

79387

04-19-94P03:50 RCVD

## DEED OF RECONVEYANCE

Vol. m94 Page 11674

KNOW ALL MEN BY THESE PRESENTS, that the undersigned trustee or successor trustee under that certain trust deed dated May 30, 1989, executed and delivered by Donald Lee Bailey & Kimberly S. Bailey, as grantor and recorded on June 1, 1989, in the Mortgage Records of Klamath County, Oregon, in book M89, at page 9633, 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 IN ORS 30.930.

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

Dated: April 15, 1994.

William L. Sisemore  
William L. Sisemore, Trustee

STATE OF OREGON )  
 ) SS  
County of Klamath )

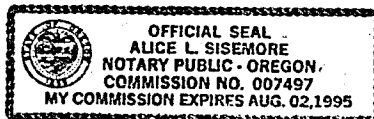
Personally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary act and deed. Before me:

Alice L. Sisemore  
Notary Public for Oregon  
My Commission Expires: 8/2/95

After recording return to:

Donald L. Bailey  
5319 Barry Ave  
Klamath Falls OR 97603

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 19th day of April, 1994, at 3:50 o'clock P M., and recorded in book M94 on page 11674 or as file/reel number 79387, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk  
Recording Officer

BY Audeline Miller  
Deputy

Fee \$10.00

# OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

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

ATC 03041623

PERMANENT  
BLACK INK

094211

I.D. TAG NO.

767

Local File Number

State File Number

1. DECEDENT'S NAME First: Judd, Middle: H., Last: CURREY			2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 2, 1994
4. SOCIAL SECURITY NUMBER 542-03-2613		5a. AGE Last Birthday (Years) 84	5b. Under 1 Year Mos. Days Hours Mins.	5. BIRTHPLACE (City and State or Foreign Country) Lakeview, Oregon
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) September 25, 1909		
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER				
9a. FACILITY NAME (If not institution, give street and number) St. Charles Medical Center			9b. CITY, TOWN, OR LOCATION OF DEATH Bend	
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Road Maintenance			10b. KIND OF BUSINESS/INDUSTRY U.S. Forest Service	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Mildred Currey		
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Klamath Falls		13c. STREET AND NUMBER 1917 Laurel St.
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. ZIP CODE 97603		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
17. FATHER - NAME first middle last Nolen E. Currey		18. MOTHER - NAME first middle maiden Vestina Wise		19. INFORMANT - NAME and relationship to deceased Donald Currey, Son
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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3110		
22. DATE FILED (Month, Day, Year) January 4, 1994		23. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601		
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		25. REGISTRAR'S SIGNATURE <i>[Signature]</i>		
26. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
27. TIME OF DEATH 4:10 P. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>[Signature]</i>				
30. DATE SIGNED (Month, Day, Year) January 3, 1994				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Larry T. Balentine, M.D. 1501 N.E. Medical Center DR. Bend, OR 97701				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33. 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) Probable perioperative myocardial infarction		Interval between onset and death 24h		
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

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

*Jan 4, 1994*

EDWARD J. JOHNSON II  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 19th day of April A.D., 19 94 at 3:50 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 11675.

FEE \$10.00

Return: Aspen Title Co

Evelyn Biehn

County Clerk

By *[Signature]*