

11276

RECORDING REQUESTED BY

Mt. Title Company
222 South 6th
Klamath Falls, OR 97601
Ref: 22318-D

AND WHEN RECORDED MAIL TO

Name
Street
Address
City
State
Zip

Ronald Martin
2940 Stanford Ln
Udonoado Hills, CA
95630

STATE OF OREGON
County of Klamath ss.

Vol. m90 Page 2865

Filed for record at request of:

Mountain Title Co.

on this 12th day of Feb. A.D. 19 90
at 3:18 o'clock P. M. and duly recorded
in Vol. M90 of Mortgages Page 2865

Evelyn Biehn

County Clerk

By

Pauline Mueller

Deputy.

Fee, \$8.00

R'S USE —

MTC 22318-D

DEED OF FULL RECONVEYANCE

The undersigned as Trustee or Successor Trustee under that certain Trust Deed described as follows:

Dated : November 15, 1983

Recorded : June 4, 1984

Fee Number :

Book : M84 Page : 9314

County Of : Klamath

State Of : Oregon

Trustor : Ronald A. Martin

Trustee : Transamerica Title Insurance Company

Beneficiary : John M. Evans and/or Reva P. Evans, with the right of survivorship

having received from the Beneficiary under said Trust Deed, a written request to reconvey, reciting that the obligations secured by the Trust Deed have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the parties entitled thereto all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed of Trust.

Date : February 8, 1990

TRANSAMERICA TITLE INSURANCE COMPANY

BY

State Of Oregon

County Of Multnomah ss.Feb. 8, 1990.Personally appeared John A. Maass

who being duly sworn did say that he is the Assistant Secretary of Transamerica Title Insurance Company, a Corporation and that said instrument was signed on behalf of said corporation by authority of its Board of Directors and he acknowledged said instrument to be its voluntary act and deed.

Before Me:

Notary Public for Oregon

My Commission Expires: 10-14-90

(Seal)

D-5591
I.D. TAG NO.

525
Local File Number

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

MT-23024-K

136

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

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

CAUSE OF
DEATH

15
16
17

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. DECEDENT'S NAME First: Jack Middle: Joe Last: GASTON | | 2. SEX M | 3. DATE OF DEATH (Month, Day, Year) December 13, 1989 |
| 4. SOCIAL SECURITY NUMBER 537-30-5628 | | 5a. AGE - Last Birthday (Years) 56 | 5b. Under 1 Year Mos. Days |
| 5c. Under 1 Day Hours Mins. | | 6. BIRTHPLACE (City and State or Foreign) Springfield, CO | |
| 7. DATE OF BIRTH (Month, Day, Year) March 30, 1933 | | | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX Yes <input type="checkbox"/> No | | | |
| 9a. FACILITY NAME (If not institution, give street and number) West Care Home | | 9b. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Timber Faller | | 10b. KIND OF BUSINESS/INDUSTRY Lumber Industry | |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | | 12. SPOUSE (If Married, Widowed) Laura Mae | |
| 13a. RESIDENCE - STATE Oregon | | 13b. CITY, TOWN, OR LOCATION Chiloquin | |
| 13c. RESIDENCE - STREET AND NUMBER P.O. Box 354 | | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 15. RACE American Indian, Black, White, etc. (Specify) White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 3 | |
| 17. FATHER - NAME first middle last Emmit - Gaston | | 18. MOTHER - NAME first middle last Ethel - Castle | |
| 19. PLACE OF DEATH (Name of cemetery, crematory, or other place) Eternal Hills Crematory | | 20. LOCATION - City or Town, State Klamath Falls, OR 97603 | |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William F. Davenport | | 22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194 | |
| 23. DATE FILED (Month, Day, Year) DEC 14 1989 | | 24. REGISTRAR'S SIGNATURE Nancy Kennedy | |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | | 26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | |
| 27. TIME OF DEATH 2045 P.M. | | | |
| 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) Gerald R. Hartmann | | | |
| 30. DATE SIGNED (Month, Day, Year) December 14, 1989 | | | |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Gerald R. Hartmann, MD, 2604 Clover, 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) Progressive multifocal leukoencephalopathy DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. | | | |
| 34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention | | | |
| 35a. DATE OF INJURY (Month, Day, Year) | | 35b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 36a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 36b. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |
| 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk | | | |
| 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 39. If YES were findings conclusive in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| RESERVED FOR REGISTRAR'S USE | | | |

ORIGINAL - VITAL STATISTICS COPY

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

Upon recording return to:
Laura Gaston, P.O. Box 354, Chiloquin, OR 97624
DATE ISSUED DEC 14 1989

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mountain Title Co. the 12th day of Feb. A.D. 19 90 at 3:18 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 2866

Evelyn Biehn County Clerk
By Pauline Mulhender

FEE \$8.00