

Satisfaction of MortgageLoan No. M96596

The STATE OF OREGON, acting by the Director of Veterans' Affairs, certifies that the mortgage executed by
John V. Toman and Ann M. Toman, husband and wife

recorded on the 11th day of September, 19 78, in the Klamath County,

Oregon, Mortgage Records Vol. M 78 Page 20060

Reel/Book/Page/Fee

together with the debt is paid, satisfied, and discharged.

WITNESS the STATE OF OREGON has caused these presents to be executed this 10th day of
June, 19 91, at Salem, Oregon.

STATE OF OREGON

Director of Veterans' Affairs

By: Curt R. Schnepf

Curt R. Schnepf
 Manager, Accounts Services

STATE OF OREGON

County of Marion

)
) ss.
)

June 10, 19 91

Personally appeared the above-named Curt R. Schnepf

authorized to act on behalf of the duly appointed and acting Director of Veterans' Affairs for the State of Oregon and acknowledged the foregoing
 instrument to be his/her voluntary act and deed.

Before me: Quith Parker

Notary Public for Oregon

My Commission expires:

02/11/94

STATE OF OREGON,
 County of Klamath ss.

Filed for record at request of:

Klamath County Title Co.

on this 12th day of June A.D., 19 91
 at 1:32 o'clock P M. and duly recorded
 in Vol. M91 of Mortgages Page 11117
 Evelyn Biehn
 County Clerk

By Pauline Mendenhall

Deputy.

Fee, \$8.00

B 5289

I.D. TAG NO.

194

Local File Number

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

8

9

REGISTRAR

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

1. DECEDENT'S NAME First: William, Middle: P., Last: BEAN, Jr.			2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 7, 1991		
4. SOCIAL SECURITY NUMBER 518-01-6928		5a. AGE - Last Birthday (Years) 74	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Spokane, Washington	7. DATE OF BIRTH (Month, Day, Year) January 25, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Trainmaster			10b. KIND OF BUSINESS/INDUSTRY Lumber		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
13a. RESIDENCE - STATE Oregon			13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 122 Washington Street			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 Specify:			
15. RACE American Indian, Black, White, etc. (Specify) White			16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 1			
17. FATHER - NAME first middle last William P. Bean, Sr.			18. MOTHER - NAME first middle maiden Anna - Powers			19. INFORMANT - NAME and relationship to deceased Naomi M. Bean, wife
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" 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			20c. LOCATION - City or Town, State Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Meriel Reid</i>			21b. LICENSE NUMBER (Of Licensee) 3329		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Oregon 97601	
23. DATE FILED (Month, Day, Year) JUN 10 1991			24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TIME OF DEATH 5:15 P. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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>Blake Berven</i> M.D.						
30. DATE SIGNED (Month, Day, Year) June 10, 1991						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake Berven, M.D., 2616 Clover Street, Klamath Falls, Oregon 97601						
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
33. 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) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF: (b) Severe COPD DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.						
34. 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"/> Legal Intervention						
35. DATE OF INJURY (Month, Day, Year)						
36. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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 type="checkbox"/> N/A						
40. DESCRIBE HOW INJURY OCCURRED						
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

THIS IS A TRUE AND EXACT ORIGINAL OF VITAL STATISTICS COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV.

DATE ISSUED JUN 11 1991

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Naomi Bean the 12th day of June A.D., 19 91 at 2:55 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 11118

FEE \$8.00

Return: Naomi Bean

221 Washington, Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By *Pauline Muehlendler*