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27541Vol. m91 Page 5614

## NOTICE OF DISMISSAL OF PENDING ACTION

KNOW ALL MEN BY THESE PRESENTS, That Pacific First Bank

plaintiff(s) in Case No. 9003126CV, filed in the Circuit Court, County of Klamath, hereby declare(s) that the said action, represented by that certain Notice of Pendency of an Action, dated the 19th day of September, 1990, duly made and executed, and recorded in the office of the Recorder of the County of Klamath, State of Oregon in book/~~reel~~/volume No. M90, Record of Mortgages on Page 18940 ~~or as fee/file/instrument/microfilm/reception No.~~ (indicate which) on the 20th day of September, 1990, has been compromised, settled, adjudicated, dismissed, or otherwise laid to rest, and said Notice of Pendency of an Action is hereby declared to be of no further force or effect.

In construing this Notice of Dismissal, where the context so requires, singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the undersigned has executed this instrument this 15th day of March, 1991; if the undersigned is a corporation, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

*Christine A. Kosydar*  
Christine A. Kosydar, OSB No. 81403  
Stoel Rives Boley Jones & Grey  
900 SW Fifth Avenue, Suite 2300  
Portland, OR 97204-1268  
(503) 294-9533

(If executed by a corporation,  
affix corporate seal)

STATE OF OREGON,

County of Multnomah

} ss.

This instrument was acknowledged before me on  
March, 1991, by  
Christine A. Kosydar

*Christine A. Kosydar*  
Notary Public for Oregon  
(SEAL) My commission expires: 6/12/92

STATE OF OREGON,

County of \_\_\_\_\_

} ss.

This instrument was acknowledged before me on \_\_\_\_\_

19\_\_\_\_, by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_

Notary Public for Oregon

(SEAL)

My commission expires: \_\_\_\_\_

Notice of Dismissal  
Of Pending Action

Pacific First Bank, a  
federal savings bank

VS

Terry L. Howard; andJohn W. Williams,

AFTER RECORDING RETURN TO  
Stoel Rives Boley Jones & Grey  
900 SW Fifth Avenue, Suite 2300  
Portland, OR 97204-1268  
Attn: Christine A. Kosydar

(DON'T USE THIS  
SPACE: RESERVED  
FOR RECORDING  
LABEL IN COUNTIES  
WHERE USED.)

Fee \$8.00

STATE OF OREGON

County of Klamath

} ss.

I certify that the within instrument was received for record on the 29th day of March, 1991, at 12:28 o'clock P.M., and recorded in book/~~reel~~/volume No. M91, on page 5614, or as fee/file/instrument/microfilm/reception No. 27541, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn County Clerk  
NAME TITLE

By Pauline M. Mullins Deputy

TYPE ON  
PRINT IN  
PERMANENT  
BLACK INK

082587  
I.D. NO. 902  
472

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

136-

State File Number

Local File Number

**DECEDENT**

**PARENTS**

**DISPOSITION**

**REGISTRAR**

**CERTIFIER**

**CAUSE OF DEATH**

1. DECEDENT'S NAME First: <u>Ruth</u> Middle: <u>Vivian</u> Last: <u>JOHNSON</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>March 24, 1991</u>
4. SOCIAL SECURITY NUMBER <u>475-20-5507</u>		5a. AGE - Last Birthday (Years) <u>69</u>	5b. Under 1 Year Months: <u>0</u> Days: <u>0</u> Hours: <u>0</u> Mins: <u>0</u>
6. BIRTHPLACE (City and State or Foreign) <u>Minneapolis, MN</u>		7. DATE OF BIRTH (Month, Day, Year) <u>August 1, 1921</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): <u>Friend's home</u>			
9b. FACILITY NAME (If not institution, give street and number) <u>171 Carniola</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Salem</u>	
9d. COUNTY OF DEATH <u>Marion</u>			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) <u>Sales Clerk</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Women's Ready-to-wear</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Willard L.</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>4841 Freida Avenue</u>	
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. ZIP CODE <u>97603</u>	
16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify his or her - if yes, specify (Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		17. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
18. FATHER - NAME first middle last <u>David Nathaniel Peterson</u>		19. MOTHER - NAME first middle maiden <u>Florence - Tallberg</u>	
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>Other</u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		22. LICENSE NUMBER (OF License) <u>53-0124</u>	
23. DATE FILED (Month, Day, Year) <u>MAR 28 1991</u>		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 <u>8:30 A.M.</u> <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>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) <u>March 25, 1991</u>			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Charles D. Bury, MD, 2300 Clairmont, Klamath Falls, Oregon 97601</u>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. 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 Infarction</u>		Interval between onset and death	
(b) <u>Long time heart failure</u>		Interval between onset and death <u>8 mo</u>	
(c) <u>Arteriosclerotic Heart Disease</u>		Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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"/> Accidental <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		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. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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 MARION COUNTY REGISTRAR.

DATE ISSUED

MAR 28 1991

*Ruth A. Johnson*  
RUTH A. JOHNSON  
COUNTY REGISTRAR  
MARION COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of W.L. Johnson the 29th day of March A.D., 19 91 at 12:29 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 5615.

FEE \$8.00

Return: W.L. Johnson

4841 Freida, Klamath Falls, Or. 97603

County Clerk  
By *[Signature]*