



12002

Vol. m90 Page 4119

Loan # 418535

DESIGNATION OF SUCCESSOR TRUSTEE AND
DEED OF RECONVEYANCEThe Benj. Franklin Federal Savings and Loan Association, current beneficiary under a Trust Deed Dated
December 7, 1977executed by C.P. PEYTON AND DORIS A. PEYTON,
HUSBAND AND WIFE, as Grantor(s),Recorded in the Official Records of KLAMATH County, State of OREGON
on the date of

December 8, 1977

in the book or Auditors File No. or Reel No. 77

on page or Index No. or Reception No. 23826

Fee or Micro Film No. 40173

does appoint for reasons of its convenience, DOUGLAS G. PICKETT, successor trustee; and
having received full payment of the obligations secured by said Trust Deed does direct successor trustee to reconvey the real
property described in said Trust Deed, without covenant or warranty, express or implied, to the persons legally entitled
thereto, all of the estate held by the successor trustee in and to said real property by virtue of said Trust Deed.

Executed pursuant to appropriate resolution February 12, 1990

THE BENJ. FRANKLIN FEDERAL
SAVINGS AND LOAN ASSOCIATIONBy Marilyn Kemp
Authorized OfficerSTATE OF OREGON
County of Multnomah } ssPersonally appeared MARILYN KEMP who, being sworn, stated that he (she) is
the ASSISTANT SECRETARY of the Benj. Franklin Federal Savings and Loan Association, and that this
instrument was voluntarily signed in behalf of the Corporation by authority of its Board of Directors.

Before me:

Notary Public for Oregon
My Commission Expires:Patricia D. Hand
PATRICIA D. HAND
NOTARY PUBLIC - OREGON
My Commission Expires 7/2/90

* * * * *

DOUGLAS G. PICKETT, successor trustee, pursuant to the above direction, does grant,
bargain, sell and convey, but without covenant or warranty, express or implied, to the person or persons legally entitled
thereto, all of the estate held by the undersigned in the real property described in said Trust Deed.Executed February 16, 19 90Douglas G. Pickett
Successor TrusteeSTATE OF OREGON
County of Multnomah } ssPersonally appeared the above-named DOUGLAS G. PICKETT and acknowledged the foregoing
instrument to be his voluntary act and deed.

Before me:

Notary Public for Oregon
My Commission Expires:Valley J. Heltgen
10-12-90THE BENJ. FRANKLIN FEDERAL
SAVINGS AND LOAN ASSOCIATION
Portland, Oregon

AFTER RECORDING, RETURN TO:

OLD STONE MORTGAGE CORP.
ATTN: DOROTHY
ESCROW #
P.O. Box 1517
Walla Walla, Wa. 99362STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Old Stone Mtge. Corp.

on this 5th day of March A.D., 19 90
at 12:19 o'clock P. M. and duly recorded
in Vol. M90 of Mortgages Page 4119Evelyn Biehn
County Clerk
By Pauline Mullens
Fee, \$8.00 Deputy.

Deputy.

CERTIFICATION OF VITAL RECORD

66574
I.D. TAG NO.

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME Francis Eugene PARSONS		2. SEX M		3. DATE OF DEATH (Month, Day, Year) February 22, 1990	
4. SOCIAL SECURITY NUMBER 543 07 3331		5a. AGE - Last Birthday (Years) 74		5b. Under 1 Year Mo. Days Hours Mins.	
6. BIRTHPLACE (City and State or Foreign) Chanute, Kansas		7. DATE OF BIRTH (Month, Day, Year) November 15, 1915		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9a. FACILITY NAME (If not institution, give street and number) Veterans Administration Medical Center		9b. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Carrier Driver	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Ruby R.		13. RESIDENCE - STATE Oregon	
13a. RESIDENCE - CITY Klamath		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 4016 Altamont Drive		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) 9		17. FATHER - NAME first middle last Frank Parsons		18. MOTHER - NAME first middle maiden Edna Parsons	
19. INFORMANT - NAME and relationship to decedent Ruby R. Parsons, wife		20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Davenport</i>		21b. LICENSE NUMBER (Of Licensee) 47-3104		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) FEB 26 1990		24. REGISTRAR'S SIGNATURE <i>Arthur W. Bloom</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 8:30 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) <i>Donald F. Lum MD</i>		30. DATE SIGNED (Month, Day, Year) 2/23/90		31. TIME OF DEATH 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)		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Donald F. Lum, MD	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) DONALD GIRARD		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.) (a) GRAM NEGATIVE BACILLI SEPSIS DUE TO, OR AS A CONSEQUENCE OF: (b) PRESUMED INTRA-ABDOMINAL PATHOLOGY DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1: Hodgkins; Chronic Lymphocytic Leukemia; Bacterial Endocarditis		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Lyrical Intervention	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41f. DESCRIBE HOW INJURY OCCURRED	

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

DATE ISSUED **FEB 26 1990**

Arthur W. Bloom
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Ruby R. Parsons**
of **March** A.D., 19 **90** at **12:23** o'clock **P M.**, and duly recorded in Vol. **M90**
of **Deeds** on Page **4120**

FEE \$8.00
Return: Ruby R. Parsons
4016 Altamont Dr., Klamath Falls, Or. 97603

By *Evelyn Biehn* County Clerk