

30939

DEED OF RECONVEYANCE

Vol. M91 Page 11836

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated July 29, 1988, executed and delivered by RONNIE N. GIBSON and PHYLLIS G. GIBSON, husband & wife as grantor and recorded on August 2, 1988 in the Mortgage Records of Klamath County, Oregon, in book M88 at page 12348, conveying real property situated in said county described as follows:

Lot 3, Block 10, CYPRESS VILLA, FIRST ADDITION, in the County of Klamath, State of Oregon.

Tax Account No. 3909-12CC-6200 Key #564669

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, 1991.

William L. Sisemore

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 APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Trustee

STATE OF OREGON,

County of Klamath } ss.
June 18, 1991.

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:

M/M Ron N. Gibson
PO Box 7932
KFO 97602

NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instrument was received for record on the 20th day of June, 1991, at 10:32 o'clock A.M. and recorded in book M91 on page 11836 or as file/reel number 30939.

Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer

By Pauline M. Mulendse Deputy

Fee \$8.00

91 JUN 20 PM 10 32

087829
I.D. TAG NO.
210

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

136-

1. DECEDENT'S NAME First: <u>Warren</u> Middle: <u>Albert</u> Last: <u>JONESCHIE</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 15, 1991</u>
4. SOCIAL SECURITY NUMBER <u>503-16-1302</u>		5a. AGE - Last Birthday (Years) <u>80</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>Scottsbluff, Iowa</u>		7. DATE OF BIRTH (Month, Day, Year) <u>February 24, 1911</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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <u> </u>	
9b. FACILITY NAME (if not institution, give street and number) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Lumber Grader</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Modoc Lumber Co.</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Lotis</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13d. STREET AND NUMBER <u>4963 Southview Dr.</u>	
13e. ZIP CODE <u>97603</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) <u>Elementary/Secondary (0-12)</u>	
17. FATHER - NAME first middle last <u>Albert - Joneschiet</u>		18. MOTHER - NAME first middle maiden <u>Minnie - Wassink</u>	
19. INFORMANT - NAME and relationship to deceased <u>Lotis Joneschiet - Wife</u>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</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 #39/K.Falls, Ore. 97603</u>		23. DATE FILED (Month, Day, Year) <u>JUN 18 1991</u>	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH <u>2231</u> 28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH <u>M</u> 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u> 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Jon G. McKellar</u> 33. DATE SIGNED (Month, Day, Year) <u>6/19/91</u> 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Jon G. McKellar, MD - 2300 Clairmont - Klamath Falls, Ore. 97601</u>	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>2300 Clairmont - Klamath Falls, Ore. 97601</u>		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>Arteriosclerotic Cerebral Vascular Disease</u> Interval between onset and death (b) <u>Arteriosclerotic Cardiovascular Disease</u> Interval between onset and death (c) <u> </u> Interval between onset and death	
37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u> </u>		38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
39. Did autopsy contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide	
41a. DATE OF INJURY (Month, Day, Year) <u> </u>		41b. TIME OF INJURY <u>M</u>	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED <u> </u>	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

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

DATE ISSUED JUN 18 1991

Donna Q. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lotis Joneschiet
of June A.D., 19 91 at 11:10 o'clock A M., and duly recorded in Vol. M91
of Deeds on Page 11837
FEE \$8.00
Return: Lotis Joneschiet
4963 Southview Dr., Klamath Falls, Or. 97603
By Evelyn Biehn County Clerk
Pauline Miller