

36520

RECORDING REQUESTED BY

STATE OF OREGON, ss.
County of KlamathVol. m91 Page 22294

Filed for record at request of:

AND WHEN RECORDED MAIL TO

Klamath First Federal
P.O. Box 5270
Klamath Falls, OR 97601Name
Street
Address
City
State
ZipTransamerica 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 David M. Mendenhall Deputy.

Fee, \$8.00

S USE

DEED OF 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

Fee Number : Book : M83 Page : 14726

County Of : Klamath

State Of : Oregon

Trustor : David J. Davis and Pauline H. Davis, husband and wife

Trustee : Transamerica Title Insurance Company

Beneficiary : U.S. Department of Housing and Urban Development

having received from the Beneficiary under said Trust Deed, a written request to reconvey, reciting that the obligations secured by the Trust Deed 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 : October 16, 1991

TRANSAMERICA TITLE INSURANCE COMPANY

BY James D. Thompson

State Of Oregon

County Of Multnomah } ssOctober 16, 19 91

Personally appeared James D. Thompson, who being duly sworn did say that he is the Assistant Secretary of Transamerica Title Insurance Company, a Corporation and that said instrument was signed on behalf of said corporation by authority of its Board of Directors and he acknowledged said instrument to be its voluntary act and deed.

Before Me:

Notary Public for Oregon

My Commission Expires: 2-24-93 (Seal)

**OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS**

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

79015375

CERTIFICATE OF DEATH

Local File Number 183		State File Number 79015375	
DECEASED—NAME First NETTIE Middle EVA Last SHOUGH		DATE OF DEATH (month, day, year) 2 September 26, 1979	
1 RACE White, Black, American Indian, etc. (Specify) American Indian		2 DATE OF BIRTH (month, day, year) February 11, 1900	
3 SEX Female		4 AGE—Last birthday (years) 79	
5 COUNTY OF DEATH Wasco		6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Columbia Basin Nursing Home	
7a STATE OF BIRTH (If not in U.S.A., name country) California		7b CITY, TOWN OR LOCATION OF DEATH The Dalles	
8 SOCIAL SECURITY NUMBER 544-11-2246 A		9 MARIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		11 SPOUSE (IF MARRIED, WIDOWED) Alton A. Shough	
12 RESIDENCE—STATE Oregon		13 INSIDE CITY LIMITS (Specify yes or no) Yes	
14a COUNTY Wasco		14b STREET AND NUMBER OR R.F.D., ZIP 318 E. 10th Street 97058	
15a CITY, TOWN, OR LOCATION The Dalles		15b INFORMATION—NAME and relationship to deceased Hazel Harding, Daughter	
16 FATHER—NAME first middle last William Shadley		17 MOTHER—Maiden Name first middle last Rosie Orr	
18 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial		19 CEMETERY OR CREMATORY—NAME Parklawn Memorial Cemetery	
20a FUNERAL SERVICE LICENSEE (Person Acting As Such) Spencer, Lib. & Powell Funeral Home, 1100 Kelly Ave. The Dalles, Ore.		20b DATE SIGNED (Mo., Day, Yr.) 9-26-79	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Thomas H. Hodge, M.D. The Dalles Clinic Bldg. The Dalles, Oregon 97058		21c HOUR OF DEATH 11:35 P.M.	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Sept. 28, 1979		22b REGISTRAR (Signature) <i>Kewana Pearson</i>	
23 PART I IMMEDIATE CAUSE (a) Cerebrovascular Disease		Interval between onset and death	
(b) Generalized Atherosclerotic Vascular Disease		Interval between onset and death	
(c) Grand Mal Seizure Disorde		Interval between onset and death	
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Grand Mal Seizure Disorde		AUTOPSY (Specify Yes or No) No	
25a ACCIDENT (Specify Yes or No)		25b WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER No	
26a INJURY AT WORK (Specify Yes or No)		26b DESCRIBE HOW INJURY OCCURRED	
26c PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26c		26d LOCATION 26d	
26e STREET OR R.F.D. NO.		26f CITY OR TOWN	
26g STATE			

VS-2 Rev-1-78 P-65412

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

OCT 09 1991

DATE ISSUED

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mrs. Chas. Harding the 25th day of Oct. A.D., 1991 at 11:44 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 22293.

Evelyn Biehn, County Clerk

FEE \$8.00

Return: Mrs. Chas. Harding
2305 W. 13th, The Dalles, Or. 97058