1800

Oregon

0% ICRAM

MK-21423K

SATISFACTION OF MORTGAGE

PACIFICORP, doing business as Pacific Power & Light Company, an Oregon corporation, does hereby certify and declare that certain Insulation Cost Repayment Agreement and Mortgage dated December 18, 1979, made and executed by Loyd J. and Marie A. Walsh ("Borrowers" therein), to Pacific Power & Light Company ("Pacific" therein), and recorded on July 1, 1980, in the records of the Deschutes County, Oregon Clerk at #86297, Vol. M80, Pg. 12104, has been fully paid or otherwise discharged.

DATED this 9th day of June, 1989.

PACIFICORP, doing business as
Pacific Power & Light Company

Ken T Husseman
Representative

'89 JUN 22 PM 3 57

STATE OF OREGON)
) ss.
County of Multnomah)

The foregoing instrument was acknowledged before me this 9th day of June 1989, by Ken L. Husseman, Representative of Pacificorp, doing business as Pacific Power & Light Company, a Maine corporation, on behalf of the corporation.

Notary Public for Oregon
My Commission Expires: 2-20-93

NOTARY PUBLIC STATE OF OREGON

After recording please return to:
Pacific Power & Light Company,
920 S.W. Sixth Avenue,
Portland, Oregon 97204
Attn: Weatherization Svs. 440 PFC

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Mountian Title Co.

on this 22nd day of June A.D., 19 89
at 3:57 o'clock P.M. and duly recorded
in Vol. M89 of Mortgages Page 11229.
Evelyn Biehn County Clerk
By Pauline Mullendore Deputy.

Fee, $8.00

55260

I.D. TAG NO.

330

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME — First: Esther; Last: TLZ		2. SEX: F	3. DATE OF DEATH (Month, Day, Year): May 12, 1989
4. SOCIAL SECURITY NUMBER: 539/07/8729	5. AGE (Years, Days, Hours, Mins.)	6. BIRTHPLACE (City and State or Foreign Country): Gray, Texas	7. DATE OF BIRTH (Month, Day, Year): Jan. 20, 1916

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)

9b. 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.): Foreman	10b. KIND OF BUSINESS/INDUSTRY: Food Processing Plant	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): -		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Chiloquin
13d. STREET AND NUMBER: 217 No. Third Street		
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 97624	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12	College (1-4 or 5+):

17. FATHER - NAME first middle last: Allen C. Spangler, Sr.	18. MOTHER - NAME first middle maiden: Margaret Emily Smith	19. INFORMANT - NAME and relationship to deceased: James Pilz / Son

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Fort Klamath Cemetery	20c. LOCATION - City or Town, State: Fort Klamath, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward	21b. LICENSE NUMBER (Of Licensee): 3409	22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

23. DATE FILED (Month, Day, Year): MAY 15 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

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:10 PM

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): George Whang, MD

30. DATE SIGNED (Month, Day, Year): 5/13/89

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): George Whang, MD / PO Box 456 / Chiloquin, Oregon / 97624

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

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

36. 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) Sepsis — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(b) Staph aureus sepsis — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) Abscess — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to cause given in PART I.
A) Congestive heart failure B) Renal failure

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk	38. AUTOPSY ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A	
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined ☐ Manner ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED			
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE

Return: James Pilz
38780 HUNTINGTON Circle
FREMONT, 94536

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

DATE ISSUED JUN 12 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 22nd day of June A.D., 19 89 at 3:57 o'clock P.M., and duly recorded in Vol. M89, of Deeds on Page 11230.

Evelyn Biehn, County Clerk

FEE $8.00

By Pauline Mullendore