

30931

090-09-14044

## DEED OF RECONVEYANCE

MTC 25493-KR

Vol. m91 / Page 11826

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated May 8, 19 90, executed and delivered by DOUGLAS ADKINS and KATHLEEN J. ADKINS, husband & wife as grantor and recorded on May 8, 19 90, in the Mortgage Records of Klamath County, Oregon, in book M90 at page 8742, conveying real property situated in said county described as follows:

The Westerly 64.6 feet of Lots 5 and 6, Block 5 of THE TERRACES, more particularly described as follows:

Beginning at the Southwesterly corner of said Lot 6 and running thence in a Northwesterly direction along the Easterly line of Mesa Street 100 feet; thence Easterly along the line between Lots 4 and 5 in said Block, 64.6 feet; thence Southeasterly parallel with the Easterly line of Mesa Street 100 feet to the Northerly line of Auburn Street; thence Westerly 64.6 feet to the point of beginning. Also the S1/2 of the W1/2 of Lot 4, Block 5, THE TERRACES, an addition to the City of Klamath Falls.

Acct. #3809-028CA-02400  
#3809-028CA-02500

Key #306662  
#306644

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.

DATED: June 18, 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 APPLICABLE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

William L. Sisemore  
Trustee

STATE OF OREGON,

County of Klamath } ss.  
June 18, 19 91.

Personally appeared the above named  
William L. Sisemore

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

Before me,  
William L. Sisemore  
Notary Public for Oregon  
My commission expires 8/2/91

After recording return to:

Mm Doug Adkins  
2125 Auburn St.  
KFO 97601

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

NAME ADDRESS ZIP

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instrument was received for record on the 20th day of June, 19 91, at 10:04 o'clock A. M., and recorded in book M91 on page 11826 or as file/reel number 30931.

Record of Mortgages of said County.  
Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk  
Recording Officer

By Pauline M. Mullen Deputy

Fee \$8.00

087813  
I.D. TAG NO.

201

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: <u>Alverta</u> Middle: <u>Mae</u> Last: <u>WILLIAMS</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 8, 1991</u>				
4. SOCIAL SECURITY NUMBER <u>535-20-3423</u>		5a. AGE - Last Birthday (Years) <u>64</u>	5b. Under 1 Year Mos. <u>    </u> Days <u>    </u>	5c. Under 1 Day Hours <u>    </u> Mins. <u>    </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>	7. DATE OF BIRTH (Month, Day, Year) <u>August 5, 1926</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 checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u>    </u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>			9c. COUNTY OF DEATH <u>Klamath</u>
9d. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</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>	
12a. RESIDENCE - STATE <u>Oregon</u>		12b. COUNTY <u>Klamath</u>		12c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		12d. STREET AND NUMBER <u>2029 Garden</u>	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE <u>97601</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 Specify: <u>    </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. FATHER - NAME first middle last <u>Charles Lee Smith</u>		17. MOTHER - NAME first middle maiden <u>Edna Fern Darnell</u>		18. INFORMANT - NAME and relationship to deceased <u>Roland Williams - Spouse</u>			
19. 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) <u>    </u>		20a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>		20b. LOCATION - City or Town, State <u>Klamath Falls, Ore.</u>			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		21b. LICENSE NUMBER (Of Licensee) <u>3224</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy #391 Klamath Falls, Ore.</u>			
23. DATE FILED (Month, Day, Year) <u>JUN 11 1991</u>		24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA			
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH <u>10:05 A.M.</u>		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) <u>G-10-71</u>							
30. DATE SIGNED (Month, Day, Year) <u>Ralph B. Breitenstein</u>							
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Ralph Breitenstein, MD-2622 Campus Dr. - Klamath Falls, Oregon 97601</u>							
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>    </u>							
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.)							
PART I (a) <u>Septic shock</u>		Interval between onset and death <u>24hr</u>					
(b) <u>    </u>		Interval between onset and death <u>    </u>					
(c) <u>    </u>		Interval between onset and death <u>    </u>					
PART II 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 <input type="checkbox"/> Homicide		35a. DATE OF INJURY (Month, Day, Year) <u>    </u>		35b. TIME OF INJURY <u>    </u>		35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>    </u>		36b. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>    </u>					
RESERVED FOR REGISTRAR'S USE							

THIS IS A TRUE AND EXACT ORIGINAL COPY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED JUN 11 1991Donna Q. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Roland Williams  
of June A.D., 19 91 at 10:08 o'clock A.M., and duly recorded in Vol. M91  
of Deeds on Page 11827

FEE \$8.00

Return: Roland Williams2029 Garden, Klamath Falls, Or. 97601By Evelyn Biehn County ClerkBy Donna Q. Verling