

65237

07-27-93P02:15 RCVD

2 Vol. m93 Page 18299STATE OF OREGON,
County of Klamath ss.

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 A.D., 19 93
at 2:15 o'clock P.M. and duly recorded
in Vol. M93 of Mortgages Page 18299
Evelyn Biehn, County Clerk
By Quinn M. Anderson
Fee, \$10.00 Deputy.

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

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
Oregon, original beneficiary, dated N/A,

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

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.

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

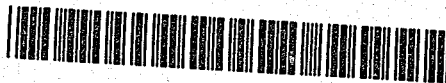
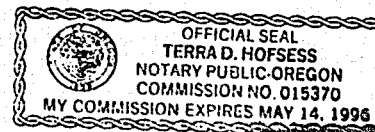
Sheri Dawson
SHERI DAWSON
ADMINISTRATIVE OFFICER

ALL PURPOSE ACKNOWLEDGEMENT
STATE OF OREGON)
COUNTY OF MULTNOMAH) ss.

On this date 07/19/93, before me, the undersigned Notary Public,
personally appeared SHERI DAWSON, personally known to me (or proved to me on
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.

WITNESS my hand and official seal.

Terra D. Hofsess
NOTARY SIGNATURE - COMMISSION EXPIRES



094118
I.D. TAG NO.

347

Local File Number

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

136

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

1. DECEDENT'S NAME First Middle Last Clare Yvonne INKS			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 23, 1993
4. SOCIAL SECURITY NUMBER 551-26-6244		5a. AGE-Last Birthday (Years) 72	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			7. DATE OF BIRTH (Month, Day, Year) April 12, 1921	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Patient <input type="checkbox"/> ER/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)				
9a. FACILITY NAME (if not institution, give street and number) Merle West Medical Center			9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9c. COUNTY OF DEATH Klamath			10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Secretary	
10b. KIND OF BUSINESS/INDUSTRY U.S. Government			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed, Divorced (Specify) Earl Inks			13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath			13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 16914 River View (P.O. Box 264)			14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White			16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 2	
17. FATHER - NAME first middle last Harold James Franks			18. MOTHER - NAME first middle maiden Jessie B. Benbow	
19. INFORMANT - NAME and relationship to deceased Earl Inks Spouse			20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <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			20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James N. Beggs</i>			21b. LICENSE NUMBER (Of Licensee) 52-0297	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601			23. REGISTRAR'S SIGNATURE <i>Charlene Barcus</i>	
24. DATE FILED (Month, Day, Year) JUL 26 1993			25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			27. TIME OF DEATH 9:00 A.M.	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <i>James N. Beggs</i> M.D.	
30. DATE SIGNED (Month, Day, Year) 7/23/93			31. DATE SIGNED (Month, Day, Year) 7/23/93	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601			33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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) Massive Intracranial Hemorrhage DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Deep vein thromboses, COPD, on Coumadin			35. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			37. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide			39. DATE OF INJURY (Month, Day, Year) 7/23/93	
40. TIME OF INJURY M			41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) At home			43. 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
DATE ISSUED: **JUL 26 1993***Charlene Barcus*
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Earl Inks** the **27th** day
of **July** A.D., 19 **93** at **2:32** o'clock **P** M., and duly recorded in Vol. **M93**
of **Deeds** on Page **18300**

Evelyn Biehn, County Clerk

FEE \$10.00

RETURN TO: **Earl Inks**
P.O. Box 264
Keno, Or 97627