7750 - 3050

RELEASE OF REAL ESTATE MORTGAGE

Vol M94 Page 34580

90834

11-09-94A11:31 RCVD

IN CONSIDERATION of the payment of the debt named therein; I or we, hereby release the mortgage of EIGHT THOUSAND FOUR HUNDRED FORTY AND 80/100---------- DOLLARS, made by ROBERT A & RAENELLE J ZUMBO on the following described property, to-wit:

#65016

LOT 2 BLOCK 3 OF BANYON PARK, TRACT 1008 SITUATED IN KLAMATH COUNTY, OREGON.

WHEN RECORDED RETURN TO:
THE PACESETTER CORPORATION
12774 NE MARX ST
PORTLAND, OR 97230

which is recorded in book M93, of real estate mortgages, page 17867-17867 of the Records of the County of KLAMATH, and State of OREGON

Dated this 2ND day of NOVEMBER, 19 94.

Theresa Mahoney
THERESA MAHONEY

J. Myers
J. MYERS

THE PACESETTER CORPORATION

R. D. KOLASKY, ASST VICE PRESIDENT

State of Nebraska
County of Douglas

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 2ND DAY OF NOVEMBER, 19.94. BY R. D. KOLASKY THE ASST. VICE PRESIDENT OF THE PACESETTER CORPORATION, A NEBRASKA CORPORATION, ON BEHALF OF SAID CORPORATION.

GENERAL NOTARY-State of Nebraska
PAULA SHANAHAN
My Comm. Exp. May 29, 1996

Paula Shanahan
PAULA SHANAHAN, GENERAL NOTARY

STATE OF NEBRASKA
County of .....
Filed for record and entered in Numerical Index on .....
at ..... o'clock ..... M., and recorded in Deed Record ..... Page .....
By: .....
County or Deputy County Clerk
Register of Deeds or Deputy Register of Deeds

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Green Tree

on this 9th day of Nov A.D., 19 94
at 11:31 o'clock A M. and duly recorded
in Vol. M94 of Mortgages Page 34580.
Evelyn Biehn County Clerk
By Pauline Mullendore Deputy.

Fee, 10.00

ERESA MAHONEY THE PACESETTER CORPORATION
PO BOX 24470
OMAHA NE, 68124
402-331-9490 X470

CERTIFICATION OF VITAL RECORD

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

160987 — State File Number
I.D. TAG NO. 284 — Local File Number
136-

DECEDENT

1. DECEDENT'S NAME: First Margaret; Middle; Last NELSON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 5, 1994
4. SOCIAL SECURITY NUMBER: 536 20 8823
5a. AGE Last Birthday (Years): 79
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Haines, Oregon
7. DATE OF BIRTH (Month, Day, Year): November 11, 1914
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes XX No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home XX Other (Specify) Foster care
9b. FACILITY NAME (If not institution, give street and number): 1310 NE Hollingshead NE Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Bend
9d. COUNTY OF DEATH: 97701
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Jake
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Crescent
13d. STREET AND NUMBER: N. 4th
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97733
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: William Beatty
18. MOTHER - NAME first middle maiden: Cena Chapman
19. INFORMANT - NAME and relationship to deceased: Jake Nelson, husband

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): Cowlitz View Memorial Gardens
20c. LOCATION - City or Town, State: Kelso, Washington

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ann L Reynolds
21b. LICENSE NUMBER (Of Licensee): 0087
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc 105 N.W. Irving Bend, OR 97701
23. DATE FILED (Month, Day, Year): May 6, 1994
24. REGISTRAR'S SIGNATURE: Jacqueline Watkins, Dep
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: 11:15 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): R. V. Litchfield, M.D.
30. DATE SIGNED (Month, Day, Year): 5 May 94

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): Ralph V. Litchfield, MD 1501 NE Medical Center Drive Bend, Oregon 97701
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) CHF — Interval between onset and death: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) CAD, COPD — 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: hypothermia, atrial fibrillation, anemia
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 ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide
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

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-82

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

DATE ISSUED: May 10, 1994

FLORENCE ABEND-TORRIGINO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

DESCHUTES CO. DEPARTMENT OF HEALTH Oregon

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jake Nelson the 9th day of Nov A.D., 19 94 at 11:31 o'clock AM., and duly recorded in Vol. M94 of Deeds on Page 34581.

Evelyn Biehn County Clerk
By Pauline J Mullendore

FEE $10.00
Return: Jake Nelson, Box 9, Crescent, Or. 97633