40042

Vol. m92 Page 1249

Satisfaction of Mortgage

Loan No. P65713

The STATE OF OREGON, acting by the Director of Veterans' Affairs, certifies that the mortgage executed by Leonard C. Wilder and Candace J. Wilder, husband and wife

recorded on the 6th day of February, 19 74, in the Klamath County,

Oregon, Mortgage Records Vol. M 74 Page 1295 (Reel/Book/Page/Fee)

Additional Mortgage recorded October 4, 1976, Vol. M 76 Page 15576
Additional Mortgage recorded March 28, 1984, Vol. M 84 Page 4934, and re-recorded May 9, 1984, Vol. M 84 Page 7745

together with the debt is paid, satisfied, and discharged.

WITNESS the STATE OF OREGON has caused these presents to be executed this 19th day of December, 19 91, at Salem, Oregon.

STATE OF OREGON

Director of Veterans' Affairs

By: Curt R. Schnepp
Manager, Accounts Services

STATE OF OREGON)
) ss. December 19, 19 91
County of Marion)

Personally appeared the above-named Curt R. Schnepp

authorized to act on behalf of the duly appointed and acting Director of Veterans' Affairs for the State of Oregon and acknowledged the foregoing instrument to be his/her voluntary act and deed.

Before me: Ruth Parker
Notary Public for Oregon

My Commission expires: 02/11/94

NOTARY PUBLIC OF OREGON

AFTER RECORDING, RETURN TO: Leonard C. Wilder
5240 Alva Avenue
Klamath Falls, OR 97603

'92 JAN 21 PM 2 23

453-M (11-88)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Leonard C. Wilder the 21st day of Jan. A.D., 19 92 at 2:23 o'clock PM., and duly recorded in Vol. M92, of Mortgages on Page 1249.

Evelyn Biehn • County Clerk
By Pauline Mullendore

FEE $8.00

CERTIFICATION OF VITAL RECORD

F --9453
I. D. TAG NO.
26
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME (First / Middle / Last): John SYMONIAK
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): January 11, 1992
4. SOCIAL SECURITY NUMBER: 340-24-7561
5a. AGE - Last Birthday (Years): 61
5b. Under 1 Year (Mos. / Days):
5c. Under 1 Day (Hours / Mins.):
6. BIRTHPLACE (City and State or Foreign Country): Cicero, Illinois
7. DATE OF BIRTH (Month, Day, Year): Feburary 10, 1930
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
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 most of working life. Do not use retired.): Maintenance
10b. KIND OF BUSINESS/INDUSTRY: Las Vegas Mental Health Center
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Hazel
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 27820 Mesa St.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME (first / middle / last): John - Symoniak
18. MOTHER - NAME (first / middle / maiden): Veronica - Wygladalski
19. INFORMANT - NAME and relationship to decedent: Hazel Symoniak - Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy #39/ Klamath Falls, Ore. 97603

REGISTRAR

23. DATE FILED (Month, Day, Year): JAN 15 1992
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5:40 P. M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): January 13 1992

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. 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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert Bohnen, MD - 2610 Uhrmann Rd. - Klamath Falls, Ore. 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

36. 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.

PART I
(a) Metastatic large cell lung cancer — Interval between onset and death: 6 months
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
none

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45-2 REV 2

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

DATE ISSUED JAN 17 1992

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Hazel Symoniak the 21st day of Jan. A.D., 19 92 at 2:23 o'clock P.M., and duly recorded in Vol. M92, of Deeds on Page 1250.

Evelyn Biehn · County Clerk
By Pauline Muelendore

FEE $8.00
Return: Hazel Symoniak
Harriman Rt.,27820 Mesa, Klamath Falls,Or.97601

CERTIFICATION OF VITAL RECORD

094054
ID TAG NO.

Local File Number

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

136-
State File Number

1. DECEDENT'S NAME First: Lila Middle: Frances Last: ANGUS
2. SEX: F
3. DATE OF DEATH: January 8, 1992
4. SOCIAL SECURITY NUMBER: 543-18-6480
5a. AGE Last Birthday (Years): 93
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Beatrice, Nebraska
7. DATE OF BIRTH: April 26, 1898
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ Er/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care Center
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 most of working life. Do not use retired): Forest Service Laborer
10b. KIND OF BUSINESS/INDUSTRY: Federal Government
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SURVIVING SPOUSE (If wife, give maiden name): Benjamin Angus
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1440 Elderberry Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary Secondary (0-8) 12 College (1-4) (5+)
17. FATHER NAME first middle last: George F. Freeman
18. MOTHER NAME first middle maiden: Goldie B. Benjamin
19. INFORMANT NAME and Relationship to Decedent: Le Claire Lee Son
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ 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: Michael Ofa
21b. LICENSE NUMBER (Of Licensee): 47-3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JAN 10 1992
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ Yes ☒ No ☐ N/A
26. WAS GIFT MADE? ☐ Yes ☒ No ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 4:50 P M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): Jon C. McKellar M.D.
30. DATE SIGNED (Month, Day, Year): 1/10/92

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
32. 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)
33. DATE SIGNED (Month, Day, Year)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon C. Mc Kellar M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

36. 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
PART I (a) Unknown Natural Causes
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. Was autopsy results available to complete the cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED JAN 21 1992

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Benny Betsch the 21st day of Jan. A.D., 19 92 at 2:27 o'clock P.M., and duly recorded in Vol. M92, of Deeds on Page 1251.

Evelyn Biehn · County Clerk
By Pauline Muldendore

FEE $8.00
Return: Benny Betsch,
P.O. Box 832, Klamath Falls, Or. 97601