

25200

Vol. M91 / Page 1636

STATE OF OREGON
STATEMENTS OF CONTINUATION, RELEASE,
ASSIGNMENTS, TERMINATIONS, ETC.
REAL PROPERTY - FORM UCC-3A

Vol. M91/1636

THIS FORM FOR COUNTY FILING USE ONLY

County Filing Officer Use Only

This STATEMENT is presented to the county filing officer pursuant to the Uniform Commercial Code.

1A. Debtor Name(s): ROHRBACKER, RAYMOND R. ROHRBACKER, Linda M.	2A. Secured Party Name(s): UNITED STATES OF AMERICA acting through FARMERS HOME ADMINISTRATION 2B. Address of Secured Party from which security information is obtainable: 2455 Patterson St., Suite #1 Klamath Falls, OR 97603	4A. Assignee of Secured Party (if any): 4B. Address of Assignee:
1B. Debtor Mailing Address(es): Box 452 Malin, OR 97632		

This statement refers to original Financing Statement Number: 62142 Vol M86, Pg 9639 Date Filed: June 4, 19 86

- ☐ **TERMINATION** The Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.
- ☐ **ASSIGNMENT** The Secured Party assigns to the Assignee whose name and address is shown, Secured Party's rights under the financing statement bearing the file number shown above in the following property. (Describe below)
- ☒ **CONTINUATION** The original financing statement bearing the file number shown above is still effective.
Effective only if submitted within six months prior to expiration date.
- ☐ **RELEASE** From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following: (describe below). Choose one: Release of all collateral Partial Release RELEASE
DOES NOT TERMINATE DEBT.
- ☐ **AMENDMENT** Financing statement bearing file number shown above is amended as described below:

Debtor hereby authorizes the Secured Party to record a carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

By: FARMERS HOME ADMINISTRATION

Rowena Chase
 Required Signature of
 ROWENA A. CHASE, COC

INSTRUCTIONS

- PLEASE TYPE THIS FORM.
- If the space provided for any item(s) on this form is inadequate, the item(s) should be continued on additional sheets. Only one copy of such additional sheets need to be presented to the county filing officer. DO NOT STAPLE OR TAPE ANYTHING TO THIS FORM.
- This form (UCC-3A) should be recorded with the county filing officers who record real estate mortgages. This form cannot be filed with the Secretary of State. Send the Original to the county filing officer. The Recording Party Copy is for your use.
- After the recording process is completed the county filing officer will return the document to the party indicated.
- The RECORDING FEE must accompany the document. The fee is \$5 per page.
- Be sure that the financing statement has been properly signed.

Return to: (name and address)

FARMERS HOME ADMINISTRATION
 2455 Patterson St., Suite #1
 Klamath Falls, OR 97603

Recording party contact name: Rowena A. ChaseRecording party telephone number: 883-6927

Please do not type outside of bracketed area

Standard Form UCC-3A
January 1990**ORIGINAL**Stevens-Ness Law Publishing Company
Portland, OR 97204 • (503) 223-3137

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Farmers Home Administration the 25th day
 of Jan. A.D., 19 91 at 11:39 o'clock A.M., and duly recorded in Vol. M91,
 of Mortgages on Page 1636

FEE \$5.00

Evelyn Biehn County Clerk

By Rowena Chase

CERTIFICATION OF VITAL RECORD

E-3189
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

18
Local File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEDENT'S NAME First: <u>Thomas</u> Middle: <u>Michael</u> Last: <u>McAuliffe</u>			2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>January 19, 1991</u>
4. SOCIAL SECURITY NUMBER <u>513-36-1319</u>			5. AGE - Last Birthday (Years) <u>58</u>	
6. BIRTHPLACE (City and State or Foreign Country) <u>Klamath Falls, OR</u>			7. DATE OF BIRTH (Month, Day, Year) <u>October 15, 1932</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> 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)				
10. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>			11. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
12. COUNTY OF DEATH <u>Klamath</u>				
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Timber faller</u>			14. 10b. KIND OF BUSINESS/INDUSTRY <u>Lumber Manufacturing</u>	
15. 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>			16. 12. SPOUSE (If Married, Widowed) <u>Sylvia R.</u>	
17. 13a. STREET AND NUMBER <u>7852 Short Road</u>				
18. 13b. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>				
19. 13c. STATE <u>Oregon</u>				
20. 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			21. 15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
22. 16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>				
23. 17. FATHER - NAME first middle last <u>Michael D. McAuliffe</u>			24. 18. MOTHER - NAME first middle maiden <u>Eulene - Strong</u>	
25. 19. INFORMANT - NAME and relationship to decedent <u>Sylvia R. McAuliffe, wife</u>				
26. 20a. 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) <u>Klamath Cremation Service</u>			27. 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Falls, OR 97601</u>	
28. 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>			29. 21b. LICENSE NUMBER (Of Licensee) <u>53-0124</u>	
30. 22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>				
31. 23. DATE FILED (Month, Day, Year) <u>JAN 22 1991</u>			32. 24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
33. 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			34. 26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
35. TO BE COMPLETED BY CERTIFYING PHYSICIAN				
36. 27. TIME OF DEATH <u>1140</u> A M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			37. 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. 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>				
39. 30. DATE SIGNED (Month, Day, Year) <u>January 21, 1991</u>			40. 31. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>	
41. 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) <u>[Signature]</u>				
42. 33. DATE SIGNED (Month, Day, Year) <u>January 21, 1991</u>			43. 34. COUNTY <u>Klamath</u>	
44. 35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>G. Craig Merhoff, MD, 2850 Daggett Street, Klamath Falls, Oregon 97601</u>				
45. 36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
46. 37. 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.				
47. (a) <u>Respiratory Failure</u>			48. Interval between onset and death <u>3 days</u>	
49. (b) <u>Spinal Cord Transection C1-C2</u>			50. Interval between onset and death <u>3 days</u>	
51. (c) <u>Fractured C1 + Odontoid 20 ft Trauma</u>			52. Interval between onset and death <u>3 days</u>	
53. 38. OTHER CONDITIONS - Conditions contributing to death but not related to cause given in PART I.				
54. 39. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			55. 40. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
56. 41. DID FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
57. 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention			58. 41a. DATE OF INJURY (Month, Day, Year) <u>1/16/91</u>	
59. 41b. TIME OF INJURY <u>M</u>			60. 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
61. 41d. DESCRIBE HOW INJURY OCCURRED <u>Off Balcony fell & knocked pt off ladder onto ground probably</u>			62. 41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>Farm</u>	
63. 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLERK, KLAMATH COUNTY, OREGON

45-2 REV

DATE ISSUED JAN 22 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Sylvia McAuliffe the 25th day of Jan. A.D., 19 91 at 11:39 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 1637.

By Donna A. Verling County Clerk

FEE \$8.00
Return: Sylvia McAuliffe
7852 Short Rd., Klamath Falls, Or. 97603