

*244290*  
**SATISFACTION OF MORTGAGE**

Loan No. M58177

The STATE OF OREGON, acting by the Director of Veterans' Affairs, certifies that the mortgage executed by Richard L. Williams and Leona L. Williams, husband and wife, recorded on the 23rd day of December, 1976, in the Klamath County, Oregon, Mortgage Records, Vol. M76 Page 20545, and an Assumption Agreement recorded April 29, 1983, Vol. M83 Page 6638, together with the debt is paid, satisfied, and discharged.

WITNESS the STATE OF OREGON has caused these presents to be executed this 1st day of October, 1992, at Salem, Oregon.

STATE OF OREGON

Director of Oregon Department of Veterans' Affairs

By *Curt R. Schnepf*  
Curt R. Schnepf  
Manager, Accounts Services

STATE OF OREGON

County of Marion

)  
) ss  
)

October 1, 1992

personally appeared the above-named Curt R. Schnepf and, being first duly sworn, did say that he is duly authorized to sign the foregoing document on behalf of the Oregon Department of Veterans' Affairs by authority of its Director.

Before me: *Ruth Parker*  
Notary Public For Oregon

My Commission Expires: February 11, 1994

AFTER RECORDING RETURN TO:

Klamath County Title  
PO Box 151  
Klamath Falls, OR 97601

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Klamath County Title Co  
on this 2nd day of Oct. A.D., 19 92  
at 1:17 o'clock P M. and duly recorded  
in Vol. M92 of Mortgages Page 23092  
Evelyn Biehn  
By *Pauline Muehlender* Deputy.  
County Clerk  
Fee, \$10.00

**OREGON HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS**

81-002618

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
**Vital Records Unit**

**CERTIFICATE OF DEATH**

Local File Number **62**

State File Number

DECEASED—NAME First Middle Last <b>JAMES SAMUEL LEE</b>		DATE OF DEATH (month, day, year) <b>February 14, 1981</b>	
RACE (specify) <b>White</b>		SEX <b>Male</b>	AGE—Last birthday (years) <b>70</b>
CITY, TOWN OR LOCATION OF DEATH <b>Near Bonanza</b>		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>Route 1 / Box 30</b>	DATE OF BIRTH (month, day, year) <b>May 10, 1910</b>
STATE OF BIRTH (If not in U.S., name country) <b>Arkansas</b>		CITIZEN OF WHAT COUNTRY (If not in either, give street and number) <b>U.S.A.</b>	COUNTY OF DEATH <b>Klamath</b>
SOCIAL SECURITY NUMBER <b>564 - 05 - 4005</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>
RESIDENCE—STATE <b>Oregon</b>		USUAL OCCUPATION (2 yrs kind of work done during most of working life, even if retired) <b>Rancher / Retired</b>	KIND OF BUSINESS OR INDUSTRY <b>Ranching</b>
CITY, TOWN, OR LOCATION <b>Bonanza</b>		STREET AND NUMBER OR R.F.D., ZIP <b>Route 1 / Box 30 97623</b>	INSIDE CITY LIMITS (specify yes or no) <b>No</b>
FATHER—NAME <b>Garland Lee</b>		MOTHER—Maiden Name <b>Minnie Spellins</b>	INFORMANT—NAME and relationship to deceased <b>Lillian Lee / wife</b>
BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) <b>Burial</b>		CEMETERY OR CREMATORY—NAME <b>Klamath Memorial Park</b>	LOCATION city or town state <b>Klamath Falls, Oregon</b>
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY <b>WARD'S - 1945 Main - Klamath Falls, Oregon 97601</b>	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: <b>Intermittent heart disease</b>		DATE SIGNED (Mo., Day, Yr.) <b>February 16, 1981</b>	HOUR OF DEATH <b>1:15 A.M.</b>
NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>George Zupan, MD / 1905 Main St / Klamath Falls, Oregon / 97601</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>FEB 17 1981</b>		REGISTRAR <i>[Signature]</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>(a) Intermittent heart disease</b>		Interval between onset and death <b>Years</b>	
<b>(b) DUE TO, OR AS A CONSEQUENCE OF:</b>		Interval between onset and death	
<b>(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)</b> <b>Cerebral vascular accident</b>		Interval between onset and death	
AUTOPSY (Specify Yes or No) <b>No</b>		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>Yes</b>	
ACCIDENT (Specify Yes or No) <b>No</b>	DATE OF INJURY (Mo., Day, Yr.) <b>26b</b>	HOUR OF INJURY <b>26c</b>	DESCRIBE HOW INJURY OCCURRED <b>26d</b>
INJURY AT WORK (Specify Yes or No) <b>26a</b>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>26f</b>	LOCATION <b>26g</b>	STREET OR R.F.D. NO CITY OR TOWN STATE <b>26h</b>

HS-2 Rev-1-7

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

SEP 28 1992

DATE ISSUED

EDWARD J. JOHNSON II,  
STATE REGISTRAR

AFTER RECORDING RETURN TO:  
WESTERN BANK  
2885 S. 6th Street  
Klamath Falls, OR 97603  
Attn: Cyndy

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Klamath County Title Co

on this 2nd day of Oct. A.D., 19 92  
at 1:17 o'clock P M. and duly recorded  
in Vol. M92 of Deeds Page 23093

Evelyn Biehn County Clerk  
By Pauline Mullendore  
Deputy.

Fee, \$10.00