

37940

## DEED OF RECONVEYANCE

Vol. M91 Page 24891

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated July 30, 19 76, executed and delivered by BILLY D. BROWN and JANICE K. BROWN, husband & wife as grantor and recorded on August 2, 19 76, in the Mortgage Records of Klamath County, Oregon, in book M76 at page 11813, conveying real property situated in said county described as follows:

The Westerly 145 feet of Lot 1, FAIRACRES SUBDIVISION NO. 1, Klamath County, Oregon.

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 masculine gender includes the feminine and neuter and the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument.

DATED: November 25, 19 91.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

William L. Sisemore  
Successor Trustee

Trustee

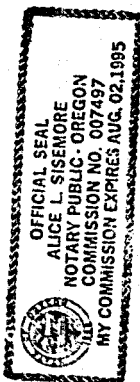
STATE OF OREGON,

County of Klamath } ss.  
November 25, 19 91.

Personally appeared the above named  
William L. Sisemore

and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:  
(OFFICIAL SEAL) William L. Sisemore  
Notary Public for Oregon  
My commission expires 8/2/95



After recording return to:

Mildred F. Fitzgerald, Est.  
40 Brandon St.  
911 Pine St.  
KFO 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,

County of Klamath } ss.

I certify that the within instrument was received for record on the 27th day of Nov., 19 91, at 10:58 o'clock A.M., and recorded in book M91 on page 24891 or as file/reel number 37940.

Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk  
Recording Officer

By Pauline Miller Deputy

Fee \$8.00

SPACE RESERVED  
FOR  
RECORDER'S USE

F 1942  
I.D. TAG NO.  
441  
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

|   |  |  |  |
|---|--|--|--|
| 1. DECEDENT'S NAME<br>First: Theodore B. Last: BINGHAM  |  | 2. SEX<br>M  | 3. DATE OF DEATH (Month, Day, Year)<br>November 25, 1991 |
| 4. SOCIAL SECURITY NUMBER<br>534-03-3827  |  | 5a. AGE Last Birthday (Year, Mos., Days)<br>76   | 5b. Under 1 Year<br>Mos. Days Hours Mins.                |
| 6. BIRTHPLACE (City and State or Foreign Country)<br>Asotin, Washington   |  | 7. DATE OF BIRTH (Month, Day, Year)<br>April 9, 1915   |  |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | 9. PLACE OF DEATH (Check only one)<br><input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |  |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br>Restuarant Owner   |  | 10b. KIND OF BUSINESS/INDUSTRY<br>Food Service   |  |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br>Married   |  | 12. SPOUSE (If Married, Widowed, Divorced)<br>Gladys Bingham   |  |
| 13a. RESIDENCE - STATE<br>Oregon  |  | 13b. CITY, TOWN OR LOCATION<br>Klamath Falls   |  |
| 13c. STREET AND NUMBER<br>5840 Onyx Street  |  | 13d. ZIP CODE<br>97603   |  |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |  | 15. RACE American Indian, Black, White, etc. (Specify)<br>White  |  |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (8-12)<br>8   |  | 17. FATHER - NAME first middle last<br>Benjamin - Bingham  |  |
| 18. MOTHER - NAME first middle maiden<br>Jesse - Gruver   |  | 19. INFORMANT - NAME and relationship to decedent<br>Gladys Bingham Spouse   |  |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)<br>Klamath Cremation Service  |  | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br>Klamath Falls, Oregon   |  |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>Michael Ph</i>  |  | 21b. LICENSE NUMBER (Of Licensee)<br>3287  |  |
| 22. NAME, ADDRESS AND ZIP OF FACILITY<br>O'Hair's Funeral Chapel<br>515 Pine ST. Klamath Falls, OR 97601  |  | 23. DATE FILED (Month, Day, Year)<br>NOV 26 1991   |  |
| 24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A   |  | 25. REGISTRAR'S SIGNATURE<br><i>Donna A. Verling</i>   |  |
| 26. WAS GIFT MADE?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A  |  | 27. TIME OF DEATH<br>2:00 A.M. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 28. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED (Signature)<br><i>F. Geoffrey Marx M.D.</i>  |  | 29. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED (Signature)<br><i>F. Geoffrey Marx M.D.</i>   |  |
| 30. DATE SIGNED (Month, Day, Year)<br>11/25/91  |  | 31. DATE SIGNED (Month, Day, Year)<br>COUNTY   |  |
| 32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br>F. Geoffrey Marx M.D. 2614 Clover Street, Klamath Falls, Oregon 97601   |  | 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  |
| 34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE - OR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)<br>PART I<br>(a) Probable Acute MI or CVA<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) Probable Acute MI or CVA<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to death but not related to cause given in PART I.<br>Atrial Fib, CHF, Prostate CA |  | 35. Did tobacco use contribute to the death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No   |  |
| 36. MANNER OF DEATH<br><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   |  | 37. AUTOPSY<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| 38. DATE OF INJURY (Month, Day, Year)<br>41b. TIME OF INJURY<br>41c. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 39. # YES were findings considered in determining cause of death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |  |
| 40. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)<br>41d. LOCATION (Street and Number or Rural Route Number, City or Town, State)  |  | 41e. DESCRIBE HOW INJURY OCCURRED  |  |

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 26 1991

Donna A. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gladys Bingham the 27th day of Nov. A.D., 19 91 at 11:20 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 24892

FEE \$8.00

Return: Gladys Bingham  
5840 Onyx, Klamath Falls, Or. 97603

Evelyn Biehn, County Clerk  
By *Pauline Mullender*