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Vol. 93 Page 6829

WHEN RECORDED MAIL TO:

(Name & Loan No.) 001871

Harold E Carlson
Jill J Carlson
219 Haskins
Klamath Falls OR 97601

**SUBSTITUTION OF TRUSTEE &
DEED OF FULL RECONVEYANCE**

First Interstate Bank Of Oregon, N.A. is the Owner and holder of the Note secured by the Deed of Trust, dated October 26, 1965

made by HENRY A BROWN, JR and SYDNEY Y BROWN,
husband and wife as Grantor(s), to Klamath County Title Company

as Trustee, for the benefit of
FIRST NATIONAL BANK OF OREGON which Deed of Trust was recorded

* October 27, 1965 in the office of the County Recorder of KLAMATH County,
Oregon, Book M65, Page 3171, Instrument No. 1438

Hereby substitutes First Interstate Bank of California as Trustee in lieu of the above named Trustee under said Deed of Trust.

First Interstate Bank of California hereby accepts said appointment as Trustee under said Deed of Trust and, as Successor Trustee, pursuant to the request of said Owner and Holder and in accordance with the provisions of said Deed of Trust does hereby reconvey, without any covenant or warranty express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned under said Deed of Trust.

IN WITNESS WHEREOF, First Interstate Bank of Oregon, N.A. and First Interstate Bank of California have caused these presents to be executed by their duly authorized officers on the date below written.

First Interstate Bank of Oregon, N.A.
by First Interstate Mortgage Company
as Attorney In Fact:

By: Arline Garber
Arline Garber, Vice Presidents

First Interstate Bank of California
As Trustee

By: Arline Garber
ARLINE GARBER, VICE PRESIDENT

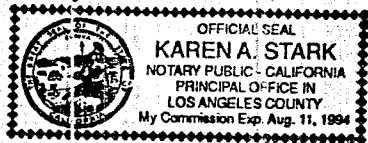
STATE OF CALIFORNIA COUNTY OF LOS ANGELES) SS.

Dated: March 23, 1993

Personally appeared before me ARLINE GARBER, who, being duly sworn, did say that she is the Vice President of First Interstate Mortgage Company, and that said instrument was signed on behalf of said Bank by authority of its board of Directors; and acknowledged said instrument to be its voluntary act and deed.

Before me:

[seal]



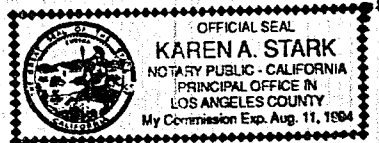
Karen A. Stark
NOTARY PUBLIC

STATE OF CALIFORNIA COUNTY OF LOS ANGELES) SS.

Dated: March 23, 1993

Personally appeared before me ARLINE GARBER, VICE PRESIDENT and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me:



Karen A. Stark
NOTARY PUBLIC



STATE OF OREGON, COUNTY OF KLAMATH

First Interstate Bank



By Evelyn Biehn County Clerk

on Page 6829

Filed for record at request of

of

April 19 93 at 11:26 o'clock A.M., and duly recorded in Vol. M93

STATE OF OREGON: COUNTY OF KLAMATH: ss.

6830

33262

121296
I.D. TAG NO.
054
Local File Number

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

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIED

12

13

14

CONDITIONS
IF ANY
WHICH GIVE
RISE TO
IMMEDIATE
CAUSE
STATING
THE
UNDERLYING
CAUSE LAST

15

16

17

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First: Wilburn Middle: Edgar Last: WARD		2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 2, 1993
4. SOCIAL SECURITY NUMBER 543-10-3123	5a. AGE-Last Birthday (Years) 100	5b. Under 1 Year Mos. Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Condon, Oregon
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		9a. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ ODA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify) Foster Care	
9b. FACILITY NAME (If not institution, give street and number) Serenity House, 4809 Summers Lane		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Plannerman		10b. KIND OF BUSINESS/INDUSTRY Lumber Manufacturing	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed
12. SPOUSE (If Married, Widowed) Gladys Gertrude		13a. RESIDENCE - STATE Oregon	
13b. CITY, TOWN OR LOCATION Klamath Falls		13c. STREET AND NUMBER 4606 Denver Avenue	
13d. INSIDE CITY LIMITS? ☐ Yes ☒ No		13e. ZIP CODE 97603	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		15. RACE, American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (14 or 15+) 8		17. FATHER - NAME first middle last Oliver Goldsmith Ward	
18. MOTHER - NAME first middle maiden Phoebe Ann Clark		19. INFORMANT - NAME and relationship to decedent Donna Cantrall, daughter	
20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Davenport</i>		21b. LICENSE NUMBER (Of Licensee) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) FEB 04 1993	
24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A		TO BE COMPLETED BY CERTIFYING PHYSICIAN	
27. TIME OF DEATH 21/42 PM		28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No	
29. To the best of my knowledge, death occurred at the time, date, place and due to (list cause(s) and manner stated) <i>James N. Beggs MD</i>		30. DATE SIGNED (Month, Day, Year) February 4, 1993	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD, 2300 Clairmont, Klamath Falls, Oregon 97601		32. 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 <i>James N. Beggs MD</i>	
33. DATE SIGNED (Month, Day, Year)		34. COUNTY	
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.		Interval between onset and death	
PART I (a) Unknown Natural Causes		2 mos	
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. CHF, Extreme Age, Progressive senile dementia		37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown	
38. AUTOPSY ☐ Yes ☒ No		39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A	
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? ☐ Yes ☒ 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)	

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

DATE ISSUED: FEB 05 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co of April A.D. 19 93 at 2:01 o'clock PM., and duly recorded in Vol. M93 of Deeds on Page 6831

FEE \$10.00

Return: Donna Cantrall

2440 Homedale, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By *Pauline Muelendore*