

## MISCELLANEOUS RECORD G

SKAMANIA COUNTY

Johnson-Cox Company, Makers, Theobald-4227

#32071

Clyde W. Linville, Jr. to Violet Z. Linville

## Power of Attorney

Know all men by these presents, That I, Clyde W. Linville, Jr., of Stevenson, Skamania County, Washington, do hereby constitute and appoint Violet Z. Linville, my wife, my true and lawful attorney to act in, manage and conduct all my affairs, and for that purpose in my name and on my behalf to do and execute all or any of the following acts, deeds, and things, that is to say:

1. To enter into and upon all and singular my real estate, and to let, manage, and improve the same or any part thereof, and to repair or other wise improve or alter, and to insure any buildings thereon.

2. To contract with any person for leasing for such periods, at such rents, and subject to such conditions as my attorney shall see fit, all or any of my said real estate, and any such person to let into possession thereof, and to execute all such leases and contracts as shall be necessary or proper in that behalf, and to give notice to quit to any tenant or occupier thereof, and to receive and recover from all tenants and occupiers thereof or any part thereof all rents, arrears of rent, and sums of money which now are or hereafter become due and payable in respect thereof, and also on non-payment thereof or any part thereof to take all necessary or proper means and proceedings for determining the tenancy or occupation of such tenants or occupiers, and for ejecting the tenants or occupiers and recovering the possession thereof.

3. To sell, either at public or private sale, or exchange any part or parts of my real estate or personal property for such consideration and upon such terms as my attorney shall think fit, and to execute and deliver good and sufficient deeds or other instruments for the conveyance or transfer of the same, with such covenants of warranty or otherwise as my attorney shall see fit, and to give good and effectual receipts for all or any part of the purchase price or other consideration.

4. To borrow any sum or sums of money on such terms and with such security, whether real or personal property, as my attorney shall think fit, and for that purpose to execute all promissory notes, bonds, mortgages, and other instruments which may be necessary or proper.

5. I do hereby ratify and confirm any and all such acts, deeds or things done by my said attorney under and by virtue hereof, as fully and completely as though I were personally present and doing said acts.

In Witness Whereof, I have hereunto set my hand this 7th day of October, 1942.

Clyde W. Linville, Jr.

STATE OF WASHINGTON )  
COUNTY OF SKAMANIA ) ss

I, the undersigned, a Notary Public in and for the State of Washington, do hereby certify that on this 7th day of October, 1942, personally appeared before me Clyde W. Linville, Jr., of Stevenson, Skamania County, Washington, to me known to be the person described in and who executed the within and foregoing instrument, and acknowledged to me that he executed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

In Witness Whereof, I have hereunto set my hand and official seal the day and year in this certificate first above written.

(Notarial seal affixed)

R. K. Ecker  
Notary Public in and for the State  
of Washington, residing at Stevenson.

# MISCELLANEOUS RECORD G

SKAMANIA COUNTY

345

Johnson-Cox Co., Albany, N.Y., Makers, Tacoma - 4587

Filed for record October 10, 1942 at 11-50 a.m. by Carter

Mabel J. J. J.  
Skamania County Auditor.

#32070

Frank W. Hill to The Public

Oregon State Board of Health Division of Vital Statistics.

Standard Certificate of Death State of Oregon. State File No. 257. Local Registrar's No. 222. 11107

1. Place of death: (a) County Umatilla  
(b) City or town Pendleton (If outside city or town limits write rural.)  
(c) Name of hospital or institution: Eastern Oregon State Hospital  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 11y9m25d In state 35 y years, months or days.
  2. Usual residence of deceased:  
(a) State Oregon (b) County Multnomah (c) City or town Portland, Oregon  
(if outside city or town limits write rural) (d) Street No. 187  
Granado Court (If rural give location) (e) If foreign born, how  
long in U.S.A.? 35 years.
  3. (a) Full name Frank N. Hill
  3. (b) If veteran, name war -- 3. (c) Social Security No. --
  4. Sex: M
  5. Color or race: W
  6. (a) Single, widowed, married, divorced: Married.
  6. (b) Name of husband or wife: Ina E. Hill
  6. (c) Age of husband or wife if alive: Unk years
  7. Birth date of deceased: unk. (month) unk. (day) abt. 1889 (year)
  8. Age: abt. 53 years months -- days--- If less than one day \_\_\_\_ hr. \_\_\_\_ min.
  9. Birthplace Finland (State or foreign country)
  10. Usual occupation: Ship carpenter
  11. Industry or business: --
  12. Name of father: Unk. 13. Birthplace Finland (State or foreign country)
  14. Maiden name of mother: unk. 15. Birthplace: Finland (State or foreign country)
  16. (a) Informant's own signature: EOSH Records  
(b) Address Box A, Pendleton, Oregon.
  17. (a) Cremation (b) Date thereof 8-29-42 (c) Place: cremation EOSH
  18. Signature of funeral director: EOSH  
(b) Address: Box A, Pendleton, Oregon.
  19. (A) 9/2/42 (b) R. N. Wilcox (Registrar's signature)  
(Date received local registrar)
- Medical certification:
20. Date of death: Month August day 26 year 1942 hour 12:45 p.m. minute
  21. I hereby certify that I attended the deceased from July 11, 1942, to August 26, 1942; that I last saw him alive on August 26, 1942; and that death occurred on the date and hour stated above.
  - Immediate cause of death: Pulmonary tuberculosis (13 b) Duration--
  - Due to ----- Due to -----
  - Other conditions Tuberculosis of bone Physician
  - (Include pregnancy within 3 months of death)
  - Major findings: Underline the cause to which death should be charged statistically
  - Of operations -----
  - Of autopsy -----
  22. If death was due to external causes, fill in the following:
    - (a) Accident, suicide, or homicide (specify) --
    - (b) Date of occurrence -----
    - (c) Where did injury occur? (City or town) (County) State)
    - (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (e) Means of injury -----
  23. Signature E I Silk, M. D.  
Address: Box A, Pendleton, Ore. Date signed 8/26/42.

STATE OF OREGON )  
(ss  
COUNTY OF MULTNOMAH )

I hereby certify that the above photograph is an exact replica of the original record on file with the Division of Vital Statistics of the Oregon State Board of Health.

Date: Sept. 28, 1942.

by Frederick G Strike, State Registrar  
G. Ruedy, 3d Assistant State Registrar

Filed for record October 10, 1942 at 9-00 a.m. by Karin M. Burnham

Mabel J. J. J.  
Skamania County Auditor.