

42627

Volume 2 Page 6217

217- RELEASE OF REAL ESTATE MORTGAGE

Huffman and Felton & Wolf, Walton, No. 68461

IN CONSIDERATION of the payment of the debt named therein; I or we, hereby release the mortgage of
 FIVE THOUSAND FORTY AND 36/100-----DOLLARS,
 made by DAVID BURTON AND JENNIE EVELYN GIFFORD
 on the following described property, to-wit:

THE SOUTHEASTERLY $\frac{1}{2}$ OF TRACT 7, HOMEDALE, ACCORDING TO THE OFFICIAL PLAT
 THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

WHEN RECORDED RETURN TO:

D GIFFORD
 5140 WALTON DR
 KLAMATH FALLS OR 97603

FILE NO:

which is recorded in book M91 , of real estate mortgages, page 23517-19 of the Records of the County of
 KLAMATH , and State of OREGON
 Dated this 31ST day of JANUARY , 19 92 .

Paula Shanahan
 PAULA SHANAHAN
 C. SINNOTT
 State of NEBRASKA

County of DOUGLAS

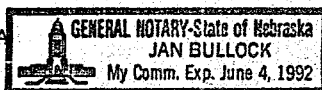
THE PACESETTER CORPORATION

R.D. Kolasky
 R.D. KOLASKY, ASST. VICE PRESIDENT

The foregoing instrument was acknowledged before me on JANUARY 31, 1992

by R.D. KOLASKY, ASST. VICE PRESIDENT OF THE PACESETTER CORPORATION, A NEBRASKA CORPORATION
 ON BEHALF OF SAID CORPORATION.

STATE OF NEBRASKA



Jan Bullock
 JAN BULLOCK, GENERAL NOTARY

County of

Filed for record and entered in Numerical Index on

at o'clockM., and recorded in Deed Record, Page

By:
 County or Deputy County Clerk
 Register of Deeds or Deputy Register of Deeds

THIS INSTRUMENT PREPARED BY C. SINNOTT, THE PACESETTER CORPORATION

P.O. BOX 14470
 OMAHA, NE 68124

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of The Pacesetter
 of March A.D., 19 92 at 10:00 o'clock A M., and duly recorded in Vol. M92
 of Mortgages on Page 6217

FEE \$10.00

Evelyn Biehn County Clerk
 By *Pauline Mullenbarger*

92 MAR 27 AM 10 00

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

079630
LD. TAG NO.

98
Local File Number

State File Number

1. DECEDENT'S NAME Mildred May SMITH		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 21, 1992
4. SOCIAL SECURITY NUMBER 543-10-4607	5a. AGE-Last Birthday (Years) 89	5b. Under 1 Year Mos. Days Hours Mins.	6. DATE OF BIRTH (Month, Day, Year) February 6, 1903
7. PLACE OF BIRTH (City and State or Foreign Country) Coquille, Oregon		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	11. COUNTY OF DEATH Klamath
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Printer		13. KIND OF BUSINESS/INDUSTRY Printing	14. MARITAL STATUS (Specify) Widowed
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath	17. CITY, TOWN OR LOCATION Klamath Falls
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. ZIP CODE 97601	20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	21. RACE American Indian, Black, White, etc. (Specify) White
22. FATHER - NAME first middle last Clarence - Dryden		23. MOTHER - NAME first middle maiden Stella - Fry	
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael Oba</i>		27. LICENSE NUMBER (Of Licensee) 47-3287	
28. DATE FILED (Month, Day, Year) FEB 24 1992		29. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, INC. 515 Pine ST. Klamath Falls, OR 97601	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		31. REGISTRAR'S SIGNATURE <i>Charles Barcus</i>	
32. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 9:35 AM		33. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Arthur G. Freeland M.D. 1905 Main Street Klamath Falls, Oregon 97601		35. DATE SIGNED (Month, Day, Year) 2-22-92	
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) CVA, multiple systemic emboli		37. INTERVAL BETWEEN ONSET AND DEATH Swas	
(b) Cardiac dysrhythmia		38. INTERVAL BETWEEN ONSET AND DEATH hrs	
(c) Hypertension		39. INTERVAL BETWEEN ONSET AND DEATH 77 yrs	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		40. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No IMA	
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		42. DATE OF INJURY (Month, Day, Year)	
43. TIME OF INJURY M		44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		46. DESCRIBE HOW INJURY OCCURRED	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		48. H YES with history consistent in determining cause of death?	

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

DATE ISSUED **FEB 24 1992**

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

STATE OF OREGON; COUNTY OF KLAMATH:

Filed for record at request of **Parks & Ratliff** the **25th** day
 of **March** A.D., 19 **92** at **10:00** o'clock **A.M.**, and duly recorded in Vol. **M92**
 of **Deeds** on Page **6218**
 By *Evelyn Biehn* County Clerk

FEE \$10.00

Return: Parks & Ratliff
 228 N. 7th, Klamath Falls, Or. 97601