

010-04-45655  
64578

DEED OF RECONVEYANCE

07-14-93P01:27 RCVD

Vol. M93 Page 16975

MTG 30187

KNOW ALL MEN BY THESE PRESENTS, that the undersigned trustee or successor trustee under that certain trust deed dated SEPTEMBER 15, 19 89, executed and delivered by ALAN R MEZGER and DIANNE G. MEZGER, husband and wife, as grantor and recorded on SEPTEMBER 25, 19 89, in the Mortgage Records of Klamath County, Oregon, in book M89, at page 18062, 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: JULY 7, 19 93.

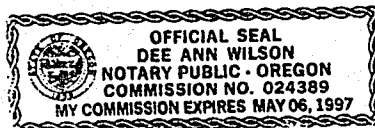
William L. Sisemore

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:

Dee Ann Wilson  
Notary Public for Oregon  
My Commission Expires: 5-6-97

After recording return to:  
Alan Mezger  
1944 Logan St.  
Klamath Falls, OR. 97603



Until a change is requested,  
send tax statements to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF OREGON       )  
                              ) SS  
County of Klamath    )

I certify that the within instrument was received for record on the 14th day of July, 19 93, at 1:27 o'clock P.M., and recorded in book M93 on page 16975 or as file/reel number 64578, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk  
Recording Officer

BY Dee Ann Wilson  
Deputy

Fee \$10.00

HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

I.D. TAG NO.

319

Local File Number

State File Number

1. DECEASED'S NAME First: <b>John</b> Middle: <b>Ira</b> Last: <b>BREWER</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>July 6, 1993</b>
4. SOCIAL SECURITY NUMBER <b>540-16-8340</b>	5a. AGE Last Birthday (Year) <b>78</b>	5b. Under 1 Year Mos: Days: Hours: Mins:	6. BIRTHPLACE (City and State or Foreign Country) <b>Marble, OKLA.</b>
7. DATE OF BIRTH (Month, Day, Year) <b>May 25, 1915</b>			
8. WAS DECEASED 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 type="checkbox"/> Inpatient <input checked="" type="checkbox"/> 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. FACILITY NAME (if not institution, give street and number) <b>Merle West Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Custodian</b>		10b. KIND OF BUSINESS/INDUSTRY <b>School District</b>	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (if Married, Widowed) <b>Naomi</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>	
13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>		13d. STREET AND NUMBER <b>3926 Crest St.</b>	
14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>White</b>		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary/10/12/College (1 & 2 or 3-4) <b>3</b>		17. FATHER - NAME first middle last <b>Evvin - Brewer</b>	
18. MOTHER - NAME first middle maiden <b>Irena - Ogden</b>		19. INFORMANT - NAME and relationship to deceased <b>Naomi Brewer - Wife</b>	
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) <b>Eternal Hills Memorial Gardens</b>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Falls, OR.</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>Jim Lancaster</b>		21b. LICENSE NUMBER (Of licensee) <b>3224</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Eternal Hills Funeral Home 4711 Hwy #39/ Klamath Falls, OR 97603</b>		23. DATE FILED (Month, Day, Year) <b>JUL 08 1993</b>	
24. REGISTRAR'S SIGNATURE <b>Charlene Barcus</b>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>8:50 A M</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <b>[Signature]</b>			
30. DATE SIGNED (Month, Day, Year) <b>7/7/93</b>		31. DATE SIGNED (Month, Day, Year)	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Mark Kochevar, MD - 1905 Main St. - Klamath Falls, OR 97601</b>		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print) <b>Thomas J. Eiges MD (same address)</b>	
34. 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) <b>SEVERE CORONARY ARTERY DISEASE</b>		S/P CABG	
DUE TO, OR AS A CONSEQUENCE OF:			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>1 - ATRIAL FIBRILLATION - CHRONIC 2 - HTN 3 - CHF/severe</b>			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not in 4	
39. 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		40. DESCRIBE HOW INJURY OCCURRED	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev. 7/91

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

DATE ISSUED: **JUL 08 1993**

Charlene Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of **Naomi Brewer** the **14th** day of **July** A.D., 19 **93** at **3:34** o'clock **P M.**, and duly recorded in Vol. **M93** of **Deeds** on Page **16976**.

Evelyn Biehn County Clerk

FEE \$10.00

Return: Naomi Brewer, 3926 Crest, Klamath Falls, Or. 97603