TRUSTEE'S DEED OF RECONVEYAN Trust Deed Serie

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DEED OF RECONVEYANCE

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KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated. July 30....., 1984., executed and delivered by LARRY ROBERT THURBER as grantor and recorded on August 13, , 1984, in the Mortgage Records of Klamath....County, Oregon, in book M84 at page 13842, or as file **FKM KHAWH** 39964. (indicate which), conveying real property situated in said county described as follows:

> Lot 1, Block 5, La Wanda Hills, according to the official plat thereof filed in Klamath County, Oregon

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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; if the undersigned is a corporation, it has caused its corporate name to be signed and its corporate seal to be affixed hereunto by its officers duly authorized thereunto by order of its Board of Directors.

DATED: February 5, 19 90	RICHA	RD.C. BUSSE	
(if executed by a corporation, affix corporate seal)			
(If the trustee who signs above is a corporation, use the form of acknowledgment opposite.) (ORS 9	3.490)	Trustee	
STATE OF OREGON,	STATE OF OREGON, C		
County of Multnomah	Personally appeared	, 19	
Personally appeared the above named	이렇는 그는 것이 같은 사람이 많아야 같아요? 것이 많이	one for the other, did say that the former is the president and that the latter is the	
RICHARD C. BUSSE	secretary of		
COPPICIAL Stars Bublic for Oregon Notars Bublic for Oregon My commission expires 9130/90	of said corporation and t half of said corporation L	a corporation, to the foregoing instrument is the corporate seal hat said instrument was signed and sealed in be- y authority of its board of directors; and each of instrument to be its voluntary act and deed. (OFFICIAL SEAL)	
RICHARD, C. BUSSE 521 American Bank Building Portland, OR 97205 GRANTOR'S NAME AND ADDRESS LARRY ROBERT THURBER 5017 La Wanda Drive Klamath Falls, OR 97601 GRANTEL'S NAME AND ADDRESS After recording return to: MENDERSON, MOLATORE & STEPR 429 Mata Street		STATE OF OREGON, I certify that the within instru- ment was received for record on the 13thday of Feb,1990, at2:06o'clock P. M., and recorded in book M90on page2929or as file/reel number	
NAME, ADDRESS, ZIP NAME, ADDRESS, ZIP Unill a change is requested all fax statements shall be sent to the following od LARRY ROBERT THURBER 5017 La Wanda Drive Klamath Falls, OR 97601 NAME, ADDRESS, ZIP	dess. Fee \$8.00	County alfized. Evelyn Biehn, County Clerk Recording Officer By Caulure Mullendose Deputy	

	66566 OREGON DEPARTMENT OF HUM I.D. TAG NO. 449 Vital Records Uni Local Filo Number CERTIFICATE OF DE	N It I 136	19.72. Slate File Number
<i>(</i>	4. SOCIAL SECURITY NUMBER 5a. AGE - Last Binhday 5b. Under 1 Year Sc. Under 1 Da	VIS	F February 2, 1990
DECEDENT	541-09-9079 (Years) 77 Nos. Days Hours Mins. 8 was peccedent even in wrong the international statement of the international	ACE OF DEATH (Check on	
1	Bb. FACILITY NAME (If not institution; give street and number) Merle West Medical Center	ny, town, on location amath Falls	OF DEATH 93. COUNTY OF DEATH Klamath
2 3	TOL DECEDENT'S USUAL OCCUPATION (Give kind of not done during most of working) Iffe. Dog use relies] Retail Clerk Sears, Roebuck &	Co. Widow	
4	T3a. RESIDENCE - STATE T3b. COUNTY T3c. CITY, TOWN, OR LOCATION Oregon Klamath Klamath Falls T3a. HSIDE CITY T31. ZIP CODE 14. WAS DECEDENT OF HISPANIC ORIGIN?	的复数特别的 计取得中心。	AND NUMBER Gatewood Drive Idian. 15. DECEDENT'S EDUCATION (Specify only highest grade completed)
6	LIMITS7 (Specify No or Yes - II yes, appelly Cuban, Maxican, Newsio Rican, etc.) 2KNo / Yes Ves & No 97603 (Specify:	White	Elementary/Secondary (0-12) College (1-4 or 5+)
PARENTS	17. FATHER - NAME first middle isst B. MOTHER - NAME first middle Henry F. Grimes June Faith C. 205. PLACE OF DISPOSITION (Name 4	risby	19. INFORMANT - NAME and relationship to deceased Reginald R. Davis, son 20c LOCATION - City or Town, State
DISPOSITION	Burlet Cremation C Removal from State Donation C Other (Specify) Klamath Memorial	Park	Klamath Falls, OR 97601 S AND ZIP OF FACILITY Davenport's Chapel
8	214. SIGNATURE OF FUNERAL SERVICE LICENSEE OR 216. LICENSE NUMBE PERSON ACTING AS SUCH (OI LICENSE) William F. Warnerart 47-3104	of the Goo Klamath Fa	od Shepherd, 6420 So. 6th St., 111s, Oregon 97603-7194
REGISTRAR	23. OATE FILED (Month, Day, Year)	24. REGISTRAR'S BI	Kenneder
Ċ			
10 11 	TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 28. WAS MEDICAL EXAMINER NOTIFIED7 2215 P.M □ Yes DL No	Tha. TIME OF DEATH	OMPLETED ONLY BY MEDICAL EXAMINER 31D. DATE PRONDUNCED DEAD (Month, Day, Vear, Hour)
CERTIFIER	23. To the bast of my knowledge, death occurred at the line, date, place and due to the cause(s) and manner stated. (Bignaluet)	12. On the basis of exa at the time, date, (Signature)	mination and/or investigation, in my opinion death occurred place and due to the cause(s) and manner stated.
12	30. DATE SIGNED (Month, Day, Year) February 5, 1990	13. DATE SIGNED (Mor	ih, Day, Year) COUNTY
13 14	34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIERIMEDICAL EXAMINER (Type or Print) R. Rand Hale, MD, 1000 Pine Street, Klamath I 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	Falls, Oregon	97601
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE	38. IMMEDIATE CAUSE (ENTER ONLY <u>ONE</u> CAUSE <u>PER LINE</u> FOR (A), IQL AND (C).) Do not ent	er mode of dying, e.g. Cardi	ac or Respiratory Arrest.
CAUSE STATING THE UNDERLYING CAUSE LAST	PART 19. ACLIFE DELLINOMITES DUE TO, OR AS A CONSEQUENCE OF: () 00. Charles Districtive Delimonsource of 01. TO DE AS A CONSEQUENCE OF.	disease	Interval between onket and death $20 \sqrt{RS}$
CAUSE OF	PART C	37. Did tobacco u	Interval befween onset and death se contribute 33, AUTOPSY 39, II TES ware indings considered
: 15	I Conditions contributing to dealth but not related to cause given in PART I. demention	to ine death?	
16 17	40. MANNER OF DEATH 41a. DATE OF INJURY 41b. THE OF 41c. INJUR Month. Day, Year 41b. THE OF 41c. INJURY 41b. THE OF 41c. INJUR Month. Day, Year 41b. THE OF 41c. INJURY 41b. THE OF 41c. INJUR Multiple 41b. THE OF 100 HILL AND 41b. THE OF 41c. INJUR Multiple 41b. THE OF 100 HILL AND 41b. THE OF 41c. INJUR MULTIPLE 41b. THE OF 100 HILL AND 41b. THE OF 41c. INJUR MULTIPLE 41b. THE OF 100 HILL AND 41b. THE OF 100 HIL	No	W INJURY OCCURRED
992 	Accident Investigation Anner Suicide Namer Homicide Capit Anner Homicide Capit	ottice 411. LOCATION IS	off and Number of Rural Route Number, City or Town, Statet IN: TITLE COMPANY, ', has recorded the nt by request as an accommodation only.
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	RESERVED FOR REGISTRAN'S USE ORIGINAL VITAL STAT THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUME REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REG RETURN ORIGINAL TO: REGINALD R: & Patr A 2991 Gatewood, Klamath Falls, OR 97603	or as to that may fISTICS COPY INTOFICIALLY ISTRAR. rick B. Davi	the described therein. S ACA O. Verling
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