• :	36520 RECORDING REC	QUESTED BY	STATE OF OREGON, SS. Vol. mg1 Page 2229								
			Filed for record at request of:								
Name Street Address City State Zip	P.O. Box 5	rst Federal	Transamerica Title Co.  on this 25th day of Oct. A.D., 19 91  at 11:44 o'clock A.M. and duly recorded in Vol. M91 of Mortgages Page 22294  Evelyn Biehn County Clerk  By Quedence Martin der Deputy.  Fee, \$8.00								
-	<del></del>		s use —								
		DEED O	F FULL RECONVEYANCE								
	The undersigned as Trustee or Successor Trustee under that certain Trust Deed described as follows:										
	Dated	: August 31, 1983	Recorded : August 31, 1983								
9147533	Fee Number	:	Book: M83 Page: 14726								
	County Of	: Klamath									
	State Of	: Oregon									
	Trustor	: David J. Davis and Pauline H. Davis, husband and wife									
	Trustee	Trustee : Transamerica Title Insurance Company									
	Beneficiary	Beneficiary : U.S. Department of Housing and Urban Development									
		Dood hour book f	said Trust Deed, a written request to reconvey, reciting that the obliga- fully satisfied, does hereby grant, bargain, sell and reconvey, unto the est which was heretofore acquired by said Trustee(s) under said Deed								
hh II iii	Date	: October 16, 1991	TRANSAMERICA TITLE INSURANCE COMPANY								
# W			Star Comment								
Li Com											
100 TS:	State Of Orego	n	ss								
	County Of	Multnomah									
	October	<u>16</u> , 19 <u>91</u> .									
	and that said i		James D. Thompson , who being t Secretary of Transamerica Title Insurance Company, a Corporation half of said corporation by authority of its Board of Directors and he untary act and deed.								
		•	Before Me:								
			Notary Public for Oregon  My Commission Expires: 2-24-93  (Seal)								

93 (Seal)

Form 7182

## OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES

## 782015375

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COUNTY OF DEATH	4 T	CITY, TOWN	OR LOCATIO	ON OF DEATH				Jursing		la Inpatient
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11 544-11-2	2116 A	14a	Hamamak	er , town, or loca	TION ST	REET AND	NUMBER (	OR R.F.D., ZIP	97058	Inside City Limits (specify yes or no)
RESIDENCE-STATE	COU			he Dalles	150	. 272 1	2 . 30+1	h Stroot		15e Yes
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SE NAME OF AT	TENDING PHYS	ICIAN IF OT	HER THAN C	EF FIER (Type or	Print)					
5 TE 31.5										
DATE RECEIVED BY	REGISTRAR (A	to Day, Tr.]	REGIS	STRAR	D.			arm	an-	
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