

WHEN RECORDED RETURN TO:

Doris Arias
1541 Bar M Drive
Eugene, OR 97401

RELEASE OF RECORDED INSTRUMENT

Know All Men By These Presents: That Klamath Falls Forest Estates, Unit 4, Road Maintenance Association, formerly known as Highway 66 Unit, Plat No. 4, Road Maintenance Association, holds a lien against property described as Lot(s) 2 of Block 96

Klamath Falls Forest Estates

Highway 66 Unit, Plat No. 4

County of Klamath, State of Oregon

The property is owned by Doris Chapman. Said lien is recorded in Vol. M93, page number 25148, on the date of September 29, 1993, in the records of Klamath County, Oregon.
Co. Lien Docket

Said lien has been satisfied in full and is hereby released.

IN WITNESS WHEREOF, we have hereunto set our hands this 16th day of December, 1993.

KLAMATH FALLS FOREST ESTATES, UNIT 4
ROAD MAINTENANCE ASSOCIATION

A. L. Nordness

A. L. Nordness, Treasurer

Geraldine A. Cooper

Geraldine A. Cooper, Secretary

STATE OF OREGON)
COUNTY OF KLAMATH) SS.

December 16, 1993

Personally appeared the above named A. L. Nordness and Geraldine A. Cooper and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me:

Sally A. Marshall

Notary Public for Oregon
My Commission expires 10-14-94



STATE OF OREGON,
County of Klamath SS.

Filed for record at request of:

Klamath Falls Forest Est. #4
on this 17th day of Dec. A.D. 19 93
at 3:36 o'clock p M. and duly recorded
in Vol. M93 of Co. Lien Page 33783
By Evelyn Bighn County Clerk
By Geraldine Nordness Deputy

Fee, \$5.00

079724
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

State File Number

270
Local File Number

1. DECEDENT'S NAME First: Kenneth Middle: Eugene Last: BAKER		2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 29, 1990
4. SOCIAL SECURITY NUMBER 543-28-7206	5a. AGE - Last Birthday (Years) 61	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) St. Francis, Kansas
7. DATE OF BIRTH (Month, Day, Year) September 2, 1928		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Plum Ridge Care 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.) Retail Clerk		10b. KIND OF BUSINESS/INDUSTRY Steel Retail Sales	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If married, Widowed) Margaret A. Baker	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3143 Pine Grove Road	
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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17. FATHER - NAME first, middle, last William Lester Baker	
18. MOTHER - NAME first, middle, maiden Lois M. Chapman		19. INFORMANT - NAME and relationship to decedent Margaret A. Baker, wife	
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) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Gerald R. Rife</i>		21b. LICENSE NUMBER (Of licensee) 3329	
22. DATE FILED (Month, Day, Year) JUL 2 1990		23. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601	
24. REGISTRAR'S SIGNATURE <i>Rance Kennedy</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TIME OF DEATH 11:55 P.			
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>Kenneth K. Magee</i> M.D.			
30. DATE SIGNED (Month, Day, Year) July 2, 1990			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 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) COUNTY			
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) <i>Aspirin due to left lung pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Aspirin due to left lung pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Aspirin due to left lung pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF:			
35. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
36. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
37. Did tobacco use contribute to the death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
38. 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			
39. TIME OF INJURY (Month, Day, Year) July 2, 1990			
40. TIME OF INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
41. DESCRIBE HOW INJURY OCCURRED			
42. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)			
43. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

JUL 31 1990

ORIGINAL -- VITAL STATISTICS COPY

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

45-2 REV. 1-89

RECEIVED

JUL 09 1990

DATE ISSUED

JUL 3 1990

LIFE BENEFITS

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Margaret Baker** the **17th** day of **Dec.** A.D. 19 **93** at **3:36** o'clock **P.** M., and duly recorded in Vol. **M93** of **Deeds** on Page **33784**

Evelyn Biehn County Clerk

By *Pauline M. Williams*

FEE \$10.00

Return: Margaret Baker, 3143 Pine Grove
Klamath Falls, Or. 97603