

Vol. m92 Page 24035

52305

'92 OCT 14

AM 11 33

SATISFACTION OF MORTGAGE

MTZ 28575-NF

KNOW ALL MEN BY THESE PRESENTS, That

SOUTH VALLEY STATE BANK

owner and holder of the Mortgage and the obligation hereinafter described, do hereby certify and declare that a certain mortgage, bearing date the 19TH day of JANUARY, 1989, made and executed by FARON L BAILEY AND TERI L BAILEY, AS TENANTS BY THE ENTIRETY

the mortgagor therein, to SOUTH VALLEY STATE BANK

the mortgagee therein and recorded in the office of the COUNTY CLERK of the County of KLAMATH, State of OREGON, in book/reel/volume No. M89 Record of Mortgages on page 2963 or as fee/file/instrument/microfilm/reception No. 97222 (indicate which) on FEBRUARY 16, 1992;

together with the debt thereby secured, is fully paid, satisfied and discharged.

In construing this satisfaction of mortgage, where the context so requires, singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the undersigned has executed this instrument this 12TH day of OCTOBER, 1992; if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

SOUTH VALLEY STATE BANK

BY:

KENNETH G MITCHELL, EXECUTIVE VICE-PRESIDENT

STATE OF OREGON, County of KLAMATH) ss.

This instrument was acknowledged before me on _____, 19____,

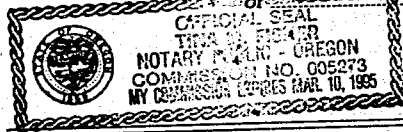
by _____, 1992,

This instrument was acknowledged before me on OCTOBER 12, 1992,

by KENNETH G MITCHELL

as EXECUTIVE VICE-PRESIDENT

of SOUTH VALLEY STATE BANK



Tina M. Fisher

Notary Public for Oregon

My commission expires 3-10-95

Satisfaction of MORTGAGE

FARON L AND TERI L BAILEY

VS

SOUTH VALLEY STATE BANK

AFTER RECORDING RETURN TO

SOUTH VALLEY STATE BANK
801 MAIN STREET
KLAMATH FALLS OR 97601

(DON'T USE THIS SPACE; RESERVED FOR RECORDING LABEL IN COUNTIES WHERE USED.)

STATE OF OREGON
County of Klamath) ss.

I certify that the within instrument was received for record on the 14th day of Oct., 1992, at 11:33 o'clock A.M., and recorded in book/reel/volume No. M92, on page 24035, or as fee/file/instrument/microfilm/reception No. 52305, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Deborah M. Melendore Deputy

Fee \$10.00

094375
I.D. TAG NO.

427

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: Dale Middle: Glenn Last: WHITE		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 27, 1992				
4. SOCIAL SECURITY NUMBER 543-10-0435		5a. AGE-Last Birthday (Years) 80	5b. Under 1 Year Mos. 1 Days 0	5c. Under 1 Day Hours 0 Mins. 0	6. BIRTHPLACE (City and State or Foreign Country) Deer Lodge, MT	7. DATE OF BIRTH (Month, Day, Year) January 25, 1912	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" 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. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			9c. COUNTY OF DEATH Klamath
9d. FACILITY NAME (if not institution, give street and number) Merle West Medical Center		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Mill Worker		10b. KIND OF BUSINESS/INDUSTRY Lumber Mill Industry		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Marjorie J. White		13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls	13d. STREET AND NUMBER 1761 Fargo Street	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		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 Specify: White		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (14 or 5+) 6		17. FATHER - NAME first middle last Frank - White		18. MOTHER - NAME first middle maiden Hazel White		19. INFORMANT - NAME and relationship to decedent Delilah Woolner Daughter	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Figg</i>		21b. LICENSE NUMBER (Of Licensee) 52-0297		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year) SEP 29 1992		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH 12:52 P M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <i>Charles D Bury</i> M.D.							
30. DATE SIGNED (Month, Day, Year) September 28 1992							
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles Bury M.D. 2300 Clairmont Street 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) Natural cause unknown					
PART II		(b) Diabetes mellitus					
PART III		(c) Alzheimer's disease					
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY M	35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. H YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
40. DESCRIBE HOW INJURY OCCURRED							
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

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

DATE ISSUED:

OCT 06 1992

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mel Ferguson the 14th day of Oct. A.D., 19 92 at 2:26 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 24036.Evelyn Biehn County Clerk
By Dorene Mendenhall

FEE \$10.00

Return: Mel Ferguson

325 Main St, Klamath Falls, Or. 97601