

The grantor covenants and agrees to and with the beneficiary and those claiming under him, that he is lawfully seized in fee simple of said described real property and has a valid, unencumbered title thereto

NONE

and that he will warrant and forever defend the same against all persons whomsoever.

The grantor warrants that the proceeds of the loan represented by the above described note and this trust deed are:
(a)* primarily for grantor's personal, family or household purposes (see Important Notice below),
(b) for an organization, or (even if grantor is a natural person) are for business or commercial purposes.

This deed applies to, inures to the benefit of and binds all parties hereto, their heirs, legatees, devisees, administrators, executors, personal representatives, successors and assigns. The term beneficiary shall mean the holder and owner, including pledgee, of the contract secured hereby, whether or not named as a beneficiary herein. In construing this deed and whenever the context so requires, the masculine gender includes the feminine and the neuter, and the singular number includes the plural.

IN WITNESS WHEREOF, said grantor has hereunto set his hand the day and year first above written.

* IMPORTANT NOTICE: Delete, by lining out, whichever warranty (a) or (b) is not applicable; if warranty (a) is applicable and the beneficiary is a creditor as such word is defined in the Truth-in-Lending Act and Regulation Z, the beneficiary MUST comply with the Act and Regulation by making required disclosures; for this purpose use Stevens-Ness Form No. 1319, or equivalent. If compliance with the Act is not required, disregard this notice.

Eleanor Zimmerman
Eleanor Zimmerman

(If the signer of the above is a corporation, use the form of acknowledgement opposite.)

STATE OF OREGON,

County of Klamath

This instrument was acknowledged before me on
January 18, 1989, by

Eleanor Zimmerman

W. J. Addington
Notary Public for Oregon
(SEAL) My commission expires: 3-22-89

STATE OF OREGON,

County of _____

This instrument was acknowledged before me on

19____, by _____

as _____

of _____

Notary Public for Oregon

My commission expires:

(SEAL)

REQUEST FOR FULL RECONVEYANCE

To be used only when obligations have been paid.

TO: _____, Trustee

The undersigned is the legal owner and holder of all indebtedness secured by the foregoing trust deed. All sums secured by said trust deed have been fully paid and satisfied. You hereby are directed, on payment to you of any sums owing to you under the terms of said trust deed or pursuant to statute, to cancel all evidences of indebtedness secured by said trust deed (which are delivered to you herewith together with said trust deed) and to reconvey, without warranty, to the parties designated by the terms of said trust deed the estate now held by you under the same. Mail reconveyance and documents to _____

DATED: _____, 19____

Beneficiary

Do not lose or destroy this Trust Deed OR THE NOTE which it secures. Both must be delivered to the trustee for cancellation before reconveyance will be made.

TRUST DEED

(FORM No. 881)

STEVENS-NESS LAW PUB. CO., PORTLAND, ORE.

Eleanor Zimmerman

Grantor

Joan L. Patton

Beneficiary

AFTER RECORDING RETURN TO
Aspen Title & Escrow, Inc.
600 Main Street
Klamath Falls, OR 97601

SPACE RESERVED
FOR
RECORDER'S USE

Fee \$13.00

STATE OF OREGON,
County of Klamath

I certify that the within instrument was received for record on the 19th day of Jan., 1989, at 10:49 o'clock AM., and recorded in book/reel/volume No. M89 on page 1147 or as fee/file/instrument/microfilm/reception No. 96245, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Gaule M. Mullendore, Deputy

14

HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

139

Local File Number

State File Number

1. DECEDENT'S NAME: First Thomas Middle L Last CRUTCHFIELD

2. SEX M

3. DATE OF DEATH (Month, Day, Year) January 13, 1989

4. SOCIAL SECURITY NUMBER 444-22-6343

5a. AGE - Last Birthday (Years) 61

5b. Under 1 Year

5c. Under 1 Day

6. BIRTHPLACE (City and State or Foreign Country) Wright City, OK.

7. DATE OF BIRTH (Month, Day, Year) April 23, 1927

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

9a. PLACE OF DEATH (Check only one)

HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA

OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9c. FACILITY NAME (If not institution, give street and number) Merle West Medical Center

9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls

9d. COUNTY OF DEATH Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Tallyman

10b. KIND OF BUSINESS/INDUSTRY Lumber Mill

11. MARITAL STATUS: Married

12. SPOUSE (If Married, Widowed, Divorced (Specify)) Toshiko

13a. RESIDENCE - STATE Oregon

13b. COUNTY Klamath

13c. CITY, TOWN, OR LOCATION Klamath Falls

13d. STREET AND NUMBER 414 Upham Street

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

15. RACE American Indian, Black, White, etc. (Specify) White

16. DECEDENT'S EDUCATION (Specify only highest grade completed) 11

17. FATHER - NAME first middle last Thomas E. Crutchfield

18. MOTHER - NAME first middle maiden Macy

19. INFORMANT - NAME and relationship to deceased Toshiko Crutchfield, wife

20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service

20c. LOCATION - City or Town, State Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Beril Reid

21b. LICENSE NUMBER (Of Licensee) 3329

22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc.
515 Pine St., Klamath Falls, Ore. 97601

23. DATE FILED (Month, Day, Year) JAN 16 1989

24. REGISTRAR'S SIGNATURE Nancy Kennedy

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

26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

27. TIME OF DEATH 2:50 A.

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Everett E. Howard M.D.

30. DATE SIGNED (Month, Day, Year) January 13, 1989

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Everett E. Howard, M.D., 2622 Campus Drive, Klamath Falls, Oregon 97601

32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)

PART I (a) RESPIRATORY FAILURE

DUE TO, OR AS A CONSEQUENCE OF:

(b) PULMONARY EMBOLISM

DUE TO, OR AS A CONSEQUENCE OF:

(c) CARDIAC & RENAL FAILURE

34. MANNER OF DEATH

☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

35. DATE OF INJURY (Month, Day, Year)

36. TIME OF INJURY

37. INJURY AT WORK? ☐ Yes ☒ No

38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

39. LOCATION (Street and Number or Rural Route Number, City or Town, State)

40. DESCRIBE HOW INJURY OCCURRED

41. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk

42. AUTOPSY ☐ Yes ☒ No

43. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED JAN 16 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Toshiko Crutchfield the 19th day of Jan. A.D., 19 89 at 11:04 o'clock A M., and duly recorded in Vol. M89, of Deeds on Page 1149.

Evelyn Biehn County Clerk
By Pauline Mulliken

FEE \$8.00

Return: Toshiko Crutchfield
414 Upham St., Klamath Falls, Or. 97601