STATE OF OREGON, County of Klamath

Filed for record at request of:

PREPARED BY, WHEN RECORDED, MAIL TO: TITLE RECON TRACKING DIR RECORDING INFORMATION 301 EAST OLIVE AVE. SUITE 300 BURBANK, CA 91502 (818) 840-0034

on this 27th day of July at 2:15	A.D.	19 93
in Vol. M93 of Mortgage	M. and dul	y recorded
By County County Fee, \$10.00	Mui	Deputy.
Fee, 410.00		Deputy

TRT RECON CODE: USB-0203747 Bank of Washington, National Association Loan No: 1670922 Invest: 500 ORIG TRUSTEE: U.S.

## DEED OF FULL RECONVEYANCE

WHEREAS, the indebtedness secured by the Deed of Trust EXECUTED BY: FRANK M.
LAND AND KATHLEEN M. LAND, HUSBAND AND WIFE, trustor, U.S. Bank of Washington, National Association, original trustee, U.S. National Bank of

Recorded on Nov 15 1990, as Inst.# 22618, Book M90, Page 22792, Rerecorded, Recorder of KLAMATH, County Oregon has been paid. of Official records in the office of the

NOW THEREFORE, the undersigned Trustee, having received from the present owner of the beneficial interest under the above-described Deed of Trust a request to reconvey by reason of the satisfaction of the obligations secured by said Deed of Trust, does hereby reconvey, without warranty, to the person or persons legally entitled thereto, the estate, title and interest derived to the Trustee in and to the property described in the Deed of Trust.

U.S. BANK OF WASHINGTON, NATIONAL ASSOCIATION F/K/A OLD NATIONAL BANK

)ss.

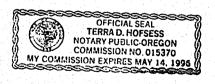
SHERT DAWSON ADMINISTRATIVE OFFICER

ALL PURPOSE ACKNOWLEDGEMENT STATE OF OREGON COUNTY OF MULTNOMAH

On this date ()) (17) , before me, the undersigned Notary Public, personally appeared SHERI DAWSON, personally known to me (or proved to me on On this date () the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WHITNESS my hand and official seal.

NOTARY SIGNATURE -COMMISSION EXPIRES



## OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS 136

4.SOCIAL SECURITY NUMBER	15a. AGE-Last Birthday	Yvonne y 5b. Under 1 Year	IN 5c, Under 1 Day		Fema		23, 1993 BIRTH (Month, Day, Y
551-26-6244	(Yeers) 72	Mos. Days	Hours Mins.	Eureka	CA		12. 1921
8.WAS DECEDENT EVER IN U.S. ARMED FORCES?	OSDITAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OF DEATH (Check		1987	14 July 1
90. FACILITY NAME (If not inst	OSPITAL Conpatient	t DER/Outpatient	DOA DIHEH D	Nursing Home D	ecedent's Home	Other (Specify)	
Merle West M				lamath Fa	14 Dec 17 10 PA		9d. COUNTY OF DEAT
10a. DECEDENT'S USUAL OCC	UPATION	10b KIND OF BUS	SINESS/INDUSTRY	11, MARI	TAL STATUS . Ma	med, 12. SPOUS	Klamath  E (If Married, Widowed)
Do <u>not</u> use retired.)	ing inosi or working ine			146400	Married, Widowe ced (Specify)	1	
Secretary	b. COUNTY		N OR LOCATION		rried		links
Oregon	Klamath		th Falls	sacra Miller of Services			
13e. INSIDE CITY 13I, ZIP C	ODE 14. WAS	OECEDENT OF HISI No or Yes - If yes, s n, Puerlo Rican, etc.)	PANIC ORIGIN?	15. RACE America Black, White, etc.	n Indian.	16. DECED	P.O. Box 26 ENT'S EDUCATION Ighest grade completed)
□ Yes □Xvo 976	Mexican Specify:	, Puerlo Rican, etc.)	XNo □Yes			nentary/Seconda	ry (0-12) College (1-4 o
17. FATHER - NAME TIEST	middle last	18. MOTHER - NA	ME first middle	White	19. INFORM	ANT - NAME and	relationship to decease
Harold James		1	B. Benbow		Earl I		pouse
20a. METHOD OF DISPOSITION		20b. PLACE OF D other place)	ISPOSITION (Name of c	emetery, cremetory,	or 20c. LOCATI	ON - City or Tow	
☐ Burial ☐ Cremation ☐ Re ☐ Donation ☐ Other (Specify			Cremation	Service	Klam	th Falle	, Oregon
21a SIGNATURE OF FUNERAL PERSON ACTING AS SUC	SERVICE HICENSEE	T   1   1   1   1   1   1   1   1   1	1b. LICENSE NUMBER	22. NAME, ADDE	ESS AND ZIP OF	FACILITY	, 0.0000
( L	14	. [-	(OI Licensee)	O'Hair's	Funeral	Chapel	
2) DATE FILED (Month, Day, 1	Years 199	7	52-0297	515 Pine	ST. KI	math Fa	lls,OR 9760
JUL 26 1993	,,,,			101	IN BO	Acus	Jane 1980
25. DID HOSPITAL REPRESENT	TATIVE MAKE REQUES	ST FOR ANATOMICA	L GIFT CONSENT?	26. WAS GIFT M	ADE?	undal	
YES XINO DA	l/A	The second second		□YES	AND DNA	e de la companya de	
to as co	MPLETED BY CERTIF	YING PHYSICIAN	Ø		BE COMPLETED C		
	B. WAS MEDICAL EXA			31a. TIME OF DEATI			AD (Month, Day, Year, H
9:00 A M	□ Yes (XNo				м		
29. To the best of my knowledge due to the cause(s) and ma	ge, death occurred at i	the time, date, place	and	32. On the basis of	examination and/o	r investigation, in	my opinion death occu manner stated.
(Signature)	n/ / (			at the time, bate	, place and due to	the cause(s) and	manner stated.
1 1 11 11/1/40 4	11/10	2		(Signature)	, place and due to	the cause(s) and	I manner stated
30. Days Signed (Month, Day		2	М. <b>D</b> .	(Signatura)		the cause(s) and	COUNTY
17/23	197	A STATE OF THE STA	M.D.	(Signature)		the cause(s) and	
7/23	ND ZIP OF CERTIFIER		M.D.	(Signature) 33. DATE SIGNED (A	lonin, Day, Year)		COUNTY
17/23	ND ZIP OF CERTIFIER	2300 Cla	M.D.  R(Type or Print)  irmont Stree	(Signature) 33. DATE SIGNED (A	lonin, Day, Year)		COUNTY
34 NAME, TITLE, ADDRESS A James N. Bec	ND ZIP OF CERTIFIER JGS M.D. YSICIAN IF OTHER TH	2300 Cla	M.D.  R (Type or Print)  irmont Street or Print)	(Signeture)  33. DATE SIGNED (A	tonth, Day, Year)	Oregon	97601
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35. NAME, TITLE, ADDRESS AL  James N. Bec 35. NAME OF ATTENDING PH  36. IMMEDIATE CAUSE JENTER  PART (a)  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  THER SIGNIFICANT CC  Conditions contributing to  40. MANNER OF DEATH  Natural  Suicide  Homicide  Homicide  Homicide  Homicide  Homicide  THIS IS  REGIST	ND ZIP OF CERTIFIER  GGS M.D.  VSICIAN IF OTHER TH  RE ONLY ONE CAUSE  SEQUENCE OF:  SEQUENCE OF:  ONDITIONS  death but not resulting  Month, D.  (gallon ermined and the place of building)  SUSE  A TRUE AND EXERED AT THE OF	2300 Cla AN CERTIFIER (Type  PER LINE FOR (8), (6)  A / Turne  g in the underlying car  PDP10 D M  INJURY 415, TIME (	M.D.  R (Type or Print)  irmont Stree or Print)  J. AND (c)) Do not enter O'HENDY  J. AND (c)) Do not enter O'HENDY  J. AT WORK?  M	(Signature)  32. DATE SIGNED (A  Et Klama  mode of dying, e.g.  37. Did lobacco us to the death?  Whs I  I No I  41d. DESCRIBE H  CUMENT OFFICIA  REGISTRAR.	th Falls.  Cardiac or Respire  is contribute  Protety  Unknown  OW INJURY OCCI  CH	Oregon  atory Arrest.  38. AUTOPSY  O Yes QNo  IRRED  Or Rural Route	Interval between or and death  Interval between or or death  Interval between or
30 NAME, TITLE, ADDRESS AL  James N. Bec  30 NAME OF ATTENDING PH  36 IMMEDIATE CAUSE JENTE:  PART (a)  DUE TO, OR AS A CON  (b)  OUE TO, OR AS A CON  TOTHER SIGNIFICANT CC  COnditions contributing to  WALLIAM	ND ZIP OF CERTIFIER  GGS M.D.  VSICIAN IF OTHER TH  RECONTY ONE CAUSE  SEQUENCE OF:  DONDITIONS  death but not resulting  Gallon  ermined  ATRUE AND EXECUTION  ATRUE AND EXECUTION  SUBSE  A TRUE AND EXECUTION  SUBSE	2300 Cla AN CERTIFIER (Type  PER LINE FOR (8), (6)  A / Turne  g in the underlying car  PDP10 D M  INJURY 415, TIME (	M.D.  R (Type or Print)  irmont Stree or Print)  J. AND (c)) Do not enter  O' Lew Cl.  To AT WORK?  M Clys Chock  Larm, street, lactory, offic  CTION OF THE DOC  LAMATH COUNTY  VITAL STATISTICS	(Signature)  32. DATE SIGNED (A  Et Klama  mode of dying, e.g.  37. Did lobacco us to the death?  Whs I  I No I  41d. DESCRIBE H  CUMENT OFFICIA  REGISTRAR.	th Falls.  Cardiac or Respire  is contribute  Protety  Unknown  OW INJURY OCCI  CH	Oregon  38. AUTOPSY  19. Yes QNo  IRRED  OF RUFAL ROUTE	Interval between or and death  Interval between or or death  Interval between or
35 NAME, TITLE, ADDRESS AL  James N. Bec  36 NAME OF ATTENDING PH  36 IMMEDIATE CAUSE JENTER  PART (a)  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  TOTHER SIGNIFICANT CC  COnditions contributing to  WANNER OF DEATH  (Natural Pendicular Contributing to  MANNER OF DEATH  (Natural Pendicular Contributing to  Homocide Legal Interest  Accident Manner  Suicide Legal Interest  THIS IS  REGIST  DATE IS	ND ZIP OF CERTIFIER  GGS M.D.  YSICIAN IF OTHER TH  R ONLY ONE CAUSE  SEQUENCE OF:  SEQUENCE OF:  DONDITIONS  death but not resulting  (Month, D.)  (gallon  ermined  11  A TRUE AND EX  ERED AT THE OF  SUED:  JUL  SUED:  JUL	2300 Cla AN CERTIFIER (Type PER LINE FOR (a), (b)  A T A LINE  g in the underlying car  CP P D D C  INJURY AI D. TIME (a)  OF INJURY AI home elc. (Specify)  KACT REPRODUC  FFICE OF THE KI  ORIGINAL —  26 1993	M.D.  R (Type or Print)  irmont Stree or Print)  J. AND (c)) Do not enter  O' Lew Cl.  To AT WORK?  M Clys Chock  Larm, street, lactory, offic  CTION OF THE DOC  LAMATH COUNTY  VITAL STATISTICS	(Signature)  32. DATE SIGNED (A  Et Klama  mode of dying, e.g.  37. Did lobacco us to the death?  Whs I  I No I  41d. DESCRIBE H  CUMENT OFFICIA  REGISTRAR.	th Falls.  Cardiac or Respire  is contribute  Protety  Unknown  OW INJURY OCCI  CH	Oregon  38. AUTOPSY  19. Yes QNo  IRRED  OF RUFAL ROUTE	Interval between or and death  Interval between or or death  Interval between or
30 NAME, TITLE, ADDRESS AL  James N. Bec  30 NAME OF ATTENDING PH  36 IMMEDIATE CAUSE JENTE:  PART (a)  DUE TO, OR AS A CON  (b)  OUE TO, OR AS A CON  TOTHER SIGNIFICANT CC  COnditions contributing to  WALLIAM	ND ZIP OF CERTIFIER  GGS M.D.  YSICIAN IF OTHER TH  R ONLY ONE CAUSE  SEQUENCE OF:  SEQUENCE OF:  DONDITIONS  death but not resulting  (Month, D.)  (gallon  ermined  11  A TRUE AND EX  ERED AT THE OF  SUED:  JUL  SUED:  JUL	2300 Cla AN CERTIFIER (Type PER LINE FOR (a), (b)  A T A LINE  g in the underlying car  CP P D D C  INJURY AI D. TIME (a)  OF INJURY AI home elc. (Specify)  KACT REPRODUC  FFICE OF THE KI  ORIGINAL —  26 1993	M.D.  R (Type or Print)  irmont Stree or Print)  J. AND (c)) Do not enter  O' Lew Cl.  To AT WORK?  M Clys Chock  Larm, street, lactory, offic  CTION OF THE DOC  LAMATH COUNTY  VITAL STATISTICS	(Signature)  32. DATE SIGNED (A  Et Klama  mode of dying, e.g.  37. Did lobacco us to the death?  Whs I  I No I  41d. DESCRIBE H  CUMENT OFFICIA  REGISTRAR.	th Falls.  Cardiac or Respire  is contribute  Protety  Unknown  OW INJURY OCCI  CH	Oregon  38. AUTOPSY  19. Yes QNo  IRRED  OF RUFAL ROUTE	Interval between or and death  Interval between or or death  Interval between or
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FEE \$10.00 RETURN TO: Earl Inks P.O. Box 264 Keno, Or 97627 County Clerk