COUNTY OF KLAMATH } ss.

Vol. M85 Page 17885

Certificate of Redemption

I, F. JEAN ELZNER, Tax Collector of Klamath County, Oregon, hereby certify that G L Shilder, being a person having an interest in the real property hereinafter mentioned on the date of the judgment hereinafter mentioned, or heir or devisee of such person, or holding a recorded lien on said property, has on this date redeemed the following-described real property, to-wit:

Code 44
4 1/3 Blks
St Francis Park

Key 519521

from the lien of that certain judgment and decree of foreclosure entered in the Circuit Court of the State of Oregon, on the 30 day of July, 19 85, in F. No. 414, by paying the full amount of the lien of said judgment against said property in the amount of $573.58, together with accruing interest in the amount of $ 208.62, and a 5% penalty in the amount of $ 49.75.

In Witness Whereof, I have hereunto set my hand this 31 day of October, 19 85.

F. JEAN ELZNER
TAX COLLECTOR
P. O. Box 5076
Klamath Falls, Oregon 97601

By Jean Nelson
Deputy.

Ret: G L. Shilder
2406 Getter
KFO 97602.

cash 5.00 No 372

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 4th day of November A.D., 19 85 at 10:19 o'clock A M., and duly recorded in Vol. M85, of Deeds on Page 17885.

FEE $5.00

Evelyn Biehn County Clerk
By Pam Smith

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME: First: BARBARA | Middle: MAE | Last: HUTCHINSON
2. DATE OF DEATH (month, day, year): February 15, 1985
3. RACE (White, Black, American Indian, etc.) (Specify): White
4. SEX: Female
5. AGE — Last Birthday (Years): 52 | Under 1 year: months / days | Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): May 6, 1932
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center
7c. IF HOSP OR INST Indicate DOA, OP Emer, Am. Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Lewis
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 540 - 36 - 1685
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife 1/4/61
14b. KIND OF BUSINESS OR INDUSTRY: At Home
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Beatty
15d. STREET AND NUMBER OR R.F.D., ZIP: PO Box 3 97621
15e. Inside City Limits (Specify yes or no): No
16. FATHER — NAME first middle last: Donald Joseph Hastings
17. MOTHER — first middle last (Maiden Name): Cecelia Perry
18. INFORMANT — NAME and relationship to deceased: Lewis Hutchinson - Husband
19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial
19b. CEMETERY OR CREMATORY — NAME: Chief Schonchin Cemetery
19c. LOCATION — City or town, State: Beatty, Oregon
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James L. Reed
20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 9760

20c. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a [Signature]: S. Bidleman MD
21b. DATE SIGNED (Mo., Day, Yr.): 2-19-85
21c. HOUR OF DEATH: 1:25 PM
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Oregon
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 22 1985
22b. REGISTRAR [Signature]: Johnnie Cravens

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Respiratory Arrest — Interval between onset and death: Immediate
DUE TO, OR AS A CONSEQUENCE OF:
(b) Carcinomatosis (Breast) with Brain Metastasis — Interval between onset and death: 6 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(c) Carcinoma (Breast) — Interval between onset and death: 18 months

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).

24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
26a. ACCIDENT (Specify Yes or No): No
26b. DATE OF INJURY (Mo., Day, Yr.):
26c. HOUR OF INJURY:
26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK (Specify Yes or No):
26f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):
26g. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 REV 12-83

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED OCTOBER 29 1985

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of November A.D., 19 85 at 10:19 o'clock A M., and duly recorded in Vol. M85 of Deeds on Page 17886 the 4th day

FEE $5.00

Evelyn Biehn County Clerk
By _____

Ret: Lewis Hutchinson Box 3, Beatty, Ore. 97621