30500	K-43171 Vol	Pane 111
Catie		090
	sfaction of Mortgage	
Loan NoM96596		
The STATE OF OREGON, acting by t	the Director of Veterans' Affairs, certifies that the mortgage	
John V. Toman and Ann M. To	Man, husband and wife	executed by
	and wire	
recorded on the <u>11th</u> day of	September, 19_78, in theKlamath	
	,,,	County,
Crean Monteres D		
Dregon, Mortgage Records	Vol. M 78 Page 20060 Red/Book/Page/Fee	
		•
ogether with the debt is paid, satisfied, and a	lischarged.	
	has caused these presents to be executed this <u>10th</u>	day of
June	19_91, at Salem, Oregon.	
	STATE OF OREGON	
	Director of Veterans' Affairs	
	By: Curt R. Schnepp	· ·
	Manager, Accounts Ser	vices
TATE OF OREGON		
)) ss.	
unty of Marion)June 10	<u>19_91</u>
Personally appeared the above-named	Curt R. Schnepp	
horized to act on behalf of the duly appointed and		
and acti	ng Director of Veterans' Affairs for the State of Oregon and acknowledge	d the foregoing
rument to be his/her voluntary act and deed.	\frown \frown	
ine tanan ang santan an Santan ang santan ang sa	Before me: Suith Carter	
North Control of Contr	Notar	Public for Oregon
	My Commission expires: 02/11/94	
NO. ALL ST		
	STATE OF OREGON, County of Klamath SS.	. <i>1</i>
		• •
ER RECORDING, RETURN TO:	Filed for record at request of:	
. & Mrs. John Toman	Klamath County Title Co.	
21 California Ave.	on this <u>12th</u> day of <u>June</u> A.D., 19	91
amath Falls, Oregon 97601	in Vol. <u>M91</u> of Mortgages Dec 111	recorded
(11-88)	County Clerk	
	By Qauline Miller	
	Fee, \$8.00	Deputy.

"91 UER 12 PN 1 32

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	Local File Number	C		cords Unit	тн	T136-				
	1. DECEDENT'S First	Middl		Last	<u>.</u>	2.	SEX	J. DATE	mber OF DEATH (Mor	Ith. Day, Year)
(C)	William 4. SOCIAL SECURITY NUMBER 5. AGE	P. E-Lest Birthday 55. U	Inder 1 Year	BEAN 5c. Under 1 Day	I, Jr.	ACE (City and S	M	Jun	e 7, 199 OF BIRTH (Mont	1
	518-01-6928	74 Mos.	Days H	lours Mins,	Spok	ane. Was	hingt		uary 25,	
DECEDENT	8. WAS DECEDENT EVER IN U.S. ARMED FORCEST O Yes D No	' Innation I ED	VOutpatient	Se. PLAC	E OF DEATH	I (Check only on Deceder LOCATION OF	2et			<u> </u>
1	95. FACILITY NAME (II not institution, g Plum Ridge Care	give street and numbe	7	1 1 N 1 N 1 N			DEATH		9d. COUNTY	OF DEATH
2	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during more	4 1405 M	IND OF BUSINES	KIB	math [Falls	TUS - Marrie	12. SPOU	Klam	ath
3	ille. Do <u>not</u> use retired.) Trainmaster		Lumber			Divorced (Spec			SE (If "farried, V	
4	134. RESIDENCE - STATE 13b. COUNT	TY 13c.	CITY, TOWN, OI			MALLING		INSON	i M. Be	an
5	Oregon Kla	14. WAS DECEDE	Klamath	C OBIGIN2	15. RACE	122 Was American Indian, While, etc. (Spec	hingto	IS. DECE	BOL DENT'S EDUCAT	ION
6		Mexican, Puer Specify:	rto Rican, etc.) [No Ves	Whi			niary/Second	lary (0-12) Colli	mpleted) age (1-4 or 5+)
PARENTS	17. FATHER - NAME lirst middle		THER - NAME (maiden	19.			I relationship to	decessed
	William P. Bean, Si 20a. METHOD OF DISPOSITION	usoleum 20b. Pl	Anna - 1	Powers Sition (Name of ca	metery, cre	matory, or 20c	Naomi	M. Be	an, wife	
DISPOSITION	Burlat 🖾 Cremation 🗇 Removal 1	from State	, , , , , , , , , , , , , , , , , , ,	remation S		1				11 A.
	21a. SIGNATURE OF FUNERAL SERVIC PERSON ACTING AS SUCH	E LICENSEE OR	21b. LK	CENSE NUMBER	22. NAME	ADDRESS AN	D ZIP OF F	CILITY	alls, Or	egon
(Meniel x	0:0		3329	0'Ha 515 I	ir's Fun Pine St.	eral C . Klama	hapel, th Fal	Inc.	on 97601
REGISTRAR	23. DATE FILED (Month, Day, Year) JUN 1 0	4004				RAR'S SIGNAT		· · ·		
	25. DID HOSPITAL REPRESENTATIVE	1991 MAKE REQUEST FOR	ANATOMICAL G	FT CONSENT?	Za. WAS	NCY KO	and	dy	· · · · · · · · · · · · · · · · · · ·	<u> </u>
-						s Gino	🗆 N/A			1.4
10	TO BE COMPLETED	BY CERTIFYING PHY				TO BE COMPL	FTED ONLY	BY MEDIC	EXAMINES	
11	S F. F. D	MEDICAL EXAMINER I	NOTIFIED?	31	A. TIME OF				DEAD (Month, De	iy, Yeer, Hour)
C. D. L.	20. To the best of my knowledge, deall due to the cause(s) and manner sta (Signature)	h occurred at the time	, date, pisce and		. On the bi	M Isle of examination	on and/or in	restigation, I	n my opinion dea and manner stat	M berracion di
CERTIFIER	(Signature)	· Kan	0	N D	(Signi	iture)		ne ceuse(s)		¥G
			<i>v</i> /							
12	DO. DATE SIGNED (Month, Day, Year)	ano	<i>v</i>	<u>M.D.</u>	DATE SIQ	NED (Month, De	y. Year)		COUNT	n y
12 13	JUNE 10, 1991 34. NAME, TITLE, ADDRESS AND ZIP O			pe or Print)					COUNT	N
14	June 10, 1991	D 2616 C	Clover St	pe or Print)				97601	COUNT	Y
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