MOUNTAIN TITLE COMPANY of Klamath County

407 MAIN • KLAMATH FALLS, OREGON 97601 • PHONE (503) 883-3401

71987

MTC-1396-99W

DEED OF RECONVEYANCE

Vol. M87 Page 3471

KNOW ALL MEN BY THESE PRESENTS, That the undersigned Trustee or Successor Trustee under that certain Trust Deed dated December 28, 19 76, executed and delivered by KEITH & EVELYN CALDWELL, husband & wife, as Grantor and recorded on December 30, 19 76, in the Microfilm Records of Klamath County, Oregon, in Volume M76, Page 20960, and Instrument No. ---------, conveying real property situated in said county described as follows:

Lot 15, Block 2, Tract 1091, Lynnewood in the City of Klamath Falls, Klamath County, Oregon, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

'87 MAR 4 PM 4 04

having received from the Beneficiary under said Trust Deed a written request to reconvey, reciting that the obligation secured by said Trust Deed has been fully paid and performed, hereby does grant, bargain, sell, and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described premises by virtue of said Trust Deed.

In construing this instrument and whenever the context hereof so required, the masculine gender includes the feminine and neuter and the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument; if the undersigned is a corporation, it has caused its corporate name to be signed.

DATED: March 4, 19 87.

Linda Stelle

BY: LINDA STELLE, PRESIDENT
MOUNTAIN TITLE COMPANY OF KLAMATH COUNTY

STATE OF OREGON, County of Klamath) ss.

March 4, 19 87

Personally appeared LINDA STELLE who, being duly sworn, did say that she is the PRESIDENT, MOUNTAIN TITLE COMPANY OF KLAMATH COUNTY, an Oregon corporation, and that said instrument was signed in behalf of said corporation by authority of its Board of Directors; and she acknowledged said instrument to be its voluntary act and deed.

BEFORE ME:

Kristi L. Redd

Notary Public for Oregon
My Commission Expires: 11/16/87

After recording return to:

Keith & Evelyn Caldwell
HC 30 Box 7B
Chiloquin, OR 97624

Until a change is requested all tax statements shall be sent to the following address:

NO CHANGE

THIS SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

on this 4th day of March A.D., 19 87
at 4:04 o'clock P M. and duly recorded
in Vol. M87 of Mtges. Page 3471
Evelyn Biehn, County Clerk
By Ann Smith Deputy.

Fee, $5.00

B 2606
ID TAG NO.
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED — NAME (First, Middle, Last): Audrey M. AGER
2. DATE OF DEATH (month, day, year): February 23, 1987
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE — Last birthday (years): 74
5b. Under 1 year (mos., days):
5c. Under 1 day (hours, min.):
6. DATE OF BIRTH (month, day, year): November 11, 1912
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. Rm., Inpatient (specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Clarice M. Ager
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 540-20-2374
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintence
14b. KIND OF BUSINESS OR INDUSTRY: U.S. Fish & Wildlife Commission

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 9670 Spring Lake Rd. ZIP 97603
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME (first, middle, last): Charles - Ager
17. MOTHER — first, middle, last (Maiden Name): Gussie - Kurtz
18. INFORMANT — NAME and relationship to deceased: Clarice M. Ager, Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b. CEMETERY OR CREMATORY — NAME: Klamath Cremation Service
19c. LOCATION (city or town, state): Klamath Falls, Ore.
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

CERTIFIER

21a–21e To Be Completed by Certifying Physician Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a. (Signature): [signature] M.D.
21b. DATE SIGNED (Mo., Day, Year): Feb. 26, 1987
21c. HOUR OF DEATH: 2:05 A. M
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): David D. Reeder, M.D., 2301 Mountain View Blvd., Klamath Falls, Ore. ZIP 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): February 24, 1987
22b. REGISTRAR (Signature): [signature]

CAUSE OF DEATH

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

23. PART I. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

(a) Gastric Hemorrhage — Interval between onset and death: Days

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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):
26b. DATE OF INJURY (Mo., Day, Year):
26c. HOUR OF INJURY: M
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):

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A ☐

WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

RESERVED FOR REGISTRAR'S USE

$5.00 Cash

ORIGINAL–VITAL STATISTICS COPY

45-2

STATE OF OREGON
COUNTY OF KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date February 24, 1987

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ the 4th day of March A.D., 19 87 at 4:27 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 3472.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

35206
STATE NO.

84
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1. DECEASED — NAME — First	Middle	Last		DATE OF DEATH (month, day, year)	
Guido	A.	ROBUSTELI		February 23, 1987	
2. RACE White, Black, American Indian, etc. (specify)	3. SEX	4a. AGE — Last birthday (years)	Under 1 day: Minutes / Hours / Days	4b. DATE OF BIRTH (month, day, year)	
White	Male	78		April 27, 1908	
5. CITY, TOWN OR LOCATION OF DEATH	6. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)		7c. IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify)	7d. COUNTY OF DEATH	
Klamath Falls	West Medical Center		Emer. Rm.	Klamath	
7a. STATE OF BIRTH (If not in U.S.A. name country)	8. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	11. SPOUSE (IF MARRIED, WIDOWED)	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
New Jersey	U.S.A.	Widowed	Phyllis Preece	No	
13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14b. KIND OF BUSINESS OR INDUSTRY			
540-20-4733	Planerman	Sawmill			
15a. RESIDENCE — STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER OR R.F.D.	ZIP	15e. Inside City Limits (specify yes or no)
Oregon	Klamath	Klamath Falls	4534 Peck Drive	97603	No
16. FATHER — NAME first middle last	17. MOTHER — first middle last (Maiden Name)		18. INFORMANT — NAME and relationship to deceased		
John P. Robusteli	Julia - Lardi		Sally P. Robusteli, daughter		
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	19b. CEMETERY OR CREMATORY — NAME		19c. LOCATION city or town, state		
Burial	Eternal Hills Memorial Gardens		Klamath Falls, Ore 97603		
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature)	20b. NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)	HOUR OF DEATH	
William F. Davenport	Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		21b. February 25, 1987	21c. 5:23 P. M	

CERTIFICATION OF DEATH

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a. (Signature) Pam Traina MD

21b. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Pam Traina, MD, 2865 Daggett Street, Klamath Falls, Oregon ZIP: 97601

21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601

21d. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)

22b. REGISTRAR (Signature) Barbara E. Lewis

CERTIFIER

22a. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

PART I — (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

23. IMMEDIATE CAUSE (a) Respiratory Arrest — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death

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

24. AUTOPSY (Specify Yes or No)	25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No	No

26a. ACCIDENT (Specify Yes or No)	26b. DATE OF INJURY (Mo., Day, Year)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED			
No						
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
No						

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Barbara E. Lewis, Deputy Registrar

Date March 4, 1987

VOID IF ALTERED

SEAL

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of March A.D., 19 87 at 8:35 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 3473.

FEE $5.00

the 5th day

Evelyn Biehn, County Clerk

By Pam Smith