71030 11-09-93P01:38 RCVD

Vol. M93 Page 29626

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

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Title Recon

on this 9th day of Nov. A.D., 19 93
at 1:38 o'clock PM. and duly recorded
in Vol. M93 of Mortgages Page 29626.
Evelyn Biehn County Clerk
By Pauline Mullendore
Fee, $10.00 Deputy.

TRT RECON CODE: **USB-0284036** Loan No: **1632083** Invest: **125** ORIG TRUSTEE: **U.S. Bank of Washington, National Association**

DEED OF FULL RECONVEYANCE

WHEREAS, the indebtedness secured by the Deed of Trust EXECUTED BY: **THOMAS B. ENDICOTT AND CHERYL E. ENDICOTT**, trustor, **U.S. Bank of Washington, National Association**, original trustee, **U.S. Bancorp Mortgage Co.**, original beneficiary, dated **N/A**,

Recorded on **Dec 01 1989**, as Inst.# **8558**, Book **M89**, Page **23271**, 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: **United States National Bank of Oregon**

SHERI DAWSON
ADMINISTRATIVE OFFICER

CORPORATE ACKNOWLEDGEMENT
STATE OF OREGON)
COUNTY OF MULTNOMAH)SS.

On this date 11/1/93, 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.

NOTARY SIGNATURE - COMMISSION EXPIRES

OFFICIAL SEAL
TERRA D. HOFSESS
NOTARY PUBLIC-OREGON
COMMISSION NO. 015370
MY COMMISSION EXPIRES MAY 14, 1996

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER: 39336007522
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO, DAY, YR	2B. HOUR	3. SEX
Phillip	Joseph	Unkelbach	09/17/1993	0640	M

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO, DAY, YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
White	☐ YES ☒ NO	06/09/1934	59		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
NJ	USA	Phillip H. Unkelbach	NJ	Katherine A. Feeney	NJ

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 51 TO 19 71 ☐ NONE	144-24-5844	Married	Jane K. Lanz

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Workers Compensation Hearing Representative	Rental Cars	Hertz Claim Management Corp.	15	17

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
25965 Railton St.	Moreno Valley	92553

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Riverside	7	CA	Jane K. Unkelbach - Wife 25965 Railton St. Moreno Valley, CA 92553

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
St. Bernardine Medical Center	IP	San Bernardino

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
2101 N. Waterman	San Bernardino

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Ventricular Arrhythmia	20 mins
DUE TO	(B) Acute Myocardial Infarction	24 hrs
DUE TO	(C) Arteriosclertotic Heart Disease	Yrs

22. WAS DEATH REPORTED TO CORONER? ☒ YES REFERRAL NUMBER 93-5036CM ☐ NO

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Diabetes Mellitus, Type II

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: Margaret A. Griffin, M.D.
27C. CERTIFIER'S LICENSE NUMBER: G375110
27D. DATE SIGNED: 09/17/1993

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR
09/16/1993	09/16/1993

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Margaret Griffin, MD, 399 E. Highland, San Bernardino, CA

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER:
28B. DATE SIGNED:

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
		☐ YES ☐ NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY):
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Burial	Riverside National Cemetery 22495 Van Buren Blvd., Riverside, CA	09/22/1993	MK Hueffner	7762

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Thomas Miller Mortuary	66	T Prendergast MD	SEP 2 1 1993

STATE REGISTRAR

A. 15-9-93	B.	C.	D.	E.	F.	CENSUS TRACT
						4100

11 (REV. 3-91) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFIED COPY OF VITAL RECORDS

436271

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } ss

DATE ISSUED: OCT 07 1993

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

T Prendergast M.D.
THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jane K. Unkelbach the 9th day of Nov. A.D., 19 93 at 1:38 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 29627.

FEE $10.00

Evelyn Biehn - County Clerk
By Pauline Mullendore

Return: Jane K. Unkelbach, 25965 Railton St.
Moreno Valley, Ca. 92553