

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF KLAMATH

ENVER BOZGOZ,

Plaintiff,

v.

ROBERT WAYNE DUNN, et al.

Defendants.

No. 92-02306

RELEASE OF CERTAIN PROPERTY

For and in consideration of the sum of four thousand eight hundred fifty-two Dollars, from ROBERT WAYNE DUNN, Plaintiff ENVER BOZGOZ does hereby release and discharge the following real property situate in Klamath County:

All those portions of the NE $\frac{1}{4}$ of the NW $\frac{1}{4}$ of section 23, Township 39 South, Range 8 East of the Willamette Meridian, more particularly described as follows, to wit:

Beginning at the point of intersection of a line running North and South, parallel with, and 222 feet Easterly from the West line of said NE $\frac{1}{4}$ of NW $\frac{1}{4}$ and the Northerly right-of-way line of the Klamath Falls-Ashland Highway No. 66, thence North, parallel with the said West line of said NE $\frac{1}{4}$ of NW $\frac{1}{4}$ a distance of 330 feet; thence Northeasterly parallel to said Highway right-of-way line, to the intersection with a line running North and South, and parallel to said Highway right-of-way line, to the intersection with a line running North and South, and parallel with, and 354 feet Easterly from, the said West line of said NE $\frac{1}{4}$ of NW $\frac{1}{4}$; thence South on said last mentioned line, 330 feet, more or less, to the Northerly right-of-way line of said highway; thence Westerly along said right-of-way line to the point of beginning; and ALSO

Beginning at a point on the Northerly right-of-way line of the Ashland-Klamath Falls Highway No. 66, which lies Northeasterly along said right-of-way line a distance of 36 feet from the Southwest corner of that certain tract conveyed to Tracy Slusser by deed recorded April 18, 1940, in volume 128 page 441, Deed records of Klamath County, Oregon; running thence: Northwesterly a distance of 100 feet to a point which lies on a North-South line drawn parallel to, and 354 feet East of, the NE $\frac{1}{4}$ of the NW $\frac{1}{4}$ of Section 23, Township 39 South, Range 8 East of the Willamette Meridian; thence south along this North-South line to its intersection with the Northerly right-of-way line of the Ashland-Klamath Falls, Highway No. 66; thence NorthEasterly along said right-of-way line a distance of 36 feet to the point of beginning.

from the lien of that certain judgment entered in the above entitled cause

RELEASE OF CERTAIN PROPERTY

SAMUEL A. RAMIREZ
ATTORNEY AT LAW OSB# 91088
514 Walnut Avenue
Klamath Falls, Oregon 97601
(503) 884-9275

1 on the 1st day of October, 1992 against ROBERT WAYNE DUNN in said cause for
 2 the amount of \$8291.50 with accrued interest.

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 4 However in all other respects, the judgment above described shall remain in
 5 full force and effect as though this release had not been executed.

6
 7 Dated this 1st day of October, 1992

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 10 Enver Bozgoz
 11 ENVER BOZGOZ, Plaintiff

Samuel A. Ramirez
 12 SAMUEL A. RAMIREZ,
 13 Attorney for Plaintiff.

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 SAMUEL A. RAMIREZ
 ATTORNEY AT LAW OSB# 91088
 514 Walnut Avenue
 Klamath Falls, Oregon 97601
 (503) 884-9275

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 1st day
 of Oct. A.D., 19 92 at 3:31 o'clock P. M., and duly recorded in Vol. M92,
 of Deeds on Page 23023.

Evelyn Biehn County Clerk

By Pauline Muelendore

FEE \$15.00

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RELEASE OF CERTAIN PROPERTY

121249
I.D. TAG NO.

414

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 Middle Last Donald Webster RICE			2. SEX M	3. DATE OF DEATH (Month, Day, Year) September 20, 1992
4. SOCIAL SECURITY NUMBER 541-12-2657	5a. AGE-Last Birthday (Years) 79	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Lewiston, MN	7. DATE OF BIRTH (Month, Day, Year) January 13, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) 22327 Highway #70			9c. CITY, TOWN, OR LOCATION OF DEATH Bonanza	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Store Keeper			10b. KIND OF BUSINESS/INDUSTRY Feed & Farm Supply	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed) Lydia E. Rice	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Bonanza	
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE 97623	13f. STREET AND NUMBER 22327 Highway #70	
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				
15. RACE American Indian, Black, White, etc. (Specify) White				
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 12) College (14 or 5+) 4				
17. FATHER - NAME first middle last George C. Rice			18. MOTHER - NAME first middle maiden Grace Bullene	
19. INFORMANT - NAME and relationship to deceased Robert T. Rice, Son			20. LOCATION - City or Town, State Bonanza, Oregon 97623	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William F. Navespart				
21b. LICENSE NUMBER (Of Licensee) 47-3104				
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth St. Klamath Falls, Oregon 97603-7194				
23. DATE FILED (Month, Day, Year)				
24. REGISTRAR'S SIGNATURE				
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
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. (Signature)				
30. DATE SIGNED (Month, Day, Year)				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601				
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) Unknown Natural Causes				Interval between onset and death Hours
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(b)				Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(c)				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Peripheral Arterial Disease				
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" 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 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 Rev 791

DATE ISSUED: SEP 23 1992

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGONSTATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of Kosta & Spencer the 1st day
of Oct. A.D., 19 92 at 3:49 o'clock P.M., and duly recorded in Vol. M92
of Deeds on Page 23025
FEE \$10.00
Return: Kosta & Spencer
123 N. 4th, Klamath Falls, Or. 97601
Evelyn Biehn County Clerk
By Doreen Muilendor