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24988

K-42799

DEED OF RECONVEYANCE

Vol. M91 Page 1253

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated August 29, 1988, executed and delivered by James C. White as grantor and recorded on September 13, 1988, in the Mortgage Records of Klamath County, Oregon, in book/reel/volume No. M88 at page 14988, or as document/fee/file/instrument/microfilm No. (indicate which), conveying real property situated in said county described as follows:

Lots 9 and 10 in Block 4 of Chiloquin, according to the official plat thereof on file in the office of the County Clerk of 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 singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument; if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by its Board of Directors.

DATED: January 18, 1991

KLAMATH COUNTY TITLE COMPANY

By: *R. E. Veatch*

President

Trustee

STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on January 18, 1991, by

This instrument was acknowledged before me on January 18, 1991,

by R. E. Veatch

as President

of Klamath County Title Company

TRUDIE DURANT
NOTARY PUBLIC - OREGON

My Commission Expires

Notary Public for Oregon

My commission expires 9/30/93

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Klamath County Title Co.

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of Klamath

I certify that the within instrument was received for record on the 18th day of Jan, 1991, at 1:43 o'clock PM., and recorded in book/reel/volume No. M91 on page 1253 or as fee/file/instrument/microfilm/reception No. 24988, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By *Debbie Muelender* Deputy

Fee \$8.00

91 JAN 18 PM 1 43

59971
I.D. TAG NO.
1263
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH 138-

State File Number

1. DECEDENT'S NAME First: <u>Renee</u> Middle: <u>Allred</u> Last: <u>BLEAK</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>August 24, 1990</u>
4. SOCIAL SECURITY NUMBER <u>529-09-9809</u>		5a. AGE - Last Birthday (Years) <u>71</u>	5b. Under 1 Year Mths. <u> </u> Days <u> </u>
6. BIRTH-PLACE (City and State or Foreign) <u>Manti, Utah</u>		7. DATE OF BIRTH (Month, Day, Year) <u>August 19, 1919</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____			
10a. FACILITY NAME (If not institution, give street and number) <u>St. Vincents Hospital</u>		10b. CITY, TOWN, OR LOCATION OF DEATH <u>Portland</u>	
10c. COUNTY OF DEATH <u>Washington</u>			
10d. KIND OF BUSINESS/INDUSTRY <u>Homemaker</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Merlin</u>			
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>1782 Kane St.</u>	
13e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <u>97603</u>	
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) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u> </u> College (1-4 or 5+) <u>1</u>			
17. FATHER - NAME first middle last <u>Isaac P. Allred</u>		18. MOTHER - NAME first middle maiden <u>Matilda Blaine</u>	
19. INFORMANT - NAME and relationship to decedent <u>Merlin Bleak, Spouse</u>		20. LOCATION - City or Town, State <u>Portland, Oregon</u>	
21. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Skyline Memorial Gardens</u>	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		24. REGISTAR'S SIGNATURE <u>[Signature]</u>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR AUTOMATICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		26. YES-LEFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH <u>05:40 P.M.</u>		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) <u>[Signature]</u>		30. DATE SIGNED (Month, Day, Year) <u>8/29/90</u>	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>David Dine M.D., 9155 SW Barnes Rd., Suite 440, Portland, Oregon 97225</u>		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. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		34. DATE SIGNED (Month, Day, Year)	
35. 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)		36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(a) <u>Left cerebral hemorrhage stroke</u>		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	
(b) <u>Internal Cerebral artery, occlusion (left)</u>		38. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
(c) <u>Cerebral edema</u>			
39. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41. DATE OF INJURY (Month, Day, Year)	
42. TIME OF INJURY		43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
44. DESCRIBE HOW INJURY OCCURRED		45. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 3-90

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

SEP 04 1990

COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Merlin Bleak the 18th day of Jan. A.D., 19 91 at 2:38 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 1254

FEE \$8.00

Return: Merlin Bleak
1782 Kane, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk
By [Signature]