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36379

K-43586

Vol. 199 Page 22052

DEED OF RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated March 29, 19 90, executed and delivered by Paul E. Woods and Velma D. Woods as grantor and recorded on March 30, 1990, in the Mortgage Records of Klamath County, Oregon, in ~~book/reel~~ volume No. M90 at page 5785, or as document/fee/file/instrument/microfilm No. _____ (indicate which), conveying real property situated in said county described as follows:

Those parcels of land located in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 1 Township 40 South, Range 7 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at a point on the South line of Highway 66 where the Range line between Ranges 7 and 8 East of the Willamette Meridian crosses said highway; thence West along said South line, a distance of 198 feet to a point; thence South and parallel to said range line a distance of 220 feet to the true point of beginning of this description; thence continuing South, a distance of 220 feet; thence East a distance of 198 feet to the Range line; thence North along the Range line, a distance of 220 feet; thence West a distance of 198 feet to the point of beginning.

Also beginning at a point on the South line of Highway 66 where the Range line between Ranges 7 and 8 East of the Willamette Meridian crosses said Highway line; thence West along said South line of said Highway, a distance of 198 feet to a point on said South line; thence South and parallel with said Range line, a distance of 220 feet to a point; thence East at right angles to said Range line, a distance of 198 feet to a point on said Range line; thence North along said Range line a distance 220 feet to the point of beginning.

(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: October 21, 19 91

KLAMATH COUNTY TITLE COMPANY

By: [Signature]
President

(If executed by a corporation,
affix corporate seal.)

(If the trustee who signs above is a corporation,
use the form of acknowledgment opposite.)

Trustee

STATE OF OREGON,

County of _____ } ss.

This instrument was acknowledged before me on _____, 19____, by _____

TRUDIE DURANT
NOTARY PUBLIC - OREGON

My Commission Expires _____
Notary Public for Oregon

(SEAL)

My commission expires:

STATE OF OREGON,

County of Klamath } ss.

This instrument was acknowledged before me on October, 19 91, by R. E. Veatch

as President

of Klamath County Title Company

[Signature]
Notary Public for Oregon

My commission expires:

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instrument was received for record on the 22nd day of Oct., 19 91, at 9:32 o'clock A.M., and recorded in book/reel/volume No. M91 on page 22052 or as fee/file/instrument/microfilm/reception No. 36379, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By [Signature] Deputy

SPACE RESERVED
FOR
RECORDER'S USE

Fee \$8.00

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Paul E. & Velma D. Woods

P.O. Box 558

Keno, OR 97627

NAME, ADDRESS, ZIP

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

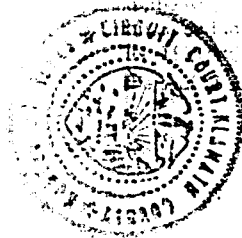
NAME, ADDRESS, ZIP

32
CH 9 32

STATE OF OREGON)

County of Klamath)

LYN G. HARDY, Clerk of the Circuit Court of the County of Klamath,
 do hereby certify that the foregoing deed has been
 duly recorded in the office of the Clerk of the Court, and that the same
 is a true and correct copy of the original as the same appears on file in my office.



IN WITNESS WHEREOF, I have hereunto set my hand and
 the Seal of the Court, this 24th day of October, A.D. 1991.
 LYN G. HARDY, Clerk of Court

By Sally Day

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Douglas Osborne the 22nd day
 of Oct. A.D., 1991 at 9:19 o'clock A.M., and duly recorded in Vol. M91,
 of Deeds on Page 22046.

Evelyn Biehn - County Clerk

FEE \$33.00

By Barbara M. Henderson

TYPE OR
PRINT IN
PERMANENT
BLACK INK

12088

103195

P.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

22050

Local File Number

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

1. DECEDENT'S NAME First: Dora Middle: Fay Last: MUSTARD		2. SEX F	3. DATE OF DEATH (Month, Day, Year) May 22, 1991
4. SOCIAL SECURITY NUMBER 543/10/3041	5a. AGE - Last Birthday (Years) 84	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Westfall, Or.		7. DATE OF BIRTH (Month, Day, Year) Nov. 24, 1906	
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"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 249 Martin Street		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during usual of working life. Do not use retired) Laborer		10b. KIND OF BUSINESS/INDUSTRY Agriculture	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Nev. Married		12. SPOUSE (If Married, Widowed) -	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 249 Martin Street	
14a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14b. ZIP CODE 97601	
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) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 12			
17. FATHER - NAME first middle last James - Mustard		18. MOTHER - NAME first middle maiden Elizabeth Jane Sportsman	
19. INFORMANT - NAME and relationship to decedent L. Rawlings / Niece			
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of License) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601			
23. DATE FILED (Month, Day, Year)		24. REGISTRAR'S SIGNATURE	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input 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)			
30. DATE SIGNED (Month, Day, Year)			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert N. Edwards, MD / 2865 Daggett St. / Klamath Falls, Oregon 97601			
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)			
33a. (a) <i>Atherosclerotic Coronary Vascular Disease</i>		Interval Between onset and death	
33b. (b) <i>Congestive Heart Failure</i>		Interval Between onset and death	
33c. (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.		Interval Between onset and death	
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"/> Homicide <input type="checkbox"/> Legal Intervention		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY M		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Link		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

RESERVED FOR REGISTRAR'S USE

1 and addresses of the creditors know to the Affiant are:

2 Ward's Funeral Home \$899.00 1945 Main Street
3 Klamath Falls, OR 97601

4 10. There are no existing claims against this estate;

5 11. A copy of this Affidavit will be mailed to the Adult and
6 Family Services Division, Estate Administration Section, Salem,
7 Oregon, and to the Department of Revenue, Salem, Oregon;

8 12. Any claims against the estate of the Decedent not listed
9 in this Affidavit may be barred unless:

10 a. A claim is presented to the Affiant within four
11 months of the filing of this Affidavit at the following
address:

12 Loetta B. Rawlings
13 c/o Douglas V. Osborne
14 439 Pine Street
Klamath Falls, OR 97601

15 b. A personal representative of the estate is
appointed within the time allowed under ORS 114.555.

16 13. I will mail or deliver a copy of this Affidavit to the
17 County Clerk of each county where Decedent's real property is
18 located with the required recording fee.

19 DATED this 2nd day of September, 1991.
October

21 Loetta B. Rawlings
22 LOETTA B. RAWLINGS, Affiant
October

23 SUBSCRIBED AND SWORN TO this 2nd day of September, 1991.

24 (SEAL



25 NANCY L. EGELINE
NOTARY PUBLIC-CALIFORNIA
Siskiyou County
My Commission Expires Dec. 10, 1993

26 Nancy L. Egeline
Nancy L. Egeline
NOTARY PUBLIC FOR California
My Commission Expires: 12/10/93

AFFIDAVIT OF CLAIMING SUCCESSOR
INTESTATE ESTATE Page -4- and final

1	Mathew Mustard	Great-Nephew	79 Saginaw Circle
2	(son of Michael Mustard - deceased)		Sacramento, CA 95833
3	David Mustard	Great-Nephew	79 Saginaw Circle
4	(son of Ken Mustard - deceased)		Sacramento, CA 95833
5	Michael Mustard	Great-Nephew	1414 Olive Drive
6	(son of Ken Mustard - deceased)		Davis, CA 95616
7	Richard Mustard	Nephew	c/o Eileen McLean
8			1554 S.E. Main
			Roseburg, OR 97470

9 A copy of this Affidavit showing the date of filing has been
 10 delivered to each heir or mailed to the heir at the last known
 11 address stated above;

12 8. The interest in Decedent's property to which each heir
 13 is entitled is:

14	<u>Name</u>	<u>Interest</u>
15	Loetta B. Rawlings	1/12
16	Berdena Kaleb	1/12
	Beverly Marton	1/12
17	Eileen McLean	1/12
	Mary Wilson	1/12
18	Debbie Haman	1/12
	James Mustard	1/12
19	Joseph Mustard	1/12
	Robert Mustard	1/12
20	Mathew Mustard	1/12
	David Mustard	1/24
21	Michael Mustard	1/24
22	Richard Mustard	1/12

23 9. Reasonable efforts have been made by the Affiant to
 24 ascertain creditors of the estate. The debts of the decedent
 25 remaining unpaid, including the amounts thereof, and the names
 26 ////

AFFIDAVIT OF CLAIMING SUCCESSOR
 INTESATE ESTATE Page -3-

1 BANK ACCOUNT:

2 Account No. 33823, held at Klamath First \$ 2,943.64
 3 Federal Savings & Loan, Klamath Falls,
 Oregon.

4 5. No application or petition for the appointment of a
 5 personal representative has been granted in any jurisdiction in
 6 the State of Oregon;

7 6. The Decedent died intestate;

8 7. Decedent's heirs and relationships to the Decedent and
 9 the last address of each as known to Affiant are:

10	<u>Name</u>	<u>Relationship</u>	<u>Address</u>
11	Loetta B. Rawlings	Niece	5502 Shamrock Road
12			Yreka, CA 96097
13	Berdena Kaleb	Niece	P. O. Box 5399
14			Lacey, WA 98503
15	Beverly Marton	Niece	2960 Cedarwood Lane, #69
			Sacramento, CA 95821
16	Eileen McLean	Niece	1554 S.E. Main Street
17			Roseburg, OR 97470
18	Mary Wilson	Niece	5505 Full Moon Drive
			Ft. Worth, TX 76132
19	Debbie Haman	Niece	2144 N.W. Maple
20			Redmond, OR 97756
21	James Mustard	Nephew	5749 Sentinel Drive
			Raleigh, N.C. 27609
22	Joseph Mustard	Nephew	520 Berry Blvd.
23			Rapid City, S.D. 57702
24	Robert Mustard	Nephew	549 I Street
			Davis, CA 95616

25 ////

26 ////

AFFIDAVIT OF CLAIMING SUCCESSOR
 INTTESTATE ESTATE Page -2-