

33848

## DEED OF FULL RECONVEYANCE

FIRST INTERSTATE BANK OF OREGON, N.A. is the Owner and holder of the Note secured by the Deed of Trust, dated January 8, 1968, made by Johnny G. Long and Patsy Long, as Grantor(s), to Transamerica Title Insurance Co., as Trustee, for the benefit of First National Bank of Oregon, a national banking association, nka First Interstate Bank of Oregon, N.A., which Deed of Trust was recorded January 11, 1968, in the office of the County Recorder of Klamath County, Oregon, Vol. M68, Page 268,

Hereby substitutes GEORGE C. REINMILLER, Attorney at Law, as Trustee in lieu of the above named Trustee under said Deed of Trust.

GEORGE C. REINMILLER hereby accepts said appointment as Trustee under said Deed of Trust and, as Successor Trustee, pursuant to the request of said Owner and Holder and in accordance with the provisions of said Deed of Trust does hereby reconvey, without any covenant or warranty express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned under said Deed of Trust.

IN WITNESS WHEREOF, FIRST INTERSTATE BANK OF OREGON, N.A. and GEORGE C. REINMILLER have caused these presents to be executed by their duly authorized officers on the date below written.

FIRST INTERSTATE BANK OF  
OREGON, N.A.

By:

L. Labsch  
L. Labsch, Supervisor  
Payoff Department

GEORGE C. REINMILLER, TRUSTEE

By:

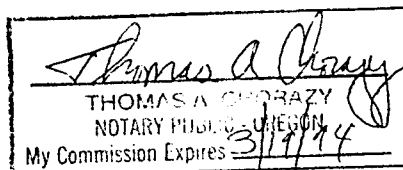
George C. Reinmiller  
Trustee

STATE OF OREGON, County of Multnomah ) ss.  
August 23, 1991

Personally appeared before me L. LABSCH, who, being duly sworn, did say that she is the Supervisor of the Payoff Department of First Interstate Bank of Oregon, N.A., and that said instrument was signed on behalf of said Bank by authority of its board of directors; and acknowledged said instrument to be its voluntary act and deed.

Before me:

[seal]



STATE OF OREGON, County of Multnomah ) ss.  
August 23, 1991

Personally appeared before me GEORGE C. REINMILLER and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:

Deputy Notary  
NOTARY PUBLIC FOR OREGON  
Commission expires: 2/09/92

AFTER RECORDING RETURN TO:

Johnny G. Long  
1755 Kimberly  
Klamath Falls, OR 97601

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Johnny G. Long  
on this 28th day of Aug. A.D., 19 91  
at 12:08 o'clock P. M. and duly recorded  
in Vol. M91 of Mortgages Page 17211  
Evelyn Biehn County Clerk  
By Deputy Notary Deputy.

Fee. \$8.00

103179  
1D TAG NO

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

136

Local File Number

State File Number

**DECEDENT**

**PARENTS**

**DISPOSITION**

**REGISTRAR**

**CERTIFIER**

**CAUSE OF DEATH**

|  |  |  |   |
|--|--|--|---|
| 1. DECEDENT'S NAME<br><b>Glenn Marshall BROWN</b>  |  | 2. SEX<br><b>M</b>   | 3. DATE OF DEATH (Month, Day, Year)<br><b>July 29, 1991</b>             |
| 4. SOCIAL SECURITY NUMBER<br><b>536-30-8435</b>  | 5a. AGE - Last Birthday (Years)<br><b>57</b> | 5b. Under 1 Year<br>Mos Days   | 5c. Under 1 Day<br>Hours Mins   |
| 6. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  | 7. DATE OF BIRTH (Month, Day, Year)<br><b>April 7, 1934</b>  |   |
| 8. HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA  |  | 9. PLACE OF DEATH (Check only one)<br><input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)                                |   |
| 9a. FACILITY NAME (If not institution, give street and number)<br><b>Merle West Medical Center</b>   |  | 9b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Klamath Falls</b>   |   |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>Fuel Accountant</b>  |  | 10b. KIND OF BUSINESS/INDUSTRY<br><b>US Government</b>   |   |
| 11. MARITAL STATUS: Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)  |  | 12. SPOUSE (If Married, Widowed, Divorced) (Specify)<br><b>Lynne</b>   |   |
| 13a. RESIDENCE - STATE<br><b>Oregon</b>  | 13b. COUNTY<br><b>Klamath</b>                | 13c. CITY, TOWN, OR LOCATION<br><b>Klamath Falls</b>   | 13d. STREET AND NUMBER<br><b>1943 Gary Street</b>                       |
| 14a. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | 14b. ZIP CODE<br><b>97603</b>                | 14c. 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) | 14d. RACE American Indian, Black, White, etc. (Specify)<br><b>White</b> |
| 15. FATHER - NAME first middle last<br><b>Paul - Sexton</b>  |  | 16. MOTHER - NAME first middle maiden<br><b>Ora Elizabeth Thomas</b>   |   |
| 17. 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)  |  | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Fircrest Cemetery</b>   |   |
| 19. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>Jerilyn Jennings</i>  |  | 20. LICENSE NUMBER (Of licensee)<br><b>1257</b>  |   |
| 21. DATE FILED (Month, Day, Year)<br><b>JUL 30 1991</b>  |  | 22. NAME, ADDRESS AND ZIP OF FACILITY<br><b>Ward's Klamath Funeral Home<br/>1945 Main St./Klamath Falls, OR 97601</b>  |   |
| 23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A  |  | 24. REGISTRAR'S SIGNATURE<br><i>Nancy Kennedy</i>  |   |
| 25. WAS GIFT MADE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A   |  |  |   |
| 27. TIME OF DEATH<br><b>11:55 A.M.</b>   |  | 28. WAS MEDICAL EXAMINER NOTIFIED?<br><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.<br>(Signature)<br><i>Ralph A. Breitenstein</i>   |  | 30. DATE SIGNED (Month, Day, Year)<br><b>7-30-91</b>   |   |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br><b>Ralph A. Breitenstein, MD 2622 Campus Drive Klamath Falls, OR 97601</b>   |  | 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   |  | Interval between onset and death   |   |
| (a) <i>cardiogenic shock</i>   |  | <b>18 hr</b>   |   |
| (b) <i>cardiac arrest</i>  |  | Interval between onset and death<br><b>18 hr</b>   |   |
| (c) <i>coronary atherosclerosis</i>  |  | Interval between onset and death<br><b>18 hr</b>   |   |
| 34. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to death but not related to cause given in PART I   |  | 35. Did tobacco use contribute to the death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Link          |   |
| 36. MANNER OF DEATH<br><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"/> Homicide <input type="checkbox"/> Legal Intervention |  | 37. Did autopsy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| 38a. DATE OF INJURY (Month, Day, Year)   | 38b. TIME OF INJURY                          | 38c. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | 38d. DESCRIBE HOW INJURY OCCURRED                                       |
| 39a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)   |  | 39b. LOCATION (Street and Number or Rural Route Number, City or Town, State)   |   |

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **AUG 8 1991**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lynne Brown the 28th day of Aug. A.D., 19 91 at 12:22 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 17212

FEE \$8.00  
Return: Lynne Brown  
1943 Gary, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk  
By *Donna A. Verling*