

67390

09-02-93A09:44 RCVD

STATE OF OREGON, ss.
County of KlamathVol 93 Page 22364

Filed for record at request of:

Aspen Title
 on this 2 day of Sept A.D. 19 93
 at 9:44 o'clock a M. and duly recorded
 in Vol. M93 of Mortgages Page 22364
 Evelyn Biehn County Clerk
 By Pauline Mulendor Deputy.

Fee, 10.00

ATC 40352

DEED OF FULL RECONVEYANCE

The undersigned as Trustee or Successor Trustee under that certain Trust Deed described as follows:

Dated : April 30, 1993

Recorded : May 4, 1993

Fee Number : 60970

Book : M93 Page : 9790

County Of : Klamath

State Of : Oregon

Trustor : Jerry A. Maddox and Ramona F. Maddox

Trustee : ASPEN TITLE & ESCROW, INC.

Beneficiary : Transamerica Financial Services

having received from the Beneficiary under said Trust Deed, a written request to reconvey, reciting that the obligations secured by the Trust Deed have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the parties entitled thereto all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed of Trust.

Date : September 1, 1993

ASPEN TITLE & ESCROW, INC.

By Andrew A. Patterson

State Of Oregon

County Of Klamath } ssSeptember 1, 19 93.Personally appeared Andrew A. Patterson

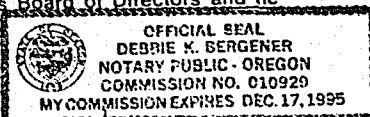
who being duly sworn did say that he is the Assistant Secretary of Aspen Title & Escrow, Inc., a Corporation and that said instrument was signed on behalf of said corporation by authority of its Board of Directors and he acknowledged said instrument to be its voluntary act and deed.

AND WHEN RECORDED MAIL TO

Transamerica Financial Services
 P.O. Box 5607
 Bend, Or. 97708

Before Me:

Debbie K. Bergener
 Notary Public for Oregon
 My Commission Expires: 12-17-95



(Seal)

125930

I.D. TAG NO.

120

Local File Number

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

136.

State File Number

1. DECEDENT'S NAME First: Edna Middle: Mae Last: GAVIN		2. SEX F	3. DATE OF DEATH (Month, Day, Year) March 8, 1993
4. SOCIAL SECURITY NUMBER 195 03 3421	5a. AGE Last Birthday (Years) 75	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Erie, Pennsylvania		7. DATE OF BIRTH (Month, Day, Year) November 29, 1917	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input 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) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Adrian James	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2312 Wantland	
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 (6-12) College (14 or 5+) 12			
17. FATHER - NAME first middle last Henry -- Lawson		18. MOTHER - NAME first middle maiden Eleanor -- Hoppe	
19. INFORMANT - NAME and relationship to deceased James Gavin - Son			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <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>Charles Barcus</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year) MAR 10 1993		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
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. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
27. TIME OF DEATH 0220 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>RB</i>		30. DATE SIGNED (Month, Day, Year) March 9, 1993	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD, 2610 Uhrmann Road, Klamath Falls, OR 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. (Signature)	
33. DATE SIGNED (Month, Day, Year)		34. COUNTY	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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) <i>Respiratory failure</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Interstitial pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Myeloma</i>		Interval between onset and death 3 days Interval between onset and death 14 days Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
40. 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"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)			

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

DATE ISSUED: MAR 10 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ day
of _____ Sept _____ A.D., 19 93 at 9:58 o'clock a M., and duly recorded in Vol. M93
of _____ deeds _____ on Page 22365
Re: Gavin Trust Evelyn Biehn, County Clerk
FEE 10.00 P O Box 321
Bonanza, Ore 97623
By *Charles Robinson*