12398 Vol M90 Page 4828

APPOINTMENT OF SUCCESSOR TRUSTEE AND DEED OF RECONVEYANCE

The present Beneficiary, having requested and received the resignation of the present Trustee, hereby appoints KEY TITLE COMPANY, an Oregon corporation, as successor Trustee of the following designated Trust Deed, said successor Trustee having all the powers of the original Trustee, effective herewith:

TRUST DEED DATED: October 7, 1987 RECORDED ON: October 8, 1987
IN VOL. M87 , PAGE: 18329 , COUNTY RECORDS OF Klamath County
and, as stated therein, the original parties were:
GRANTOR: Jerry K. Rabenau and Ruth E. Rabenau, husband and wife
BENEFICIARY: Henry D. Kochen and Penelope F. Kochen, husband and wife

TRUSTEE: Pine Forest Escrow, Inc.

AND REQUEST FOR RECONVEYNACE

ALL SUMS SECURED BY THE ABOVE REFERENCED TRUST DEED HAVE BEEN FULLY PAID AND SATISFIED. KEY TITLE COMPANY, UPON DELIVERY TO IT OF THE TRUST DEED AND RELATED NOTE MARKED PAID, IS HEREBY AUTHORIZED AND INSTRUCTED TO CANCEL ALL EVIDENCE OF indebtedness secured by the Trust Deed and to reconvey, without warranty, to the parties designated by the terms of said Trust Deed the estate now held by KEY TITLE COMPANY under Trust Deed. After recording, return this documents to the undersigned Beneficiary.

'90 MAR 15 AM 11 35

Dated: March 2, 1990

Henry D. Kochen

Penelope F. Kochen

State of Oregon, County of Deschutes: ss. On March 2, 1990 , personally appeared Henry D. & Penelope F. Kochen , [redacted] and acknowledged said instrument to be their voluntary act and deed. Before me:

Notary Public for Oregon
My Commission expires: 11-11-93

DEED OF FULL RECONVEYANCE

KEY TITLE COMPANY, having received the appointment of successor trustee and the request for full reconveyance as stated above, does hereby grant, bargain and convey, buth without any covenant or warranty, express of implied, to the persons legally entitled thereto, all of the estate held by KEY TITLE COMPANY in and to the property described in the above reference Trust Deed, except as may have heretofore been previously conveyed to such persons.

Dated: March 1, 1990

KEY TITLE COMPANY
By: Donald L. Neugart

STATE OF OREGON)
County of Deschutes)

On March 1, 1990 , personally appeared Donald L. Neugart , who being duly sworn, did say that he is the Vice President of KEY TITLE COMPANY, a corporation, and that said instrument was signed in behalf of said corporation by authority of its board of directors; and he acknowledged said instrument to be his voluntary act and deed. Before me:

Notary Public for Oregon
My Commission Expires: 3/25/91

AFTER RECORDING PLEASE RETURN TO:

KEY TITLE
ATTN: KARIN
P.O. Box 6178
Bend, OR 97708

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title Co.

on this 15th day of March A.D., 19 90
at 11:35 o'clock A M. and duly recorded
in Vol. M90 of Mortgages Page 4828 .
Evelyn Biehn County Clerk
By Pauline Mullendore Deputy.

Fee, $8.00

E-5440

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

I.D. TAG NO. 94 (Local File Number)

136- (State File Number)

DECEDENT

1. DECEDENT'S NAME: First: John; Middle: Kenneth; Last: McANDREWS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 1, 1990
4. SOCIAL SECURITY NUMBER: 543/10/2039
5a. AGE - Last Birthday (Years): 90
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Min.
6. BIRTHPLACE (City and State or Foreign Country): Chamberlain, SD
7. DATE OF BIRTH (Month, Day, Year): Feb. 23, 1900
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): Plum Ridge Care 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.): Owner / Operator
10b. KIND OF BUSINESS/INDUSTRY: Motor Freight
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Dolores
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1936 Lakeshore Drive
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97601
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): 1; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Martin - McAndrews
18. MOTHER - NAME first middle maiden: Mary - Gleeson
19. INFORMANT - NAME and relationship to deceased: Dolores McAndrews / Wf.

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ 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
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

REGISTRAR

23. DATE FILED (Month, Day, Year): MAR 2 1990
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE INITIATE 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: 1910 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): 3/2/90
30. DATE SIGNED (Month, Day, Year)

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): R. Rand Hale, MD / 1000 Pine 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) Dementia (Alzheimers) — Interval between onset and death: 1 year
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.: Cerebrovascular accident
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

ORIGINAL — VITAL STATISTICS COPY

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

45-2 REV. 1-88

DATE ISSUED: MAR 6 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 Dolores McAndrews the 15th day of March A.D., 19 90 at 2:13 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 4829.

Evelyn Biehn County Clerk
By Darlene Muldoon

FEE $8.00

Return: Dolores McAndrews
1936 Lakeshore, Klamath Falls, Or. 97601