

53376

090-04-13531

ATC 01039008

92 NOV 4 PM 3 24

DEED OF RECONVEYANCE

Volume Page 26099

KNOW ALL MEN BY THESE PRESENTS, that the undersigned trustee or successor trustee under that certain trust deed dated February 25, 1988, executed and delivered by JOHN R. WELLS & MARIE E. WELLS, husband & wife, as grantor and recorded on February 25, 1988, in the Mortgage Records of Klamath County, Oregon, in book M88, at page 2755, or as instrument no. _____, conveying real property situated in said county described in above mentioned trust deed, 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.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument.

Dated: November 2, 1992.

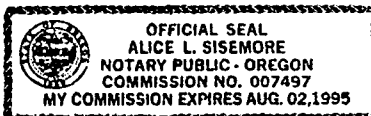
William L. Sisemore

STATE OF OREGON)
) SS
County of Klamath)

Personally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary act and deed. Before me:

Alice L. Sisemore
Notary Public for Oregon
My Commission Expires: 8/2/95

After recording return to:
Mr. and Mrs. John Wells
1100 Lynnewood Blvd.
Klamath Falls, OR 97601



Until a change is requested,
send tax statements to:
Mr. and Mrs. John Wells
1100 Lynnewood Blvd.
Klamath Falls, OR 97601

STATE OF OREGON)
) SS
County of Klamath)

I certify that the within instrument was received for record on the 4th day of Nov., 1992, at 3:24 o'clock P.M., and recorded in book M92 on page 26099 or as file/reel number 53376, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer

BY Dorlene Mulenberry
Deputy

Fee \$10.00

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

103060
I.D. TAG NO.
441
Local File Number

State File Number

1. DECEASED'S NAME First: ROBERT Middle: WILLIAM Last: TAYLOR		2. SEX M	3. DATE OF DEATH (Month, Day, Year) October 2, 1992
4. SOCIAL SECURITY NUMBER 012-16-4996	5a. AGE Last Birthday (Years) 73	5b. Under 1 Year Mos: 73 Days: 73 Hours: 73 Mins: 73	6. BIRTH PLACE (City and State or Foreign Country) Melrose, Mass.
7. DATE OF BIRTH (Month, Day, Year) June 13, 1919		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other <input 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) Marle West Medical Center		10. COUNTY OF DEATH Klamath	
11. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Quality Control		12. KIND OF BUSINESS/INDUSTRY Aircraft Maint	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5307 Sturdivant Avenue	
14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (14 or 16) College (14 or 16)		17. INFORMANT - NAME and relationship to deceased Frances Ann Taylor	
18. FATHER - NAME first middle last Thomas Taylor		19. MOTHER - NAME first middle maiden Alice Thress Faust	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" 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 Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 47-3211	
22. NAME, ADDRESS AND ZIP OF FACILITY Wards Klamath Funeral Service 1945 Main St., Klamath Falls Ore 97601		23. REGISTRAR'S SIGNATURE Charla Robinson	
24. DATE FILED (Month, Day, Year) OCT 06 1992		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. HAD HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
28. TIME OF DEATH 10/5/92		29. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
30. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		31. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>[Signature]</i>	
32. DATE SIGNED (Month, Day, Year) 10/5/92		33. COUNTY Klamath	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John S. Kleeman, M.D., 1905 Main St., Klamath Falls, Oregon 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. IMMEDIATE CAUSE - ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		39. If YES, was findings consistent with determining cause of death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40. 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		41. DATE OF INJURY (Month, Day, Year) 10/5/92	
42. TIME OF INJURY M		43. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
44. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) High Blood Pressure		45. DESCRIBE HOW INJURY OCCURRED High Blood Pressure	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State) 5307 Sturdivant Avenue, Klamath Falls, Oregon 97601		47. RESERVED FOR REGISTRAR'S USE	

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: **OCT 06 1992**

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-2 Rev 791

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Frances Taylor** the **4th** day
of **Nov.** A.D., 19 **92** at **3:30** o'clock **P. M.**, and duly recorded in Vol. **M92**
of **Deeds** on Page **26100**.

Evelyn Biehn County Clerk

By *[Signature]*

FEE \$10.00

Return: Frances Taylor
5307 Sturdivant, Klamath Falls, Or. 97603