

03-22-94A10:09 RCVD
 IN CONSIDERATION of the payment of the debt named therein; I or we, hereby release the mortgage of
 FOUR THOUSAND TWO HUNDRED NINETY TWO AND 10/100-----DOLLARS,
 made by WALTER B WAGGONER
 on the following described property, to-wit:

#65497

LOT 9 (LESS ELY 10 FEET), BLOCK 22 OF BUENA VISTA ADDITION,
 KLAMATH COUNTY, OREGON.

WHEN RECORDED RETURN TO:
 WALTER B WAGGONER
 541 MT PITT
 KLAMATH FALLS OR 97601

which is recorded in book M93, of real estate mortgages, page 18875-1887 of the Records of the County of
 KLAMATH, and State of OREGON

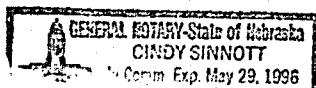
Dated this 11TH day of MARCH 1994

Theresa Mahoney
 THERESA MAHONEY
Myers
 MYERS

State of Nebraska
 County of Douglas

Brian Humphrey
 THE PACESETTER CORPORATION
 BRIAN HUMPHREY, ASST VICE PRESIDENT

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS....11TH.....DAY OF
MARCH....., 1994.. BY BRIAN HUMPHREY..... THE.....
ASST. VICE PRESIDENT.... OF THE PACESETTER CORPORATION, A NEBRASKA CORPORA-
 TION, ON BEHALF OF SAID CORPORATION.



Cindy Sinnott
 CINDY SINNOTT, GENERAL NOTARY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Pacesetter Corp the 22nd day
 of March A.D., 19 94 at 10:09 o'clock A M., and duly recorded in Vol. M94,
 of Mortgages on Page 8484.

FEE \$10.00

Evelyn Biehn County Clerk
 By Raune Mulensire

OMAHA NE, 68124

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

TYPE OR
PRINT IN
PERMANENT
BLACK INK

G-4119

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 138-
CERTIFICATE OF DEATH

State File Number

I.D. TAG NO.

Local File Number

1. DECEDENT'S NAME First: <u>Juanita</u> Middle: <u>Alice</u> Last: <u>McCLELLAN</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>Feb. 10, 1994</u>
4. SOCIAL SECURITY NUMBER <u>541 36 9372</u>	5a. AGE-Last Birthday (Years) <u>92</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Yates Center, KS</u>
7. DATE OF BIRTH (Month, Day, Year) <u>Oct. 29, 1901</u>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>	
9a. FACILITY NAME (If not institution, give street and number) <u>Plum Ridge Care Center</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Owner</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Restaurant</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>Verne S.</u>	
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Klamath</u>	13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	13d. STREET AND NUMBER <u>919 High Street</u>
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15. ZIP CODE <u>97601</u>	16. 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: <u> </u>	17. RACE American Indian, Black, White, etc. (Specify) <u>White</u>
18. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>1</u>		19. INFORMANT - NAME and relationship to decedent <u>Pat Demetrakos / Dau.</u>	
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) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>	
20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>	
22. LICENSE NUMBER (or Licensee) <u>3409</u>		23. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601</u>	
24. DATE FILED (Month, Day, Year) <u>FEB 11 1994</u>		25. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
28. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
29. TIME OF DEATH <u>03:20</u>		30. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
32. TIME OF DEATH <u>M</u>		33. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>	
34. 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) <u>[Signature]</u>			
35. DATE SIGNED (Month, Day, Year) <u>2/10/94</u>		36. COUNTY <u> </u>	
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>John J. Kleeman, MD / 1905 Main Street / Klamath Falls, Oregon / 97601</u>			
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
39. 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) <u>CVA</u>		Interval between onset and death <u>2 hrs</u>	
(b) <u>adrenal fib.</u>		Interval between onset and death <u>1 hrs</u>	
(c) <u>HTF</u>		Interval between onset and death <u> </u>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u> </u>			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41. DATE OF INJURY (Month, Day, Year) <u> </u>	
42. TIME OF INJURY <u>M</u>		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		45. DESCRIBE HOW INJURY OCCURRED <u> </u>	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>		47. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
48. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED

FEB 11 1994

ORIGINAL VITAL STATISTICS COPY

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Elaine Whittle the 22nd day of March A.D., 19 94 at 10:09 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 8485.

Evelyn Biehn
County Clerk
By Pauline Mulendore

FEE \$10.00

Return: Elaine Whittle, 1527 Worden
Klamath Falls, Or. 97601