93283

01-06-95A09:55 RCVD

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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)
) ss.
County of Klamath)

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

OFFICIAL SEAL
PHYLLIS J. McCASLAND
NOTARY PUBLIC - OREGON
COMMISSION NO. 016377
MY COMMISSION EXPIRES JUN 28, 1996

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Brandness & Brandsness the 6th day of Jan A.D., 19 95 at 9:55 o'clock A M., and duly recorded in Vol. M95 of Mortgages on Page 359.

FEE $10.00

Bernetha G. Letsch County Clerk
By Pauline Mullendore

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

094155 I.D. TAG NO.

559 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: Robert; Middle: John; Last: HARRAHILL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 27, 1993
4. SOCIAL SECURITY NUMBER: 540-20-5429
5a. AGE-Last Birthday (Years): 69
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Mins.
6. BIRTHPLACE (City and State or Foreign Country): Greeley, Nebraska
7. DATE OF BIRTH (Month, Day, Year): December 7, 1923
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA
9a. PLACE OF DEATH (Check only one): OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1228 Pacific Terrace
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.): Optometrist
10b. KIND OF BUSINESS/INDUSTRY: Optometry
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Betty L. Harrahill
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1228 Pacific Terrace
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5 +; College (1-4 or 5+):

PARENTS

17. FATHER - NAME: First middle last: William Harrahill
MOTHER - NAME: First middle maiden: May Whaler

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Betty L. Harrahill Spouse
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

27a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James Q Riggs
21b. LICENSE NUMBER (Of Licensee): CO-3172
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): NOV 29 1993
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
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: 8:00 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): Carol Fellows M.D.
30. DATE SIGNED (Month, Day, Year): November 29, 1993
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER MEDICAL EXAMINER (Type or Print): Carol Fellows M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Saul Silverman M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601

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

CAUSES 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) (a), (b), (c), AND (d) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) Adenocarcinoma of the prostate, metastatic — Interval between onset and death: 2 years
DUE TO OR AS A CONSEQUENCE OF: (b)
DUE TO OR AS A CONSEQUENCE OF: (c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Hypertension
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. Was 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 THIS IS A TRUE 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
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Betty Harrahill of Jan A.D., 19 95 at 9:55 o'clock A M., and duly recorded in Vol. M95 of Deeds on Page 360 the 6th day

FEE $10.00

Bernetha C. Letsch County Clerk

By Pauline Mullendore

Ret: Betty Harrahill, 1228 Pacific Terrace