

91 AUG 20 PM 12 40

FILE #

33966

Vol. m91 Page 17409

FULL RECONVEYANCE

U.S. BANK OF WASHINGTON, N.A.

The undersigned as Trustee or Successor Trustee under that certain Deed of Trust described as follows:

DATE : NOVEMBER 7, 1986 RECORDED : NOVEMBER 13, 1986
RECORDING NO : 68120 BOOK : M86 PAGE : 20591
COUNTY OF : KLAMATH STATE OF : OREGON
GRANTOR : JOHN S. WARD

TRUSTEE : U.S. BANK OF WASHINGTON, N.A. AS SUCCESSOR THROUGH MERGER TO
OLD NATIONAL BANK

Having received from the Beneficiary under said Deed of Trust, a written request to reconvey, reciting that the obligations secured by the Deed of Trust have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the parties entitled thereto all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed of Trust

DATE : AUGUST 26, 1991

BY: Cheryl Frisch
ADMINISTRATIVE OFFICER
US BANK OF WASHINGTON, N.A.

STATE OF OREGON)
COUNTY OF WASHINGTON) ss

STATE OF OREGON)
COUNTY OF WASHINGTON) ss

On this day personally appeared before me

On this 26TH day of AUGUST 1991
before me, the undersigned, a Notary Public in and for the STATE OF OREGON duly
commissioned and sworn, personally appeared

to me known to be the individual described in and
who executed the within and foregoing instrument,
and acknowledged that she signed the same as her
free and voluntary act and deed, for the uses and
purposes herein mentioned.

Cheryl Frisch
to be known to be the

GIVEN under my hand and official seal this
day of , 19
Notary Public in and for the STATE OF OREGON
BY:

ADMINISTRATIVE OFFICER
of the corporation that executed
the foregoing instrument, and acknowledged
the said instrument to be the free and
voluntary act and deed of said corporation
for the uses and purposes therein mention-
ed, and an oath states that she is author-
ized to execute the said instrument, and
that the seal affixed is the corporate
seal of said corporation. WITNESS my
hand and official seal hereto affixed the
day and year above written.

BY: Ellen Caldwell
My Commission Expires: MAY 29 1994

My Commission Expires:

AFTER RECORDING RETURN TO:

JOHN S WARD

PO BOX 672

GILCHRIST, OR 97737

ATTENTION:

ESCROW #

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

on this 30th day of August A.D. 19 91
at 12:40 o'clock P.M. and duly recorded
in Vol. M91 of Mrg Page 17409

Evelyn Beihn, County Clerk

By Dawn M. Mendenhall

Deputy.

Fee. \$ 8.00

CERTIFICATION OF VITAL RECORD

103178

ID TAG NO.

293

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

| | | | |
|---|---|---|---|
| 1 DECEASED'S NAME First: Harley Middle: Daniel Last: STILES | | 2 SEX M | 3 DATE OF DEATH (Month, Day, Year) August 17, 1991 |
| 4 SOCIAL SECURITY NUMBER 543/10/3648 | 5a AGE Last Birthday (Years) 76 | 5b Under 1 Year Mos: Days: Hours: Mins: | 6 BIRTHPLACE (City and State or Foreign Country) Klamath Falls, Or. |
| 8 WAS DECEASED 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"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): | |
| 9b FACILITY NAME (if not institution, give street and number) Merle West Medical Center | | 9c CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | |
| 10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Driver | | 10b KIND OF BUSINESS/INDUSTRY Trucking | |
| 11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | | 12 SPOUSE (If Married, Widowed) Doris | |
| 13a RESIDENCE - STATE Oregon | | 13b COUNTY Klamath | |
| 13c CITY, TOWN, OR LOCATION Klamath Falls | | 13d STREET AND NUMBER 2969 Summers Lane | |
| 14 WAS DECEASED 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) White | |
| 16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 8 | | 17 INFORMANT - NAME and relationship to deceased Doris Stiles / Wife | |
| 18 FATHER - NAME first middle last Cornelius Burton Stiles | | 19 MOTHER - NAME first middle maiden Emma - Neubert | |
| 20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State | | 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park | |
| 21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i> | | 21b LICENSE NUMBER (Of Licensee) 3409 | |
| 22 NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601 | | 23 REGISTRAR'S SIGNATURE <i>[Signature]</i> | |
| 24 DATE FILED (Month, Day, Year) AUG 20 1991 | | 25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | |
| TO BE COMPLETED BY MEDICAL EXAMINER | | | |
| 27 TIME OF DEATH 1743 | | 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>[Signature]</i> | | | |
| 30 DATE SIGNED (Month, Day, Year) 8/19/91 | | 31 DATE SIGNED (Month, Day, Year) | |
| 32 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) John J. Kleeman, MD / 1905 Main Street / Klamath Falls, Oregon / 97601 | | 33 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| 34 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Suicide or Respiratory Arrest) | | | |
| (a) Electro-mechanical dissociation | | | |
| (b) Cardiomyopathy | | | |
| (c) Diabetes | | | |
| 35 OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I. Renal failure, HBP | | | |
| 36 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"/> Homicide <input type="checkbox"/> Legal Intervention | | 37 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Not | |
| 38 DATE OF INJURY (Month, Day, Year) | | 39 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 40 TIME OF INJURY | | 41 YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 41a PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 41b DESCRIBE HOW INJURY OCCURRED | |
| 42 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 20 1991**

[Signature]
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the **30th** day of **August**, A.D., 19 **91** at **12:40** o'clock **P.M.**, and duly recorded in Vol. **491** of **Deeds** on Page **17410**

Evelyn Biehn, County Clerk
By *[Signature]*

FEE \$ 8.00

Return: Doris Stiles
2969 Summers Ln., Klamath Falls, Or. 97603