'93 APR 5 AM 11 26

59433 WHEN RECORDED MAIL TO:

Vol. m93 Page 6829

0688 (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:

OFFICIAL SEAL
KAREN A. STARK
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Exp. Aug. 11, 1994

[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:

OFFICIAL SEAL
KAREN A. STARK
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Exp. Aug. 11, 1994

Karen A. Stark
NOTARY PUBLIC

93835 6830

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of First Interstate Bank the 5th day of April A.D., 19 93 at 11:26 o'clock A M., and duly recorded in Vol. M93, of Mortgages on Page 6829.

Evelyn Biehn - County Clerk

By Darlene Mullendore

FEE $20.00

CERTIFICATION OF VITAL RECORD

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

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

136- State File Number

DECEDENT

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
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Condon, Oregon
7. DATE OF BIRTH (Month, Day, Year): August 18, 1892
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; 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. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4606 Denver Avenue
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Oliver Goldsmith Ward
18. MOTHER - NAME first middle maiden: Phoebe Ann Clark
19. INFORMANT - NAME and relationship to deceased: Donna Cantrall, daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, OR 97601

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
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: Charla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2142 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 the cause(s) and manner stated. (Signature): James N. Beggs MD
30. DATE SIGNED (Month, Day, Year): February 4, 1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs, MD, 2300 Clairmont, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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

36. 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: 2 mos
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year):
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify):
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

ORIGINAL - VITAL STATISTICS COPY

45.2 Rev 7/91

DATE ISSUED: FEB 05 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 5th day 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

Evelyn Biehn County Clerk
By Pauline Russendore

Return: Donna Cantrall
2440 Homedale, Klamath Falls, Or. 97603