

TC 30396

SATISFACTION OF MORTGAGE

Vol. m91 Page 10890KNOW ALL MEN BY THESE PRESENTS, That LAWRENCE E. PRIEST & EMILY H. PRIESTowner and holder of the Mortgage and the obligation hereinafter described, do hereby certify and declare that a certain mortgage, bearing date the 1st day of July, 19 78, made and executed byALLEN C. BARRETT,the mortgagor therein to LAWRENCE E. PRIEST & EMILY H. PRIEST, not as Tenants in Common but with right of survivorship, the mortgagee therein and recorded in the office of the County Clerk of the Klamath County of Oregon, in book M78 Record of Mortgages on page 15243 or as file/reel number (indicate which) on July 17, 1978;

together with the debt thereby secured, is fully paid, satisfied and discharged.

In construing this satisfaction of mortgage, 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 14th day of July, 19 78; 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.Lawrence E. Priest
Lawrence E. PriestEmily H. Priest
Emily H. Priest(If executed by a corporation,
affix corporate seal)

STATE OF OREGON,

County of KlamathJuly 14, 19 78

Personally appeared the above named

Lawrence E. Priest andEmily H. Priest

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

(OFFICIAL
SEAL)

Notary Public for Oregon

My commission expires: 2-1-1981STATE OF OREGON, County of () ss.

Personally appeared

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 secretary of

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:

(OFFICIAL
SEAL)Satisfaction of
MORTGAGEWM. GANONG, JR.
NOTARY PUBLIC - OREGON

My Commission Expires February 7, 1981

AFTER RECORDING RETURN TO

Allen Barrett
1744 Crest
SE 97603(DON'T USE THIS
SPACE; RESERVED
FOR RECORDING
LABEL IN COUN-
TIES WHERE
USED.)

STATE OF OREGON,

County of Klamath } ss.I certify that the within instrument was received for record on the 10th day of June, 1991, at 2:36 o'clock P.M., and recorded in book M91 on page 10890 or as file/reel number 30396.

Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

County Clerk Title

By Dorine Muebendor Deputy

Fee \$8.00

JUN 10 PM 2 36

725

880

**OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS**

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

88-007532

37676

I.D. TAG NO.

150

Local File Number

136-

State File Number

1. DECEDENT'S NAME First: <u>Leola</u> Middle: <u>Mildred</u> Last: <u>NALL</u>			2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>April 16, 1988</u>
4. SOCIAL SECURITY NUMBER <u>430/16/0025</u>	5a. AGE - Last Birthday (Years) <u>74</u>	5b. UNDER 1 YEAR Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Boonseville, Ar.</u>	7. DATE OF BIRTH (Month, Day, Year) <u>May 6, 1913</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>				
9b. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> N/A			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d. COUNTY OF DEATH <u>Klamath</u>			10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Housewife</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>At Home</u>			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Isaac</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>2226 Autumn Street</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 (9-12) <u>1</u> College (1-4 or 5+) <u>1</u>	
17. FATHER - NAME first middle last <u>Aleck - Knowles</u>			18. MOTHER - NAME first middle maiden <u>Chessie - Gordon</u>	
19. INFORMANT - NAME and relationship to decedent <u>Isaac Nall / Husband</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> </u>	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Memorial Park</u>			20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>James J. Schell</u>			21b. LICENSE NUMBER (or License) <u>3409</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601</u>			23. TIME OF DEATH <u>12:01 A M</u>	
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			25. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) <u>Kenneth L. Tuttle</u>	
26. DATE SIGNED (Month, Day, Year) <u>4-18-88</u>			27. DATE SIGNED (Month, Day, Year) <u> </u>	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth L. Tuttle, MD / 2680 Uhrmann Road / Klamath Falls, Oregon / 97601</u>				
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>				
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.				
PART I (a) <u>RESPIRATORY FAILURE</u> Interval between onset and death <u>2 days</u>				
(b) <u>ADULT RESPIRATORY DISTRESS SYNDROME</u> Interval between onset and death <u>2 weeks</u>				
(c) <u>PEST OF ESOPHAGECTOMY FOR ADENOCARCINOMA OF THE ESOPHAGUS (MALIGNANT)</u> Interval between onset and death <u> </u>				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not relating to cause given in PART I (a) <u>CVA 2° TO ATRIAL FIBRILLATION</u>				
35. 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		36a. DATE OF INJURY (Month, Day, Year) <u> </u>		36b. TIME OF INJURY <u> </u>
36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36d. DESCRIBE HOW INJURY OCCURRED <u> </u>		
36e. PLACE OF INJURY - All home, farm, street, factory, office, building, etc. (Specify) <u> </u>		36f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>		
37. REGISTRAR'S SIGNATURE <u>Michelle Bottoff</u>			38. DATE FILED (Month, Day, Year) <u>APR 19 1988</u>	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE				

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

MAR 13 1991

DATE ISSUED

EDWARD J. JOHNSON
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Isaac Newton Nall the 10th day of June A.D., 19 91 at 2:36 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 10891.

Evelyn Biehn, County Clerk

By Darlene Mendenhall

FEE \$8.00

Return: Isaac Newton Nall

2226 Autumn Ave., Klamath Falls, Or. 97601