SATISFACTION OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS. That Klamath First Federal Savings and Loan Association, a corporation, duly incorporated, organized and existing under and by virtue of the laws of the United States of American with its principal office at Klamath Falls. Oregon, owner and holder of the Mortgage and the obligation hereinafter described, does hereby certify and declare that a certain Mortgage, bearing the date the 12th day of August 19.81 made and executed by Edith L. Lind and Andrew N. Lind the mortgagor therein, to Klamath First Federal Savings and Loan Association, the mortgage therein and recorded in the office of the County Clerk of the County of Klamath State of Oregon, book M81... of Mortgages on Page 14663 on the 17th, day of August 19.81.

together with the debt thereby secured, is fully paid, satisfied and discharged.

IN WITNESS WHEREOF, Klamath First Federal Savings and Loan Association, mortgagee, has caused its lawful corporate seal to be hereunto affixed and its name to be hereto subscribed by the hands of its President and Secretary this ...8th..... day of ...October ... 19 91... at Klamath Falls, Oregon.

| lawful corporate seal to be hereunto aff and Secretary this8th day of | October 19 91 at Klamath Falls, Oregon. |
|--|--|
| | KLAMATH FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION |
| В | Sundo President |
| STATE OF OREGON } ss. | |
| Brown, both to me personally known, President, and he, the said Gerald V Association, the within named Corporation and that the said instances and that the said instances are also as a said instance. | who being duly sworn did say that he, the said James D. Bocchi is the Brown is the Secretary of Klamath First Federal Savings and Loan ation, and that the seal affixed to said instrument is the corporate seal of trument was signed and sealed in behalf of said corporation by authority D. Bocchi and Gerald V. Brown acknowledged said instrument to be free |
| OVALICATION OF THE PROPERTY OF | IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written. Notary Public for Oregon My commission expires 5-144-9.2 |
| STATE OF OREGON County of Klamath ss. | |
| I certify that the within instrume at .10:.16 o,clock A.M., and resaid County. | ent was received for record on the 8th day of Oct. 19 91 ecorded in book M91 on page 20847. Record of Mortgages for |
| Witness my hand and seal of Cou | inty affixed Evelyn Biehn, County Clerk County Clerk-Recorder |

After recording please return to: Edith L. Lind P.O. Box 775 Jamul, CA 92035 By Postuline Mullendare Deputy

Fee \$8.00

| N NENT INK | 10242 | OREGON DEP | | | ESOURCES | _ | | | |
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| 20 | 132 RESIDENCE-STATE 136.C | OUNTY 13c | CITY, TOWN, OR LOC | ATION | | AND MUNEER | 1 | | |
| | Oregon . | | Klamath Fal | | | Shasta W | ME OFCEDENT | SEDUCATION | |
| | 13a. INSIDE CITY 137, ZIP COD | Specify No or Mexican, Poer | Yes - If yes, specify (| Carban. | RACE American in Black, While, etc. | Speedy) (Sp | ecily only biphes | oracio completes) | • |
| - | □Yes ⊠No 97603 | Specify: | Mexican | | Spanish | 1 | 7 | | |
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| | 202 METHOD OF DISPOSITION [| Mausoleum Zio. Pi | ACE OF DISPOSITIO | | ery, crematory, or | | | | - |
| <u> </u> | 7 4 | | ^{her place)} Mt. Calvar | v Cemete | rv | Klam | ath Falls | . Oregon | |
| <u></u> | Donation C Other (Specify). | | | | NAME ADDRES | S AND ZIP OF FA | VCILITY | | - |
| <u>./</u> | 21a. SIGNATURE OF FUNERAL SI PERSON ACTING AS SUCH | 1.0 | (CI Lia | pasee! | O'Hair's | Funeral (| Chapel, | | |
| - 1 <u>51</u> | 1 Berill | Seed | 3329 | | | | ath Falls | s, Ore. 9760 | · · |
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| .3300 | 25. DID HOSPITAL REPRESENTA | TIVE MAKE REQUEST FOR | ANATOMICAL GOT | CONSENIT 28 | WAS CUPT MAD | e | | | |
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| - | | LEIED BY CERTIFYING PH WAS HEDICAL EXAMINER | | | TIME OF DEATH | 315 DATE PAG | NOUNCED DEA | D (Month, Cay, Year, Ho | 12: |
| - | 12:58 PM | □ yes tkno _ | | 🗓 | | 4 | | i | - |
| *** | 25. To the best of my knowledge | e pleased recognitives at the file | on, date, place and | 22 | On the basis of est at the time, date, | geskaption ancilor is places and due to | mesigation, in a the cause(s) and | ry opinion destit copumed manner stated. | |
| JE-11 | 3 110al st | Da Vanalle | "/ M. | D. | (Signeture) | | | • | |
| .0) | 30 DAYE SIGNED Month, Day, 1 | (027) | · · · · · | | ATE SIGNED (Uo | nth, Day, Year) | | COUNTY | |
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| | THE VITAL RECO | ORDS UNIT OF THE | OREGON STA | TE HEALTH D | IVISION. | <i>(</i> 2) | ~~ | <i>D</i> | |
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| ATE OF | OREGON: COUNTY | OF KLAMAT | H: ss. | ald but | | | | | |
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| | of | D., 19 <u>91 </u> | | | on Pa | ge <u>20</u> Biehn | 848 | | |

Motor Investment Company 531 S. 6th St. Klamath Falls, Or 97601

Fee \$8.00