

25778

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Oregon

MYC 24800-N

SATISFACTION OF MORTGAGE

PacifiCorp, doing business as Pacific Power & Light Company, an Oregon corporation, does hereby certify and declare that certain Insulation Cost Repayment Agreement and Mortgage dated March 10, 1980, made and executed by Deane H. and Mildred L. Hagen ("Borrowers" therein), to Pacific Power & Light Company ("Pacific" therein), and recorded on October 1, 1980, in the records of the Klamath County, Oregon Clerk at Vol. M80 Pg. 18862, has been fully paid or otherwise discharged.

DATED this 5th day of February, 1991.

PacifiCorp, doing business as
Pacific Power & Light Company

Beverly Groshens
Representative

STATE OF OREGON)

County of Multnomah)

ss.

The foregoing instrument was acknowledged before me this 5th day of February 1991, by Beverly Groshens, Representative of PacifiCorp, doing business as Pacific Power & Light Company, an Oregon corporation, on behalf of the corporation.



Gloria Miller
Notary Public for Oregon
My Commission Expires: 2-15-94

After recording please return to:

Mildred L. Hagen
7317 Flagg St
K. Falls OR 97603

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Mountain Title Co.

on this 12th day of Feb. A.D., 19 91
at 1:46 o'clock P M. and duly recorded
in Vol. M91 of Mortgages Page 2579

Evelyn Biehn County Clerk

By *Gloria Miller* Deputy.

Fee, \$8.00

'91 FEB 12 PM 1 46

E-3191

I.D. TAG NO.

2/

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME Charles James KUCERA		2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 23, 1991
4. SOCIAL SECURITY NUMBER 543-10-1283	5a. AGE - Last Birthday (Years) 87	5b. Under 1 Year Months Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Hungary, Austria
7. DATE OF BIRTH (Month, Day, Year) November 4, 1903		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> EIT/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Cut-off sawyer		10b. KIND OF BUSINESS/INDUSTRY Lumber Manufacturing	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Loella M.	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls	13d. STREET AND NUMBER 3951 Summers Lane
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97603	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 7		17. FATHER - NAME first middle last Charles - Kucera, Sr.	
18. MOTHER - NAME first middle maiden Mary - Machac		19. INFORMANT - NAME and relationship to decedent Loella M. Kucera, wife	
20a. METHOD OF DISPOSITION <input 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) Klamath Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 53-0124	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7191		23. DATE FILED (Month, Day, Year) JAN 23 1991	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 0410 A 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>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) January 23, 1991		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) <i>[Signature]</i>		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Edward T. McClure, MD, 2301 Clairmont, Klamath Falls, Oregon 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) (a) <i>Stroke</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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		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. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41g. 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 ORIGINAL COUNTY REGISTRAR.

45-2 REV. 8-80

DATE ISSUED JAN 23 1991

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Loella M. Kucera the 12th day
of Feb. A.D., 19 91 at 3:19 o'clock PM., and duly recorded in Vol. M91,
of Deeds on Page 2580.

Evelyn Biehn - County Clerk
By Donna Q. Verling

FEE \$8.00

Return: Loella M. Kucera
3951 Summers Ln., K.Falls, Or. 97603