038007-1 Warren Vol. m90 Page 2712

11180 SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

FIRST INTERSTATE BANK OF OREGON is the Owner and holder of the Note secured by the Deed of Trust, dated March 16, 1965, made by WATSON L. WARREN and LOIS E. WARREN, Grantor(s), to Oregon Title Insurance Co., as Trustee, for the benefit of First National Bank of Oregon, a national banking association, nka First Interstate Bank of Oregon, N.A., which Deed of Trust was recorded March 19, 1965, in the office of the County Recorder of Klamath County, Oregon, Volume 229, Page 234,

Hereby substitutes GEORGE C. REINMILLER, Attorney at Law, as Trustee in lieu of the above named Trustee under said Deed of Trust.

GEORGE C. REINMILLER hereby accepts said appointment as Trustee under said Deed of Trust and, as Successor Trustee, pursuant to the request of said Owner and Holder and in accordance with the provisions of said Deed of Trust does hereby reconvey, without any covenant or warranty express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned under said Deed of Trust.

'90 FEB 9 AM 11 32

IN WITNESS WHEREOF, FIRST INTERSTATE BANK OF OREGON, N.A. and GEORGE C. REINMILLER have caused these presents to be executed by their duly authorized officers, this 6th of February, 1990.

FIRST INTERSTATE BANK OF OREGON, N.A.

By: L. Labsch
L. Labsch, Supervisor
Payoff Department

GEORGE C. REINMILLER, TRUSTEE

By: _____
George C. Reinmiller
Trustee

STATE OF OREGON, County of Multnomah) ss.
February 7, 1990

Personally appeared before me L. LABSCH, who, being duly sworn, did say that she is the Supervisor of the Payoff Department of First Interstate Bank of Oregon, N.A., and that said instrument was signed on behalf of said Bank by authority of its board of directors; and acknowledged said instrument to be its voluntary act and deed.

Before me:

[seal]

D. TRAEGER
NOTARY PUBLIC OREGON
My Commission Expires 4-28-93

NOTARY PUBLIC FOR OREGON
My commission expires: _____

STATE OF OREGON, County of Multnomah) ss.
February 6, 1990

Personally appeared before me GEORGE C. REINMILLER and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:

[seal]

NOTARY PUBLIC FOR OREGON
My commission expires: 2/09/92

AFTER RECORDING RETURN TO:

Mr. and Mrs. Watson L. Warren
4431 Clinton
Klamath Falls, OR 97601

STATE OF OREGON, County of Klamath ss.

Filed for record at request of:

George C. Reinmiller

on this 9th day of Feb. A.D., 19 90
at 11:32 o'clock AM. and duly recorded
in Vol. M90 of Mortgages Page 2712.
Evelyn Biehn County Clerk
By Pauline Millendore Deputy.

Fee, $8.00

800

068265
I.D. TAG NO.

55
Local File Number

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

136
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Leon; Middle: Isaiah; Last: ROBERTS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): Feb. 1, 1990
4. SOCIAL SECURITY NUMBER: 540/10/3806
5a. AGE - Last Birthday (Years): 75
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Co., Or.
7. DATE OF BIRTH (Month, Day, Year): Sept. 14, 1914
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
9a. PLACE OF DEATH (Check only one): OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): West Care Home
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.): Tree Faller
10b. KIND OF BUSINESS/INDUSTRY: Timber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Verna
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3901 Bristol Avenue
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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): 8; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Colin Floyd Roberts
18. MOTHER - NAME first middle maiden: Nancy Elizabeth Roberts
19. INFORMANT - NAME and relationship to deceased: Verna Roberts / Wife

DISPOSITION

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

REGISTRAR

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): FEB 7 1990
24. REGISTRAR'S SIGNATURE: Darcy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1625 M
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): Kenneth K. Magee
30. DATE SIGNED (Month, Day, Year): 2-6-90

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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): Kenneth K. Magee, MD / 1900 Main Street / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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) Carcinoma of prostate with widespread metastasis — Interval between onset and death: 7 yrs
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: Recurrent Pneumonia
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

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45-2 REV. 1-89

DATE ISSUED FEB 7 1990

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Verna Roberts the 9th day of Feb. A.D. 19 90 at 11:38 o'clock A.M., and duly recorded in Vol. M90 of Deeds on Page 2713.

FEE $8.00
Return: Verna Roberts
3901 Bristol, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk
By Pauline Mercadier