN IF OTH ENTER ONLY ONE CA CONSEQUENCE OF: CONSEQ	a, MD, 2622 (FOR THAN CERTIFIER (7) AUSE FER LINE FOR (4) PRODUCTION OF THE KLAMATH ORIGINAL. 2 6 1995 ATH: SS. Lam Gregor	Campus Drive, ype or Print) Campus Drive, ype or Print) Lib. AND (a)) Do not color to the color of the color	Klamath Fa mode of dying, e.g. C. 37. Did lobacco use to the dealth. I he Li c. 41d. DESCRIBE HOV. 41f. LOCATION (Sire) FFICIALLY R. COPY	andian or Pespirate andian or Pespirate contribute 3 Probably Unknown V INJURY OCCUR JANET BAIL COUNTY RE KLAMATH COU	RED AUTOPSY 3 Yes 00 No RED TRUTH ROUTE I	Interval between onset and death Interval between onset and death Interval between onset and death 2000 Interval between onset and death 2 No Standard death Interval between onset and death Interval betw
CONDITIONS IF ANY IF AN	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A PART (I) OTHER SANIELA (C) OTHER SANIELA ACCIDENT HOMICIDE RESERVED FOR REGISTI THIS IS A TRUE REGISTERED A DATE ISSUED: GON: COUNTY at request of er A.	Pending investigation Undertermined Manner Legal Intervention RAR'S USE AND EXACT RETT THE OFFICE COUNTY OF KLAMA Willing D., 19 95	a, MD, 2622 (Left than Certifier (7) AUSE PER LINE FOR (4) AUSE P	Campus Drive, ype or Print) Campus Drive, ype or Print) (ii): AND (a): Do not color to the color of the colo	Rlamath Fa node of dying, e.g. C. 37. Did tobacco use to interest to interes	ardian or Pespirate ardian or Pespirate contribute Probably Unknown V INJURY OCCUR JANET BAIL COUNTY RE KLAMATH COU	RED AUTOPSY 3 Yes 00 No RED TRUTH ROUTE I	Interval between onset and death Interval between onset and death Interval between onset and death 2000 Interval between onset and death 2 No Standard death Interval between onset and death Interval betw
CONDITIONS IF ANY IF AN	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Bi 35. NAME OF ATTENDIN 36. IMMEDIATE CAUSE (I) DUE TO, OR AS A PART (II) DUE TO, OR AS A PART (III) OTHER SANIALA Conditions contribut 40. MANNER OF DEATH (ANALURA III) DISuicide Homicide THIS IS A TRUE REGISTERED A ADATE ISSUED: GON: COUNTY at request of	SESS AND ZIP OF CER TEITERS TEIT IG PHYSICIAN IF OTH ENTER ONLY ONE CA CONSEQUENCE OF: CONSEQ	a, MD, 2622 (Left than Certifier (7) AUSE PER LINE FOR (4) AUSE P	Campus Drive, ype or Print) Campus Drive, ype or Print) Campus Drive, ype or Print) Cause given in PART I. E OF	Rlamath Fa mode of dying, e.g. C. 37. Did tobacco use to the dealth? I No Li C. 416. DESCRIBE HOW A16. DESCRIBE HOW A17. LOCATION (Sire) FFICIALLY R. COPY P. M., a on Page	ardian or Pespirate ardian or Pespirate ardian or Pespirate contribute 3 Probably Unknown V INJURY OCCUR JANET BAIL COUNTY RE KLAMATH COU	RED TRUTH ROUTE I	Interval between onset and death Interv
CONDITIONS IF ANY IF AN	June 26, 1 34. NAME, TITLE, ADDRE Ralph A. Br 35. NAME OF ATTENDIN 35. IMMEDIATE CAUSE (I) DUE TO, OR AN A PART (I) OTHER SIMILEA Conditions contribut 40. MANNER OF DEATH SMALUTAI ACCIDENT HOMICIDE RESERVED FOR REGISTI THIS IS A TRUE REGISTERED A DATE ISSUED: OTHER SIMILEA OFTH CONTRIBUTION ACCIDENT ACCIDENT THIS IS A TRUE REGISTERED A OFTH CONTRIBUTION ACCIDENT	Pending investigation Undertermined Manner Legal Intervention RAR'S USE AND EXACT RETT THE OFFICE COUNTY OF KLAMA Willing D., 19 95	a, MD, 2622 (Left than Certifier (7) AUSE PER LINE FOR (4) AUSE P	Campus Drive, ype or Print) Campus Drive, ype or Print) Campus Drive, ype or Print) Cause given in PART I. E OF	Rlamath Fa node of dying, e.g. C. 37. Did tobacco use to interest to interes	ardian or Pespirate ardian or Pespirate ardian or Pespirate contribute 3 Probably Unknown V INJURY OCCUR JANET BAIL COUNTY RE KLAMATH COU	RED TRUTH ROUTE I	Interval between onset and death Interv