04-13-94A10:54 RCVD

74003 01-05-94P02:03 RCVD

DISCHARGE OF MORTGAGE

Vol. M94 Page 482

79036

Vol. M94 Page 10936

KNOW ALL MEN BY THESE PRESENTS THAT:

X A certain Mortgage dated the 23rd day of September 1988, made and executed by Arthur W. Merkl and Joyce E. Merkl, husband and wife, and recorded in the office of the Register of Deeds for the County of Klamath, State of Oregon, in Volume M88 Page(s) 18548, on the 1st day of November 1988, is hereby discharged.

___ A certain Assignment of Lease and Rents dated the ____ day of ___ 19__, made and executed by _____,and recorded in the office of the Register of Deeds for the County of _____, State of Michigan, in Liber _____, Page(s) __, on the ____ day of ___, 19__, is hereby discharged.

LEGAL DESCRIPTION:

The East one-half of Lot 9 in Lake Shore Gardens, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

-BEING RE-RECORDED TO AFFIX NOTARY SEAL-

Tax Identification Number:_____

Dated this 28th of December 1993.

FIRST OF AMERICA BANK-SOUTHEAST MI.,N.A.

Witnesses:

Monica Hunt

Jeanne Busuttil

FIRST OF AMERICA BANK-SOUTHEAST MI, N.A., a Michigan banking corporation

By: Gail M. Elm
Gail M. Elm,
Its: Documentation Manager

STATE OF MICHIGAN)
)ss
COUNTY OF OAKLAND)

The foregoing instrument was acknowledged before me this 28th day of December, 1993, by Gail M. Elm, a Documentation Manager of First of America Bank - Southeast MI., N.A., a Michigan banking corporation.

Bonita M. Koslowski
Bonita M. Koslowski Notary Public
Oakland County, Michigan
My Commission expires: 04-03-94

THIS INSTRUMENT DRAFTED BY:
First of America Center
Attn: Monica Hunt
P.O. Box 486
Royal Oak, MI 48068

WHEN RECORDED RETURN TO:
Inventron, Inc.
Attn: Art Merkl
23630 Industrial Park Dr.
Farmington Hills, MI 48024

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Inventron Inc. the 5th day of Jan A.D., 19 94 at 2:03 o'clock P M., and duly recorded in Vol. M94 of Mortgages on Page 482.

Evelyn Biehn - County Clerk
By Pauline Millendorf

FEE $10.00

10937

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Inventron, Inc. the 13th day of April A.D., 19 94 at 10:54 o'clock A M., and duly recorded in Vol. M94, of Mortgages on Page 10936.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $10.00

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

094257 I.D. TAG NO.

149 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: Lola; Middle: Viola; Last: HARVEY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 7, 1994
4. SOCIAL SECURITY NUMBER: 572-14-6512
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): Auburn, California
7. DATE OF BIRTH (Month, Day, Year): March 4, 1913
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.): Sales Clerk
10b. KIND OF BUSINESS/INDUSTRY: Grocery Retail Sales
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): William H. Harvey
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1613 Avalon Street
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: Frank Dunston
18. MOTHER - NAME first middle maiden: Lena Halliker
19. INFORMANT - NAME and relationship to deceased: James Patterson Leg. Repr.

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): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O Figgs
21b. LICENSE NUMBER (Of Licensee): CO-3572
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): APR 08 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simmons
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: 3:46 P 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): Mark S. Kochevar M.D.
30. DATE SIGNED (Month, Day, Year): April 8, 1994

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): Mark S. Kochevar M.D. 1905 Main Street 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

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.

PART I
(a) Myocardial Infarction — Interval between onset and death: hrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic heart disease — Interval between onset and death: years
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.
Immune Thrombocytopenia

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
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 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 OREGON STATE HEALTH DIVISION.

ORIGINAL — VITAL STATISTICS COPY

DATE ISSUED APR 08 1994

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

STATE OF OREGON 1859

OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James D. Patterson the 13th day of April A.D., 19 94 at 11:00 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 10938.

Evelyn Biehn · County Clerk
By Darlene Mussindale

FEE $10.00

Return: James D. Patterson, 1613 Avalon
Klamath Falls, Or. 97603