

SATISFACTION OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS, That Muriel Vandenberg O'Connor, owner and holder of the Mortgage and the obligation hereinafter described, does hereby certify and declare that a certain Mortgage bearing date of June 7, 1984, made and executed by William P. Brandsness and Sharon D. Brandsness, husband and wife, and Tomas L. Pedersen and Parrell P. Pedersen, husband and wife, the Mortgagor therein, to Muriel Vandenberg O'Connor, formerly known as Muriel Vandenberg, the Mortgagee therein, and recorded in the office of the Clerk of the County of Klamath, State of Oregon, in Book M84 Record of Mortgages on page 9706, on June 11, 1984, together with the debt thereby secured, is fully paid, satisfied and discharged.

In construing this Satisfaction of Mortgage, where the context so requires, singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the undersigned has executed this instrument this 30th day of December, 1994.

Muriel Vandenberg O'Connor
Muriel Vandenberg O'Connor

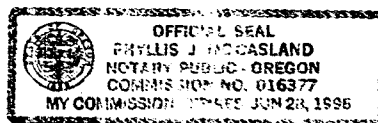
STATE OF OREGON)
County of Klamath) ss.

December 30, 1994.

Personally appeared the above-named Muriel Vandenberg O'Connor and acknowledged the foregoing instrument to be her voluntary act. Before me:

Phyllis J. McCasland
Notary Public for Oregon
My Commission expires: June 28, 1996

Return: Brandsness & Brandsness
411 Pine St
Klamath Falls, Or. 97601



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Brandsness & Brandsness the 6th day
of Jan A.D. 19 95 at 2:55 o'clock A M., and duly recorded in Vol. M95
of Mortgages on Page 359

FEE \$10.00

Bernetha G. Letsch
County Clerk

By Phyllis J. McCasland

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136.

099155
I.D. TAG NO.
559
Local File Number

State File Number

1. DECEASED'S NAME Robert John HARRAHILL		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 27, 1993
4. SOCIAL SECURITY NUMBER 540-20-5429	5. AGE (Years) 9	6. BIRTHPLACE (City and State or Foreign) Greely, Nebraska	7. DATE OF BIRTH (Month, Day, Year) December 7, 1923
8. WAS DECEASED EVER IN U.S. ARMED FORCES? ☒ No ☐ Yes		9. PLACE OF DEATH (Check only one) ☒ Hospital ☐ Other	
10. FACILITY NAME (If not institution, give street address) 1228 Pacific Terrace		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of workable life) Optometrist		13. COUNTY OF DEATH Klamath	
14. RESIDENCE - STATE Oregon	15. COUNTY Klamath	16. CITY, TOWN, OR LOCATION Klamath Falls	17. STREET AND NUMBER 1228 Pacific Terrace
18. INITIAL CITY LIMITS ☒ Yes ☐ No	19. ZIP CODE 97601	20. MARITAL STATUS (Married, New, Married, Widowed, Divorced) Married	21. SPOUSE (If Married, Widowed, Divorced) Betty L. Harrahill
22. FATHER'S NAME (First, middle, last) William Harrahill		23. MOTHER'S NAME (First, middle, maiden) Mary Whaler	
24. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		27. INFORMANT - Name and relationship to deceased Betty L. Harrahill Spouse	
28. DATE FILED (Month, Day, Year) NOV 29 1993		29. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT? ☐ Yes ☒ No ☐ N/A		31. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
32. WAS GIFT MADE? ☐ Yes ☒ No ☐ N/A		33. DATE SIGNED (Month, Day, Year) NOV 29 1993	

34. TIME OF DEATH 8:00 A.M.		35. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No	
36. To the best of my knowledge, death occurred at the time, date, place and cause stated. (Signature) <i>Carol Fellows</i>			
37. DATE SIGNED (Month, Day, Year) November 29, 1993		38. M.D. M.D.	
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Carol Fellows M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601		40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Type or Print) Saul Silverman M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601	
41. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE OF DEATH) (a) Adenocarcinoma of the prostate, metastatic			
(b) DUE TO OR AS A CONSEQUENCE OF:			
(c) OTHER SIGNIFICANT CONDITIONS - Condition(s) contributing to death but not resulting in the cause given in Part I Hypertension			
42. MANNER OF DEATH ☒ Natural ☐ Pending investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal intervention ☐ Homicide		43. DATE OF INJURY (Month, Day, Year) 11/27/93	
44. TIME OF INJURY 8:00 A.M.		45. PLACE OF INJURY (Home, farm, street, factory, etc.) Home	
46. DESCRIBE HOW INJURY OCCURRED Interval between onset and death 2 years		47. LOCATION (Street and Number or Rural Route Number, City or Town, State) Klamath Falls, Oregon 97601	

RESERVED FOR THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED: **FEB 11, 1994**

SIGNATURE: *[Signature]*

EDWARD J. JOHNSON
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Betty L. Harrahill
of lan A.D. 19 93 at 55 o'clock A.M., and duly recorded in Vol. M95 day
of Deeds on Page 360

FEE \$10.00
Ret: Betty Harrahill, 1228 Pacific Terrace
Bernetha C. Letsch
County Clerk
[Signature]