ATE #o 1041056

FORM No. 53—JUDGMENT—SATISFACTION OF.

NE 73777 12-30-93P03:20 RCVD Vol M93 Page 35528

In the Circuit Court of the State of Oregon

for the County of Klamath

RITA M. PATTERSON
Plaintiff

vs.

BEN H. PATTERSON, JR.
Defendant

No. 91-3601CV

SATISFACTION OF JUDGMENT

For valuable consideration, receipt of which is hereby acknowledged, full satisfaction of that certain judgment rendered in the above entitled court and cause on October 29, 1991, *in favor of the undersigned is hereby declared, and the clerk of said court is authorized to enter this satisfaction of record forthwith. In construing this instrument and where the context so requires, the singular includes the plural.*

DATED December 22, 19 93.

X Rita M South
also known as Rita M Patterson
JUDGMENT CREDITOR

520 N 12th
ADDRESS

KFalls Oregon 97601 883 1811
CITY STATE ZIP PHONE

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on ....., 19.....,
by Rita M. Patterson, AKA Rita M. South

This instrument was acknowledged before me on ....., 19.....,
by .....
as .....
of .....

Sandra S. Crane
Notary Public for Oregon

My commission expires 7-7-97

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 30th day of Dec. A.D., 1993 at 3:20 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 35528.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $10.00

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ATC 020033

TYPE OR PRINT IN PERMANENT BLACK INK

15665G
I.D. TAG NO.

570
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Owen; Middle: Brewer; Last: THURMAN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 30, 1993
4. SOCIAL SECURITY NUMBER: 543-10-1429
5a. AGE Last Birthday (Years): 91
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Heavener, OK
7. DATE OF BIRTH (Month, Day, Year): February 18, 1902
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9. FACILITY NAME (If not institution, give street and number): 3511 Bristol Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Construction Foreman
10b. KIND OF BUSINESS/INDUSTRY: Power Company
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Thelma I.
12a. RESIDENCE - STATE: Oregon
12b. COUNTY: Klamath
12c. CITY, TOWN OR LOCATION: Klamath Falls
12d. STREET AND NUMBER: 3511 Bristol Avenue
13a. INSIDE CITY LIMITS? ☐ Yes ☒ No
13b. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6; College (1-4 or 5+):

PARENTS

17. FATHER - NAME: first, middle, last: John - Thurman
18. MOTHER - NAME: first, middle, maiden: Alice - Wise
19. INFORMANT - NAME and relationship to deceased: Jeff Lowther, grandson

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, OR 97603

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dean C. Davenport
21b. LICENSE NUMBER (Or Licensee): 53-0124
21c. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
22. DATE FILED (Month, Day, Year): DEC 03 1993
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
25. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: Found
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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): Charles D. Bury MD
30. DATE SIGNED (Month, Day, Year): December 2, 1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER IF MEDICAL EXAMINER (Type or Print): Charles D. Bury, MD, 2300 Clairmont, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a): Via Embolism — Natural
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (c)
Interval between onset and death

PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

CAUSE OF DEATH

37. Did tobacco use contribute to the death? ☐ Yes, Definitely ☐ Probably ☐ Unknown ☐ No
38. AUTOPSY ☐ Yes ☐ No
39. If YES was autopsy information used in determining cause of death? ☐ Yes ☐ No
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☒ 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)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 Rev 7/91

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

DATE ISSUED: DEC 03 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 30th day of Dec. A.D., 19 93 at 3:21 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 35529.

Evelyn Biehn County Clerk
By Darlene Millendore

FEE $10.00
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