

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated November 27, 19 90, executed and delivered by ANDREW A. PATTERSON as grantor and recorded on November 27, 19 90, in the Mortgage Records of Klamath County, Oregon, in book M90 at page 23548, conveying real property situated in said county described as follows:

The S4NW4 of Section 21, Township 39 South, Range 9 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at a point in the center line of Morningside Lane, a 40 foot roadway from which the Northwestern corner of the SW1NW4 of Section 21, Township 39 South, Range 9 East of the Willamette Meridian bears South 88° 50' West along the center line of the said Morningside Lane, 1115.0 feet, and North 0° 10' East along the Western boundary of the said Section 21, 858.0 feet, and running thence North 0° 10' East 361.7 feet; thence South 89° 40' East 320.0 feet; thence South 0° 10' West 253.4 feet, more or less, to a point in the said center line of Morningside Lane; thence South 88° 50' West 320.00 feet, more or less, to the point of beginning.

Acct. #3909-21B0 TL 2100 Key #581980

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: August 20, 19 91.

William L. Sisemore

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.

Trustee

STATE OF OREGON,

County of Klamath } ss.  
August 20, 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) Alice L. Sisemore  
Notary Public for Oregon  
My commission expires 8/2/95

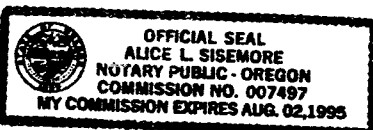
After recording return to:

ATE

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 3rd day of Feb., 19 92, at 10:48 o'clock A. M., and recorded in book M92 on page 2216 or as file/reel number 40541, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk  
Recording Officer

By Therese M. Mendenhall Deputy

079612

I.D. TAG NO.

325

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: <b>Helen</b> Middle: <b>Haseltine</b> Last: <b>Odiorne FROST</b>		2. SEX <b>F</b>	3. DATE OF DEATH (Month, Day, Year) <b>September 10, 1991</b>
4. SOCIAL SECURITY NUMBER <b>520-16-2801</b>		5a. AGE-Last Birthday (Years) <b>82</b>	5b. Under 1 Year Mo. <b>0</b> Days <b>0</b> Hours <b>0</b> Mins. <b>0</b>
6. BIRTHPLACE (City and State or Foreign Country) <b>Marceline, MS</b>		7. DATE OF BIRTH (Month, Day, Year) <b>March 4, 1909</b>	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) <b>Hwy 422 North-near Mile Post# 1</b>		9b. CITY, TOWN, OR LOCATION OF DEATH <b>Chiloquin</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Payroll Clerk</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Employment Services</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		12. SPOUSE (If Married, Widowed) <b>Jack S. Frost</b>	
13a. RESIDENCE - STATE <b>Oregon</b>	13b. COUNTY <b>Klamath</b>	13c. CITY, TOWN, OR LOCATION <b>Chiloquin</b>	13d. STREET AND NUMBER <b>P.O. Box 163</b>
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <b>97624</b>	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 Specify:	15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (14 or 5+)		17. DECEDENT'S FATHER - NAME first middle last <b>Joseph LeRoy Julian</b>	
18. DECEDENT'S MOTHER - NAME first middle maiden <b>Zula Maude Forrester</b>		19. INFORMANT - NAME and relationship to decedent <b>Peggy A. Idonas Daughter</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Conation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Oakmont Memorial Park</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael Oke</i>		21b. LICENSE NUMBER (Of Licensee) <b>3287</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601</b>		23. REGISTRAR'S SIGNATURE <i>Darcy Kennedy</i>	
24. DATE FILED (Month, Day, Year) <b>SEP 11 1991</b>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>3:29 A.M.</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" 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) <i>Byron T. Sagunsky M.D.</i>			
30. DATE SIGNED (Month, Day, Year) <b>9/10/91</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Byron T. Sagunsky M.D. 2300 Clairmont Street, Klamath Falls, OR 97601</b>			
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.)			
PART I (a) <b>Respiratory failure</b>		Interval between onset and death <b>months</b>	
(b) <b>Chronic Obstructive pulmonary disease</b>		Interval between onset and death	
(c) <b>Sarcoma Right Leg</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <b>Sarcoma Right Leg</b>			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input 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		40. 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"/> Legal Intervention <input type="checkbox"/> Homicide	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41d. DESCRIBE HOW INJURY OCCURRED	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

Return To: **Peggy Anne Idonas**  
**P.O. Box 378**  
**Chiloquin, OR 97624**

DATE ISSUED

SEP 11 1991

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

STATE OF OREGON: COUNTY OF KLAMATH: 58.

Filed for record at request of **Aspen Title Co.** the **3rd** day  
of **Feb.** A.D., 19 **92** at **10:48** o'clock **A.M.**, and duly recorded in Vol. **M92**  
of **Deeds** on Page **2217**.

Evelyn Biehn - County Clerk  
By *Pauline M. Mendenhall*

FEE \$8.00