3000	In the Circuit Court of the	Vol. m92 Page 2855
0893	In the Circuit Court of the for the County of	Klamath
Mike	Meeker	No. 9103822CV
	Plaintiff	SATISFACTION OF JUDGMENT
	vs.	For Attorney Fees for William L. Sisemore
Larry	Olson	
	Defendant	
For V	valuable consideration, receipt	of which is hereby acknowledged, full
satisfact:	ion of that certain judgment rem	force of the undersigned is hereby
declared,	and the clerk of said court is	authorized to enter this satisfaction instrument and where the context so
	forthwith. In construing and	
01 16001	, the singular includes the plum	al.
requires	<u> </u>	_
DATE	D Feb 6 , 199	7 for JUDGHENT CREDITOR
D		Wille ZGEDITOR
	a Hoir	540 mais
		CITY STATE ZIP PHONE
		CITY STATE
		STATE OF OREGON. ) ss.
STATE	OF OREGON, ) ss.	)
	Klaugth )	County of This instrument was acknowledged 19
Cour	try of HAMHTO Instrument was acknowledged	before me on
before	me on Feb 5, 19 72.	
ру	WILLAN	
<del></del>	Comment	Notary Public for Oregon
<u> </u>	Notary Public for Oregon	Notary Public 202 (SEAL)
	Waren Ton False	
(SEA	2 5 92/	My commission expires:
My C	omnission expired a by	
A Comment	66	
		STATE OF OREGON. SS.
		County of Klamath
		t as express of:
		riled for record at request
		Filed for record at request of:  Mountain Title Co.
		Mountain Title Co.
		on this 11th day of Feb. A.D., 19 contract 2:04 o'clock P.M. and duly reconstruction of 2:04 page 2
		on this 11th day of Feb. A.D., 19 Sept. at 2:04 o'clock P M. and duly region Vol. 192 of Deeds Page 2:
		Mountain Title Co. on this <u>11th</u> day of <u>Feb.</u> A.D., 19 S

, j	Committee		OREG	ON DE	PARIMEN	H DIVISION	PRESCU	MUES		.`	All I	
	068	G NO.	•		HEAL!	coords Unit		238	State	File Number	THE PARTY OF THE P	
	- 44	10 1	4/013	346	CERTIFIC	ATE OF DEA	<u>ري</u>	1	SEX 3	DATE OF DEAT	1989	4
,	1. DECEDENT'S	e Number First		Mide T		CAI	RTER	ACE (City and S	Na or Foreign	DATE OF BIRTH	(Month, Day, 184)	5
ſ	A. SOCIAL SECUE	Dolores	Se AGE - Last B	J.	Under 1 Year	5c. Under 1 Day Hours Mins.	- Connect	a Neb	raska 🔟	June 2,	1930	
)	524-30	-6536	59	Mos	. Days	1,		I CRUCK ONLY	P6)	Other (Specify)		==
1	E WAS DECEDED	NT EVER IN	OSPITAL: [] Inc		ERIOutpatient	DOA OTHER	Nursing Ho	LOCATION O	HTASC		OUNTY OF DEATH	•
DENT	U.S. ARMED P	2	etitution, give str	eet and nu	mber)	9c. CII	lamath	Faus		To SPOUSE (If A	Married, Widowed)	
	West	Care n	10111C	Ten	WIND OF BUS	UNESSANDUSTRY	1	Never Marrie	ATUS - Married id, Widowed. iecify)			
	10a DECEDENT	Of work done	CUPATION  during most of w  Owner  O Busin	rorking				Morrie	ď	Vincent	С	
				ess	Tax Co	Onsulting		134 STREET		Street		
	13a. RESIDENC	E . STATE	130. 6000111		Vloms	th Falls	Tie nec	. 613 R	BOSE VEZE	16 DECEDENT	S EDUCATION I grade completed)	= 5-1
	Orego	on	Klams	14. WAS DE		BPANIC GRIGIN? es, specify Cuben, etc.) O No () Yes	Blac	White, etc. (	Eleme	ntary/Secondary (	, ,	
	13e. HISIDE CI LIMITS?		1	Soecity	;			hite		TO DOC SALLES	ationship to pecea	seo sand
		7 100	7601	last		AME first middle	le mai			.+ C Car	iler, masi	Jano
RENT	17. FATHER	341. – K	ice. Sr.		Lela -	DISPOSITION (Name	of complety	prematory, or	20c LOCATIO	Palla	, Oregon	
	20a. METHO	- AF DICE 151	CTION   Mauso	oleum m State	other place	aki Cemete	ery.					
PO5IIII	XIX Burial	☐ Cremation	[] Hemoral III		1	THE PROPERTY OF		NAME, ADDRES	s and zip of Funeral	Chapel,	Inc.	sn1 :
	21a. SIGNA	TURE OF FUN	SPECIFY	LICENSEE	OFI	(0) 223	51	5 Pine	St., Kla	math Fall	s, OR 976	
	PERSO	IN AUTING AS	1 1	0.1	0	3329	24-1	EGISTRAR'S S	MATURE	1.		
	کیکیا _	EILED (Month.	OCT 10	1080			17	hanar	Kena	way		
GISTE	RAR		UUI IV	AAKE REGU	EST FOR ANAT	OMICAL GIFT CONSE	NT? 26.	WAS GIFT ME	ENO □ M	iA	S. 1	200
_		TET								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EXAMINER	
( '	\					معطفیت مشترین برای در را AN		TO BE	COMPLETED (	PRONOUNCED U	EXAMINER Day.	rear, Hour;
<u>ر</u> ۵	_{	70	BE COMPLETED	BY CERTI	EYING PHYSICI	HEO?	316.	TERRET OF DESTI	M	and a later to	n my cointon death	occurred
1	27. TIME	OF DEATH					- 32	On the basis of at the time, dat	examination and e, place and du	gor investigation, the to the cause(s)	n my opinion death and mariner stated.	
. :	29 101	the best of my	tnowledge, des	th occurred	et the time, da			(Signature)			COUNTY	
CERT	FIER (S	Signature)	A	M	موح	3 MAD	-	ATE SIGNED	Month, Day, Yes	ir)		
	30. DAT	E SIGNED (MO	onin, Day, Year)			/					2001	1
12	<u> </u>	otober	9, 1989 ORESS AND ZIP	OF CERTIF	FIERMEDICAL E	XAMINER (Type or Pr 4 Clover St IER (Type or Print)	mı) treet.	Klamath	Falls,	Oregon 9	(001	
13	34 MAI	Geof	frey Mar	x, M.	D., 2614	(Type or Print)					No. of the last	ween onset
14	35. NA	ME OF ATTEN	IDING PHYSICIA	M IF GITTE		R (a), (b), AND (c) Do n	of enter mod	e of dying, e.g.	ardiac or Resp	ratory Arrest.	and open.	
COND	ANY H GIVE SE TO	MEDIATE CAU	SE (ENTER ONL)	ONE CAUS	SE PER LINE FOI		·\ <u>\</u>	with	/Casp	11-01/01	interval the	tween onset
134344	EDIATE PART		AS A CONSEGUI		<u> </u>						Interval be	tween onset
STATI	MILYING I	·	- `\ ~	-so							and death	· 
CAU	SE LAST	DUE TO, OR	AS A CONSEQU	ENCE OF:				Tay Old tobe	coo use contri	oute 38. AUTOF		d canno an an
	USE OF	10)			e related to card	se given in PART 1.		to the d	88ST T	l .	No D Yes D	NO D NIA
ÇΑ	7	, <del>101</del>		eeth but no	II 1010164 10 400.		W	TO Yes DA	Probably	-		
GA D	EATH	OTHER SIGN Conditions of	contributing to d	14		Scene	Mrlas		SE HOW INJU	Y OCCURRED		
GAI D	EATH	محداً.	icf	154	Luch	41b. TIME OF 41	C INJURY AT WORK	41d. DESCR	BE HOM INJU	A OCCURRED		
D	- C	LTOY MANNER OF D	DEATH	154	Luch	41D. TIME OF 41	C INJURY C AT WORK	41d. DESCR	BE HOM INJU	A OCCURRED	Route Number, Cit	y or Town, State)
15_	- C	MANNER OF D	DEATH    Pending investigation	412.00 100 100	ATE OF INJURY	M C	C. INJURY AT WORK Yes AM	41d. DESCR	BE HOM INJU	A OCCURRED	Route Number, Cit	y or Town, State)
15_ 16_	- C	MANNER OF D  MANUAL  D Accident	DEATH    Pending Investigate   Undetermine	612 00 100 100d 410. P	Luch	M C	C. INJURY AT WORK	41d. DESCR	BE HOM INJU	A OCCURRED	Route Number, Cit	y or Town, State)
15_ 16_		MANNER OF B B Natural C Accident C Suicide C Homicide	DEATH    Pending Investigation   Undeterminate   Legal   Intervention   Intervent	41a. D.	ATE OF INJURY	M C	C. INJURY AT WORK Tyes M.	41d. DESCR	BE HOM INJU	A OCCURRED	Route Number, Cit	y or Town, State)
15_ 16_		MANNER OF B B Natural C Accident C Suicide C Homicide	DEATH    Pending Investigate   Undetermine	412. D. A. P. C. P. P. C. P. P. C. P. C. P. P. P. C. P.	ATE OF INJURY John, Day, Year) LACE OF INJURY Milding, etc. (Spe	M C	Yes O M	41d. DESCRI	ON (Street and	A OCCURRED	Route Number, Cit	y or Town, State)
15_ 16_		MANNER OF D MANNER OF D MANNER OF D MANNER M	DEATH    Pending investigate   Lindsterm Member   Lings   Lindsterm   Lings   Lindsterm	41a. D. p.	ACE OF INJURY	M C	Yes A	41d. DESCRI	OPY	A OCCURRED	Route Number, Crt	
15_ 16_		MANNER OF B MANNER OF B MANNER OF B MANNER OF B MANNER MAN	DEATH   pending investigate   Undetermit Memori de   Legal interventing interventin	41a. Da on and ate. P	TE OF INJUST TOWN DAY, Year) LACE OF INJUST WILLIAMS ALC. (Special Control of the	r-Athome, farm, streeting for the streeting for	Yes AM	STICS C	SE HOW INJUS	Number or Rural		
15_ 16_		MANNER OF B MANUER OF B Natural D Accident D Suicide Hornicid	DEATH    Panding investigate   Lagal intervention   Lagal intervention   REGISTRAR'S L	41a. Do	LACE OF INJURY LACE OF INJ	(-Athoma, farm, streedily)  AL — VITAL  ION OF THE DO  AMATH COUNT	Yes AM	STICS C	SE HOW INJUS	Number or Rural		
15_ 16_		MANNER OF B  MANUER  MASSICAL  Suicides  Hornicid  Hornicid  SERIVED FOR  THIS IS  REGIST  REGIST	DEATH    Panding investigation   Panding investigation	on JUSE	CRIGINAL OF THE KIND OF THE KI	AL — VITAL TION OF THE DOLAMATH COUNT TO:	STATI	STICS C OFFICIALLY	SE HOW INJUS	Number of Rural  O. V.	erling	
15_ 16_		MANNER OF B  MANUER  MASSICAL  Suicides  Hornicid  Hornicid  SERIVED FOR  THIS IS  REGIST  REGIST	DEATH    Panding investigation   Panding investigation	on JUSE	CRIGINAL OF THE KIND OF THE KI	AL — VITAL TION OF THE DOLAMATH COUNT TO:	STATI	STICS C OFFICIALLY	OPY	Number of Rural  DONNA A VE	rling	
15_ 16_		MANHER OF D  MANHER  MANHE	DEATH    Panding investigation   Panding investigation	on JUSE	CRIGINAL OF THE KIND OF THE KI	AL — VITAL TION OF THE DC AMATH COUNT TO:  Palls, 0:	STATI	STICS C OFFICIALLY	OPY	Number of Rural  O. V.	rling	
15_ 16_		MANHER OF D  MANHER  MANHE	DEATH    Pending   Pending	on Jane Do Paris P	CRIGIN/ REPRODUCE OF THE KI RETURN RETURN RETURN RETURN RETURN RETURN RETURN	AL — VITAL TION OF THE DO AMATH COUNT TO: Ralls, Or	STATI	STICS C OFFICIALLY	OPY	Number of Rural  DONNA A VE	rling	
15_ 16_ 17.	ALL	MANNER OF B  B) Natural  C) Accident  C) Sucident  C) Homicid  REGIST  AFTER  VINCE  613 F  DATE:	DEATH    Pending   Pending	DEXACT IE OFFICE OF ING	ORIGIN/ REPRODUCE OF THE KI RETURN RETURN RETURN RETURN RETURN RETURN	AL — VITAL TION OF THE DO AMATH COUNT TO: Ralls, Or	STATI	STICS C OFFICIALLY	OPY	Number of Rural  DONNA A VE	CLUIC STRAR Y, OREGON	452 REV. 198
15_ 16_ 17.	ALL	MANNER OF B  B) Natural  C) Accident  C) Sucident  C) Homicid  REGIST  AFTER  VINCE  613 F  DATE:	DEATH    Pending   Pending	DEXACT IE OFFICE OF ING	ORIGINATE OF HAUNT LACE OF THE KI RETURN IR LAMATH:	AL — VITAL TION OF THE DO LAMATH COUNT TO:  Palls, 0:	STATI	STICS C OFFICIALLY RAR.	OPY	Number of Rural  DONINA A VE COUNTY REGILAMATH COUNTY	STURE STRAR O STRAR O Y, OREGON	452 REV. 189
15_ 16_ 17.	A POP ORE	MANNER OF B Natural   Accident   Succident   Succident	ATRUE AND TERED AT THE RECORD ENT C. ROOSEVE INSUED	DEXACT LE OFFICE OF KL	ORIGINA REPRODUCE OF THE KI RETURN R Lamath 1 0 198	AL — VITAL TION OF THE DO AMATH COUNT TO: Falls, Or S. antain Tit	STATI: CUMENTY REGIST  976	STICS COOFFICIALLY	OPY	Number of Rural  DONNA A VE COUNTY REG AMATH COUNT	STURE STRAR O STRAR O Y, OREGON	452 REV. 189
15_ 16_ 17_ 1 (	B OF ORE	MANNER OF B Natural   Accident   Succident   Succident	ATRUE AND TERED AT THE RECORD ENT C. ROOSEVE INSUED	DEXACT LE OFFICE OF KL	ORIGINA REPRODUCE OF THE KI RETURN R Lamath 1 0 198	AL — VITAL TION OF THE DO AMATH COUNT TO: Falls, Or S. antain Tit	STATI: CUMENTY REGIST  976  1e Co	STICS CO OFFICIALLY	OPY  M., and	Number of Rural  DONNA A VE COUNTY REG AMATH COUNT	CLURG RUNG STRAR VOREGON The11 ded in Vol.	452 REV. 189