

34876

DEED OF RECONVEYANCE

Vol. m9 Page 190149

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated JULY 20, 1989, executed and delivered by RICHARD F. BOGATAY AND TAMYRA L. BOGATAY, HUSBAND AND WIFE as grantor and recorded on AUGUST 4*, 1989, in the Mortgage Records of KLAMATH County, Oregon, in book/reel/volume No. M89 at page 14424, or as document/fee/file/instrument/microfilm No. _____ (indicate which), conveying real property situated in said county described as follows:

*TRUST DEED RE-RECORDED ON OCTOBER 29, 1990 IN THE MORTGAGE RECORDS OF KLAMATH COUNTY, OREGON IN THE VOLUME NO M90 AT PAGE 21669

SEE ATTACHED EXHIBIT "A" BY THIS REFERENCE MADE A PART HERETO.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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.

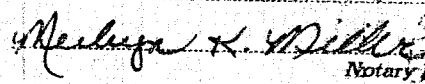
In construing this instrument and whenever the context hereof so requires, the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument; if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by its Board of Directors.

DATED: SEPTEMBER 10, 1991


WILLIAM P. BRANDSNESS

STATE OF OREGON, County of Klamath Trustee
() ss.
This instrument was acknowledged before me on September 10, 1991,
by WILLIAM P. BRANDSNESS
This instrument was acknowledged before me on _____, 19____,
by _____
as _____
of _____


Notary Public for Oregon
My commission expires 9/16/93

RICHARD F. AND TAMYRA L. BOGATAY

GRANTOR'S NAME AND ADDRESS

SOUTH VALLEY STATE BANK
801 MAIN STREET
KLAMATH FALLS, OR 97601

GRANTEE'S NAME AND ADDRESS

SOUTH VALLEY STATE BANK
801 MAIN STREET
KLAMATH FALLS, OR 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, } ss.
County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/file/instrument/microfilm/reception No. _____, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy

SPACE RESERVED
FOR
RECORDER'S USE

EXHIBIT "A"

DESCRIPTION OF PROPERTY

19015

The following described real property situate in Klamath County, Oregon:

A portion of Lot 5, Block 40, "Plat of Linkville", now City of Klamath Falls, Oregon, more particularly described as follows:

Commencing at the most Westerly corner of said Lot 5, said corner being the intersection of the Southeasterly line of Main Street and Northeasterly line of 8th. Street; thence N. 38° 54' 44" E. along said Southeasterly line of Main Street a distance of 47.40 feet to a point; thence at right angles, S. 51° 05' 16" E. along the center of a common wall a distance of 107.25 feet to a point; thence N. 38° 54' 44" E. a distance of 11.31 feet to a point; thence S. 51° 05' 16" E. a distance of 12.75 feet, more or less, to the Southeasterly line of said Lot 5; thence S. 38° 54' 44" W. along said Southeasterly line a distance of 58.55 feet, more or less, to the most Southerly corner of said Lot 5; thence N. 51° 08' 28" W. along the Westerly line of Lot 5 and the Easterly line of 8th. Street a distance of 120.0 feet, more or less, to the point of beginning.

ROBERT J AND RICHARD F BOGATAY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of S. Valley State Bank the 20th day
of Sept. A.D. 19 91 at 12:43 o'clock P.M., and duly recorded in Vol. M91
of Mortgages on Page 19014.

FEE \$13.00

Evelyn Biehn - County Clerk

By Pauline Nuckols

103171

I.D. TAG NO.

334

Local File Number

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

136

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

10
11
12
13
14

CERTIFIER

15
16
17

CAUSE OF DEATH

15
16
17

CAUSE OF DEATH

15
16
17

CAUSE OF DEATH

15
16
17

CAUSE OF DEATH

15
16
17

CAUSE OF DEATH

15
16
17

CAUSE OF DEATH

15
16
17

CAUSE OF DEATH

15
16
17

CAUSE OF DEATH

15
16
17

1. DECEDENT'S NAME First: Hazel Middle: Lucille Last: WARRINGTON		2. SEX F	3. DATE OF DEATH (Month, Day, Year) Sept. 5, 1991
4. SOCIAL SECURITY NUMBER 547/07/9441		5a. AGE - 1 (Years) 83	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign) Rexburg, ID		7. DATE OF BIRTH (Month, Day, Year) Jan. 18, 1903	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		15. KIND OF BUSINESS/INDUSTRY Own Home	
16. RESIDENCE - STATE Oregon		17. COUNTY Klamath	
18. CITY, TOWN, OR LOCATION Klamath Falls		19. STREET AND NUMBER 2522 Montelius	
20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. ZIP CODE 97601	
22. 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		23. RACE American Indian, Black, White, etc. (Specify) White	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 8		25. FATHER - NAME first middle last Alfred F. Ramsay	
26. MOTHER - NAME first middle maiden Fannie E. Fox		27. INFORMANT - NAME and relationship to decedent Florence Dukes - Dau.	
28. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. Kennedy</i>		31. LICENSE NUMBER 3409	
32. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		33. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
34. DATE FILED (Month, Day, Year) SEP 10 1991		35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
36. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 1800 M <input type="checkbox"/> P <input checked="" type="checkbox"/> N 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 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 D. Berven</i> 30. DATE SIGNED (Month, Day, Year) September 9, 1991 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. IM - DATE 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) Acute CVA DUE TO, OR AS A CONSEQUENCE OF: (b) Generalized Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I PART II 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 35. DATE OF INJURY (Month, Day, Year) 36. TIME OF INJURY 37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 38. DESCRIBE HOW INJURY OCCURRED 39. 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.

452 REV 1-88

DATE ISSUED SEP 10 1991

Donna A. Verburg
DONNA A. VERBURG
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Florence Dukes
of Sept. A.D., 19 91 at 12:44 o'clock P.M., and duly recorded in Vol. M91
of Deeds on Page 19016

FEE \$8.00
Return: Florence Dukes
2520 Montelius, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk
By *Carlene Newland*