

15879

Vol. 490 Page 11065

Satisfaction of Mortgage

Loan No. P46013

The STATE OF OREGON, acting by the Director of Veterans' Affairs, certifies that the mortgage executed by
James H. Crismon and Bonnie J. Crismon, husband and wife

recorded on the 18th day of September, 19 80, in the Klamath County,

Oregon, Mortgage Records No. M80 Page 17753

Reel/Book/Page/Fee

together with the debt is paid, satisfied, and discharged.

WITNESS the STATE OF OREGON has caused these presents to be executed this 4th day of
June, 19 90, at Salem, Oregon.

STATE OF OREGON

Director of Veterans' Affairs

By: Curt R. Schnepf
 Curt R. Schnepf
 Manager, Accounts Services

STATE OF OREGON

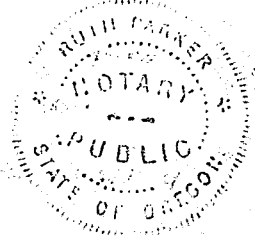
County of Marion

)
) ss.
)

June 4, 19 90

Personally appeared the above-named Curt R. Schnepf

authorized to act on behalf of the duly appointed and acting Director of Veterans' Affairs for the State of Oregon and acknowledged the foregoing
 instrument to be his/her voluntary act and deed.



Before me:

Ruth Parker

Notary Public for Oregon

My Commission expires:

02/11/94

AFTER RECORDING, RETURN TO:
 Klamath First Federal
 P. O. Box 5270
 Klamath Falls, OR 97601

453-M (11-88)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 7th day
 of June A.D., 19 90 at 3:50 o'clock PM., and duly recorded in Vol. M90
 of Mortgages on Page 11065.

FEE \$8.00

Evelyn Biehn, County Clerk

By Pauline M. Miller

'90 JUN 7 PM 3 50

E5415
I.D. TAG NO.

225
Local File Number

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

136-

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

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: Gilbert Middle: LeRoy Last: THOMPSON Jr.		2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 3, 1990
4. SOCIAL SECURITY NUMBER 722-18-3587		5a. AGE - Last Birthday (Years) 63	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Denver, Colorado		7. DATE OF BIRTH (Month, Day, Year) October 1, 1926	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
9b. FACILITY NAME (If not institution, give street and number) 1420 Wild Plum Court		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner		10b. KIND OF BUSINESS/INDUSTRY Office Furniture	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced (Specify) Mary	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1420 Wild Plum Court	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601	
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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12)		17. College (1-4 or 5+) 12	
17. FATHER - NAME first middle last Gilbert L. Thompson Sr.		18. MOTHER - NAME first middle maiden Ethel M. Parks	
19. INFORMANT - NAME and relationship to deceased Mary/wife		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		21b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Pauline Jennings</i>	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Oregon 97601		23. DATE FILED (Month, Day, Year) JUN 5 1990	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. TIME OF DEATH 4:35 PM		27. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Craig Morhoff</i>		29. 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) <i>Donna A. Verling</i>	
30. DATE SIGNED (Month, Day, Year) 6/4/90		31. DATE SIGNED (Month, Day, Year) COUNTY	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) C. Craig Morhoff, MD, 2850 Daggett, Klamath Falls, Oregon 97601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. 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) Metastatic Bronchogenic Carcinoma (b) Squamous Cell Carcinoma of the Lung (c) Bronchitis Interval between onset and death Interval between onset and death Interval between onset and death		35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Underdetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> N/A	
38. DATE OF INJURY (Month, Day, Year)		39. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41. DESCRIBE HOW INJURY OCCURRED	
42. LOCATION (Street and Number or Rural Route Number, City or Town, State)		43. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

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. 1-89

DATE ISSUED JUN 6 1990

Donna A. Verling
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Thompson the 7th day
of June A.D., 19 90 at 4:12 o'clock P.M., and duly recorded in Vol. M90
of Deeds on Page 11066

FEE \$8.00

Return: Mary Thompson
1420 Wild Plum Ct., Klamath Falls, Or. 97601

Evelyn Biehn County Clerk
By *Pauline Muelis*