

26479

DEED OF RECONVEYANCE

Vol. 91 Page 3812

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated February. 29., 19.88., executed and delivered by JED. J.. LANCASTER. and ALICE. K.. LANCASTER..... as grantor and recorded on May. 26....., 19.88., in the Mortgage records of Klamath..... County, Oregon, in book/reel/volume No. M88..... at page8252....., or as document/fee/file/instrument/microfilm No. (indicate which), conveying real property situated in said county described as follows:

Please refer to the above volume and page for complete legal description.

(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 masculine gender includes the feminine and neuter and 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 corporate name to be signed and its corporate seal to be affixed hereunto by its officers duly authorized thereunto by order of its Board of Directors.

DATED: February. 25....., 19.91...

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

CHICAGO TITLE INSURANCE COMPANY....

Susan Bourdage
By: Susan Bourdage, Asst. Sec.

Trustee

(If the trustee who signs above is a corporation, use the form of acknowledgement opposite.)

(ORS 93.490)

STATE OF OREGON,)
) ss.
County of)
....., 19.....

Personally appeared the above named

..... and acknowledged the foregoing instrument to be voluntary act and deed.

Before me:

(OFFICIAL
SEAL)

Notary Public for Oregon
My commission expires

STATE OF OREGON, County of Clackamas.....) ss.
..... February. 25....., 19.91...

Personally appeared Susan Bourdage..... and
..... who, being duly sworn,
each for himself and not one for the other, did say that the former is the
..... president and that the latter is the
Assistant secretary of Chicago Title
Insurance Company of Oregon, a corporation,
and that the seal affixed to the foregoing instrument is the corporate seal
of said corporation and that said instrument was signed and sealed in behalf
of said corporation by authority of its board of directors; and each of them
acknowledged said instrument to be its voluntary act and deed. /

Before me:

Notary Public for Oregon
My commission expires: 6/13/91

6/13/91

(If executed by a corporation, affix corporate seal)

CTIC

GRANTOR'S NAME AND ADDRESS

LANCASTER

GRANTEE'S NAME AND ADDRESS

After recording return to:

American Savings Mtg.

P.O. Box 2600

Lake Jackson, TX 77566

NAME, ADDRESS, ZIP

Sheila Woodard

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, Klamath } ss.
County of }

I certify that the within instrument was
received for record on the ... 1st ... day
of March 19.91...
at 3:58 o'clock P.M., and recorded
in book/reel/volume No. M91..... on
page ... 3812..... or as fee/file/instru-
ment/microfilm/reception No. 26479.,
Record of Mortgages of said County.
Witness my hand and seal of County
affixed.

..... Evelyn Biehn, County Clerk.
NAME TITLE

By: Pauline Mullendore, Deputy

Fee \$8.00

087828
I.D. TAG NO.
910141
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

138

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7

REGISTRAR

10

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: Arline Middle: Madeline Last: CLARK		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 7, 1991
4. SOCIAL SECURITY NUMBER 557-22-5148		5a. AGE - Last Birthday (Years) 67	5b. Under 1 Year Mo. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Sacramento, CA		7. DATE OF BIRTH (Month, Day, Year) March 6, 1923	
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"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <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) Rogue Valley Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Medford	
12. COUNTY OF DEATH Jackson		13. STREET AND NUMBER 3939 South 6th Street	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		15. KIND OF BUSINESS/INDUSTRY Own Home	
16. RESIDENCE - STATE Oregon		17. COUNTY Klamath	
18. CITY, TOWN, OR LOCATION Klamath Falls		19. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
20. SPOUSE (if Married, Widowed) Richard		21. RACE American Indian, Black, White, etc. (Specify) White	
22. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 15+) 11		23. FATHER - NAME first middle last Donald Soules	
24. MOTHER - NAME first middle maiden Sarah Ramsey		25. INFORMANT - NAME and relationship to deceased Richard Clark-Husband	
26. 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)		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills, Crematory	
28. LOCATION - City or Town, State Klamath Falls, Oregon		29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Rick L. Bailey	
30. DATE FILED (Month, Day, Year) FEB 12 1991		31. REGISTRAR'S SIGNATURE Selia Collins	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		33. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
34. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
35. TIME OF DEATH 3:30 P		36. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) Bruce E. Van Zee			
38. DATE SIGNED (Month, Day, Year) 2/7/91			
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Bruce E. Van Zee, M.D., 555 Black Oak Dr., Medford, OR 97504			
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
41. 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.)			
(a) <u>Myocardial Encephalopathy secondary to hypoxia</u>		Interval between onset and death 8 hrs	
(b) <u>Chronic Renal Failure</u>		Interval between onset and death 1 yr	
(c) <u>neuropathic</u>		Interval between onset and death	
42. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. ASHD			
43. 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		44. DATE OF INJURY (Month, Day, Year)	
45. TIME OF INJURY		46. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
47. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		48. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-90

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

DATE ISSUED FEB 21 1991

Henry Collins Jr.
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard Clark
of March A.D., 19 91 at 4:30 o'clock P.M., and duly recorded in Vol. M91
of Deeds on Page 3813

FEE \$8.00
Return: Richard Clark
3939 S. 6th, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By Daniel Mullendore