

24 0111237

82529

DEED OF RECONVEYANCE

Vol. M87 Page

22304

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated June 2, 19 78, executed and delivered by MARK A. DANIELS and KRISTI A. DANIELS, husband and wife as grantor and recorded on June 6, 19 78, in the Mortgage Records of Klamath County, Oregon, in book M78 at page 11989, conveying real property situated in said county described as follows:

Lot 3, Block 7, Tract No. 1016, GREEN ACRES, in the County of Klamath, State of Oregon.

87 DEC 14 AM 11 24

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 requires, the masculine gender includes the feminine and neuter and the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument.

DATED: December 10, 19 87.

William L. Sisemore

Trustee

STATE OF OREGON,

County of Klamath } ss.  
December 10, 19 87.

Personally appeared the above named  
William L. Sisemore

and, acknowledged the foregoing instrument to be his voluntary act and deed.

(OFFICIAL SEAL)  
William L. Sisemore  
Notary Public for Oregon  
My commission expires 8/2/91

After recording, return to:  
Mr. Paul Ruttman  
5621 Valley View Ln  
Klamath Falls, OR 97607

NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instrument was received for record on the 14th day of December, 19 87, at 11:24 o'clock A.M., and recorded in book M87 on page 22304 or as file/reel number 82529.

Record of Mortgages of said County.  
Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk  
Recording Officer

By Sam Smith Deputy

SPACE RESERVED  
FOR  
RECORDER'S USE

Fee: \$5.00

CERTIFICATE OF DEATH

81-018696

Vital Records Unit

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEDENT  
IF DEATH  
OCCURRED IN  
INSTITUTION  
USE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS  
→

DISPOSITION

CERTIFIER

CONDITIONS  
IF DEATH  
WAS NOT  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE OF  
DEATH

447 Local File Number		First LOIS		Middle EVE		Last DUNN		State File Number	
1 DECEASED NAME		2 SEX Female		3 AGE Last birthday 78		4 Under 1 year Under 1 day		5 DATE OF DEATH (month, day, year) November 18, 1981	
6 RACE (White, Black, American Indian, etc. (specify)) White		7 MARRIAGE STATUS Married		8 HOSPITAL OR OTHER INSTITUTION - NAME West Medical Center		9 ROOM OR SUITE NUMBER Emer. Room		10 DATE OF BIRTH (month, day, year) August 4, 1903	
11 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		12 CITIZEN OF WHAT COUNTRY U.S.A.		13 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		14 COUNTY OF DEATH Klamath		15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
16 STATE OF BIRTH (if not in U.S.A.) Colorado		17 SOCIAL SECURITY NUMBER 522 - 05 - 9214		18 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		19 KIND OF BUSINESS OR INDUSTRY Homemaking		20 STREET AND NUMBER OR R.F.D. NO. 4403 Carlson Drive	
21 RESIDENCE - STATE Oregon		22 COUNTY Klamath		23 CITY, TOWN, OR LOCATION Klamath Falls		24 ZIP CODE 97601		25 SPOUSE - NAME and relationship to decedent Tom Dunn - Husband	
26 FATHER - NAME Robert Lovern		27 MOTHER - Maiden Name Eve		28 BIRTH - Date and place N/R		29 LOCATION Klamath Falls, Oregon		30	
31 FINAL CREMATION, BURIAL, OR OTHER DISPOSITION Burial		32 CEMETERY OR CREMATORIUM - NAME Eternal Hills Memorial Gardens		33 NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon		34 DATE SIGNED (Month, Day, Year) Nov 21, 1981		35 HOUR OF DEATH 6:04 P	
36 SIGNATURE OF REGISTRAR [Signature]		37 DATE RECEIVED BY REGISTRAR (Month, Day, Year) NOV 23 1981		38 REGISTRAR [Signature]		39		40	
41 IMMEDIATE CAUSE PART I		42 DUE TO, OR AS A CONSEQUENCE OF: Myocardial infarction		43 DUE TO, OR AS A CONSEQUENCE OF: Myocardial infarction		44		45	
46 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a) or (b) Coronary artery disease, hypertension		47 DATE OF INJURY (Month, Day, Year) No		48 HOUR OF INJURY No		49 DESCRIBE HOW INJURY OCCURRED No		50	
51 INJURY AT WORK (Specify Yes or No) No		52 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) No		53 LOCATION No		54 STREET OR R.F.D. NO. No		55 CITY OR TOWN No	
56		57		58		59		60	

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION

DEC 09 1981

DATE ISSUED

Herbert L. Hirst  
HERBERT L. HIRST  
STATE REGISTRAR

KLAMATH FIRST FEDERAL S&L  
2943 SOUTH SIXTH STREET  
KLAMATH FALLS, OR 97603

STATE OF OREGON: COUNTY OF KLAMATH: ss. \_\_\_\_\_ the 14th day  
Filed for record at request of Mountain Title Company on Page 22305  
of December A.D., 19 87 at 11:33 o'clock A.M., and duly recorded in Vol. M87  
of Deeds By Evelyn Biehn, County Clerk

FEE \$5.00