KCT 46080

0900413119

75802 02-08-94A11:11 RCVD

DEED OF RECONVEYANCE

Vol m94 Page 4417

KNOW ALL MEN BY THESE PRESENTS, that the undersigned trustee or successor trustee under that certain trust deed dated July 31, 1986, executed and delivered by SCOTT R. KANNA and DENA L. KANNA, husband and wife, as grantor and recorded on August 4, 1986, in the Mortgage Records of Klamath County, Oregon, in book M86, at page 13663, conveying real property situated in said county described in above mentioned trust deed, having received from the beneficiary under said trust deed a written request to reconvey, reciting that the obligation secured by said trust deed has been fully paid and performed, hereby does grant, bargain, sell and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described premises by virtue of said trust deed.

In construing this instrument and whenever the context hereof so requires, the masculine gender includes the feminine and neuter and the singular includes the plural.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED BY ORS 30.930.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument.

Dated: February 2, 1994

William L. Sisemore, Trustee

STATE OF OREGON)
) SS
County of Klamath)

Personally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary act and deed. Before me:

Notary Public for Oregon
My Commission Expires: 09/22/97

OFFICIAL SEAL
MICHELE DIXON
NOTARY PUBLIC - OREGON
COMMISSION NO. 028173
MY COMMISSION EXPIRES SEP. 22, 1997

After recording return to:
Scott Kanna
15118 SE Kronberg Rd.
Oakgrove OR 97267

Until a change is requested, send tax statements to:

STATE OF OREGON)
) SS
County of Klamath)

I certify that the within instrument was received for record on the 8th day of Feb., 19 94, at 11:11 o'clock A M., and recorded in book M94 on page 4417 or as file/reel number 75802, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer

BY Doudene Millendore
Deputy

Fee $10.00

CERTIFICATION OF VITAL RECORD

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

158118 LD. TAG NO.
53 Local File Number

CERTIFICATE OF DEATH (1994) State File Number

1. DECEDENT'S NAME	First: Elsie	Middle: Maria	Last: MOCK	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): February 1, 1994	
4. SOCIAL SECURITY NUMBER: 542-38-9384	5a. AGE-Last Birthday (Years): 81	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Algoma, Oregon	7. DATE OF BIRTH (Month, Day, Year): April 12, 1912	
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)				
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center	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.): Teacher	10b. KIND OF BUSINESS/INDUSTRY: Education	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed	12. SPOUSE (If Married, Widowed): Alvey Mock			
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 3926 Coronado Way			
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):	College (1-4 or 5+): 4	
17. FATHER - NAME first middle last: Fred - Dingler	18. MOTHER - NAME first middle maiden: Maggie - Newbert	19. INFORMANT - NAME and relationship to deceased: Elsie Mock - Self				
20a. METHOD OF DISPOSITION: ☒ 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, Oregon				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dale A. Hale	21b. LICENSE NUMBER (Of Licensee): 94-AF-1363	22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39, Klamath Falls, OR. 97603				
23. DATE FILED (Month, Day, Year): FEB 03 1994	24. REGISTRAR'S SIGNATURE: Evelyn Simonson					
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A	26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A					

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0130 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] M.D.
30. DATE SIGNED (Month, Day, Year):

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): William Baker, MD 2600 Campus Dr. 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

		Interval between onset and death
PART I (a)	Acute Anteroseptal Myocardial Infarction	
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

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

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Yes ☒ No	☐ 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 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

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE VITAL STATISTICS SECTION.

DATE ISSUED: FEB 03 1994

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

45-2 Rev 1/93

WARNING: ALTERATION OF THIS CERTIFICATE IS PUNISHABLE BY FINE AND IMPRISONMENT

AFTER RECORDING RETURN TO: Shirley M. Malick 8447 Chenin Blanc Ln San Jose, CA 95135

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co the 8th day of Feb. A.D., 19 94 at 11:11 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 4418.

Evelyn Biehn County Clerk
By Doreine Millesdaughter

FEE $10.00