REORDER FROM Registré, Inc.

01-05-94A11:02 RCVD

73984

Vol M94 Page 425

STATE OF OREGON

STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENTS, TERMINATIONS, ETC. REAL PROPERTY - FORM UCC-3A

M94/425

THIS FORM FOR COUNTY FILING USE ONLY

MTC 31886-KR

County Filing Officer Use Only

This STATEMENT is presented to the county filing officer pursuant to the Uniform Commercial Code.

1A. Debtor Name(s): / 1B. Debtor Mailing Address(es):	2A. Secured Party Name(s): / 2B. Address of Secured Party from which security information is obtainable:	4A. Assignee of Secured Party (if any): / 4B. Address of Assignee:
Steele, Christopher R. Steele, Sharon L. Trustee of Chris and Sharon Steele 1986 Irrevocable Trust 2868 Prospect Park Drive, Ste 300 Rancho Cordova, California 95670	JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY, a Massachusetts Corporation 1 John Hancock Place Boston, Massachusetts 02117	

This statement refers to original Financing Statement Number: 23808, Volume M90, Page 24972, Date Filed: December 17, 1990

Filed with Klamath County Clerk, State of Oregon.

☐ TERMINATION The Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

☐ ASSIGNMENT The Secured Party assigns to the Assignee whose name and address is shown, Secured Party's rights under the financing statement bearing the file number shown above in the following property. (Describe below)

☐ CONTINUATION The original financing statement bearing the file number shown above is still effective. Effective only if submitted within six months prior to expiration date.

[X] PARTIAL RELEASE From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following: (describe below). Choose one: ____ Release of all collateral X Partial Release RELEASE DOES NOT TERMINATE DEBT.

☐ AMENDMENT Financing statement bearing file number shown above is amended as described below:

PARTIAL RELEASE the following described real estate, situated, lying and being in the County of Klamath, State of Oregon, to-wit:

TRACT I: Certain portions of Sections 23, 24, 25, 26, 27, 33, 34, 35, and 36, Township 40 South, Range 8 East; and Sections 19, 30 and 31, Township 40 South, Range 9 East lying North of Township Road; TOGETHER WITH those portions of Section 3 and 4, Township 41 South, Range 8 East, lying South of Township Road upon which the headquarters building is situated.

Debtor hereby authorizes the Secured Party to record a carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

By: JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY #163243

D. Sam Martin Sr. AIO (signature)

D. Sam Martin, Senior Agricultural Investment Officer

Signature(s) of Secured Party(ies)

December 23, 1993

(Partial Release Tract I - No FM-185 Documented in Mortgage)

INSTRUCTIONS

1. PLEASE TYPE THIS FORM.
2. If the space provided for any item(s) on this form is inadequate, the item(s) should be continued on additional sheets. Only one copy of such additional sheets need to be presented to the county filing officer. DO NOT STAPLE OR TAPE ANYTHING TO THIS FORM.
3. This form (UCC-3A) should be recorded with the county filing officers who record real estate mortgages. **This form cannot be filed with the Secretary of State.** Send the Original to the county filing officer. The Recording Party Copy is for your use.
4. After the recording process is completed the county filing officer will return the document to the party indicated.
5. The RECORDING FEE must accompany the document. The fee is **$5 per page.**
6. Be sure that the financing statement has been properly signed.

Return to: (name and address)

JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY
Agricultural Investment Dept. Service Center
1605 South State Street, Suite 106
Champaign, Illinois 61820-7237

Recording party contact name: Karen S. Williams

Recording party telephone number: (217) 356-6464

Please do not type outside of bracketed area

Standard Form UCC-3A January 1990

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 5th day of Jan A.D., 19 94 at 11:02 o'clock A M., and duly recorded in Vol. M94 of Mortgages on Page 425.

Evelyn Biehn - County Clerk

By Pauline Mullendore (signature)

FEE $10.00

082596
I.D. TAG NO.

149
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Leslie; Middle: Palmer; Last: LEONARD
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 6, 1991
4. SOCIAL SECURITY NUMBER: 530-01-0639
5a. AGE - Last Birthday (Years): 80
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Reno, Nevada
7. DATE OF BIRTH (Month, Day, Year): November 6, 1910
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify): Foster Care Home
9b. FACILITY NAME (If not institution, give street and number): 4663 Freida Street
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): Meat Cutter
10b. KIND OF BUSINESS/INDUSTRY: Meat Market
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Evelyn Frances
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5512 Haven Crest Drive
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: J. Frank Leonard
18. MOTHER - NAME first middle maiden: Diamond M. Palmer
19. INFORMANT - NAME and relationship to deceased: Craig Leonard, son

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): Mountain View Cemetery
20c. LOCATION - City or Town, State: Reno, Nevada 89503
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 53-0124
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

REGISTRAR

23. DATE FILED (Month, Day, Year): MAY 7 1991
24. REGISTRAR'S SIGNATURE: Nancy Beardsley
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 01:00 A M
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): [signature]
30. DATE SIGNED (Month, Day, Year): May 6, 1991

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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/MEDICAL EXAMINER (Type or Print): F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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

PART 1
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.
(a) Cerebrovascular Disease — Interval between onset and death: 1 Mo,
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART 2
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.
Alzheimers, Renal insuff
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

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: M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY Ooccurred
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
UPON

45-2 REV. 3.3

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

RECORDING RETURN TO
CRAIG LEONARD
5507 HAVENCREST DRIVE KLAMATH FALLS OR 97603

DATE ISSUED MAY 7 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 5th day of Jan A.D., 19 94 at 11:02 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 426.

FEE $10.00

Evelyn Biehn County Clerk
By Pauline Hollenbeck