

OA

43880

K-44103
DEED OF RECONVEYANCEVol. M92 Page 8652

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated November 30, 1988, executed and delivered by GARY FANNING and SANDRA E. FANNING as grantor and recorded on Dec. 8, 1988, in the Mortgage Records of Klamath County, Oregon, in book/reel/volume No. M88 at page 20922, or as document/fee/file/instrument/microfilm No. _____ (indicate which), conveying real property situated in said county described as follows:

A tract of land situated in a portion of Lot 43, Block G, HOMECREST, a duly recorded subdivision in Klamath County, Oregon, more particularly described as follows:

Beginning at a point on the Easterly right of way line of Crest Street and the West line of said Lot 43, from which the Southwest corner of said Lot 43 bears South 00° 06' 23" West 75.00 feet; thence North 00° 06' 23" East along said Easterly right of way line 16.00 feet; thence South 89° 53' 37" East, parallel with the South line of said Lot 43, 298.78 feet to the Easterly line of said Lot 43; thence South 00° 04' 34" West 91.00 feet to the Southeast corner of said Lot 43; thence North 89° 53' 37" West along the South line of said Lot 43, 166.61 feet more or less, to a point South 89° 53' 37" East 132.21 feet from the Southwest corner of said Lot 43; thence 00° 06' 23" East, parallel with the West line of said Lot 43, 75.00 feet; thence North 89° 53' 37" West 132.21 feet to the point of beginning, with bearings based on the recorded survey map of said Minor Land Partition No. 32-85.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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; if the undersigned is a corporation, it has caused its corporate name to be signed and its corporate seal to be affixed hereunto by its officers duly authorized thereunto by order of its Board of Directors.

DATED: April 22, 19 92

KLAMATH COUNTY TITLE COMPANY

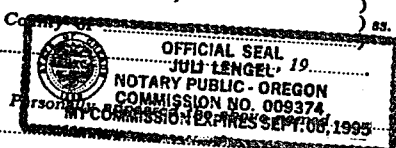
By: Trudie Durant
Secretary

Trustee

(If the trustee who signs above is a corporation, use the form of acknowledgment opposite.)

(ORS 93.490)

STATE OF OREGON,

STATE OF OREGON, County of Klamath, ss.
April 22, 19 92Personally appeared
TRUDIE DURANT

and
each for himself and not one for the other, did say that the former is the president and that the latter is the secretary of Klamath County Title Company

a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed.

Before me:

Notary Public for Oregon

My commission expires: 9/8/95

(OFFICIAL SEAL)

(If executed by a corporation, affix corporate seal)

Before me:

(OFFICIAL SEAL)

Notary Public for Oregon

My commission expires _____

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Gary Fanning
1811 Crest St.
Klamath Falls, Ore. 97603

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

SAME AS ABOVE

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USESTATE OF OREGON,
County of Klamath, ss.

I certify that the within instrument was received for record on the 22nd day of April, 1992, at 1:56 o'clock P.M., and recorded in book/reel/volume No. M92 on page 8652 or as fee/file/instrument/microfilm/reception No. 43880, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLEBy Debbie M. Miller, Deputy

Fee \$10.00

MTC 27175-LB

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

313

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

1 01085

1 NAME—FIRST, MIDDLE, LAST MARY C. LUMSDEN				2 SEX Female		3 DEATH DATE (Mo. Day, Yr) Jan. 29, 1991		146		STATE FILE NUMBER	
4 AGE LAST BIRTH DAY (Yrs) 66		5 UNDER 1 YEAR MOS DAYS 66		6 UNDER 1 DAY HOURS MINS 66		7 BIRTH DATE (Mo. Day, Yr) July 14, 1924		8 BIRTH STATE (if not in USA give country) Oregon		9 CITIZEN OF WHAT COUNTRY? U.S.	
10 COUNTY OF DEATH Pierce				11 CITY, TOWN OR LOCATION OF DEATH Tacoma				12 PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERGENCY ROOM 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NURS HOME 6 <input type="checkbox"/> OTHER PLACE St. Clare Hospital			
13 SMOKING IN LAST 15 YEARS? (Yes/No) No		14 MARITAL STATUS — Married Never Married Divorced (Specify) Married		15 SURVIVING SPOUSE (if wife, give maiden name) Harold Lumsden		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		17 SOCIAL SECURITY NO 540-36-3276		18 HIGH SCHOOL GRADUATE? (Yes/No) Yes	
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker				20 KIND OF BUSINESS OR INDUSTRY Own Home				21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind. Hispanic, etc.) (Specify) White	
23 RESIDENCE - NUMBER AND STREET 2020 Calhoun St.		24 CITY/TOWN OR LOCATION Klamath Falls		25 INSIDE CITY LIMITS? (Yes/No) Yes		26 COUNTY Klamath		27 STATE Oregon		28 ZIP CODE 97601	
29 FATHER'S NAME—FIRST, MIDDLE, LAST Ralph Smith				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Alice Harding							
31 INFORMANT—NAME Harold Lumsden				32 MAILING ADDRESS 2020 Calhoun Street				33 LOCATION—CITY/TOWN, STATE, ZIP Klamath Falls, Oregon 97601			
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal		34 DATE (Mo. Day, Yr) Jan. 30, 1991		35 CEMETERY/CREMATORY—NAME Conger-Morris Funeral Home				36 LOCATION—CITY/TOWN, STATE Medford, Oregon			
37 FUNERAL DIRECTOR SIGNATURE <i>X Alfred H. Chan</i>		38 NAME OF FACILITY Mountain View Funeral Home				39 ADDRESS OF FACILITY 4100 Steilacoom Blvd. SW Tacoma, Washington 98499					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>X Alfred Chan</i> M.D.						41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>X</i>					
42 DATE SIGNED (Mo. Day, Yr) 01-30-91		43 HOUR OF DEATH (24 Hrs) 1640		44 DATE SIGNED (Mo. Day, Yr)				45 HOUR OF DEATH (24 Hrs)			
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Alfred H. Chan, M.D.						47 PRONOUNCED DEAD (Mo. Day, Yr)				48 HOUR PRONOUNCED DEAD (24 Hrs)	
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Alfred H. Chan, M.D. 11311 Bridgeport Way S.W. #202 Tacoma, Washington 98499											
50 PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.											
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.											
(A) Acute Liver Failure		INTERVAL BETWEEN ONSET AND DEATH days		(B)				INTERVAL BETWEEN ONSET AND DEATH			
(C)		INTERVAL BETWEEN ONSET AND DEATH		(C)				INTERVAL BETWEEN ONSET AND DEATH			
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						52 AUTOPSY? (Yes/No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No			
54 ACC. SUICIDE, HO, UNDET. OR PENDING INVEST (Specify)		55 INJURY DATE (Mo. Day, Yr)		56 HOUR OF INJURY (24 Hrs)		57 DESCRIBE HOW INJURY OCCURRED					
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)				60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE					
61 REGISTRAR SIGNATURE <i>X Alfred M. Chan</i>						62 DATE RECEIVED (Mo. Day, Yr) JAN 30 1991					

AFTER RECORDING RETURN TO: HAROLD LUMSDEN
725 North Sixth Street
Klamath Falls, Or 97601

DOH 110-008 (Rev. 8/88) (formerly DSHS 9-150)

8653

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08 5 47 1992

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8653-A

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

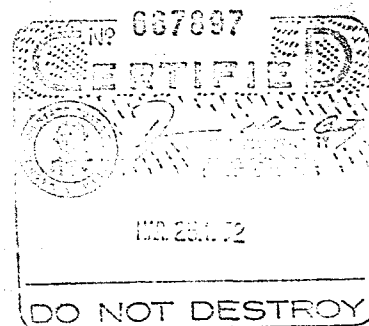
Mountain Title Co.
on this 22nd day of April A.D., 19 92
at 2:30 o'clock P.M. and duly recorded
in Vol. M92 of Deeds Page 8653

Evelyn Biehn County Clerk

By Pauline Mueller

Deputy.

Fee, \$15.00



019131 H