

93431

01-10-95 10:54 RCVD

0900108672
Vol. 95 Page 687

DEED OF CONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, that the undersigned trustee or successor trustee under that certain trust deed dated June 28th, 1971, executed and delivered by Frank E. Parsons, a single man, as grantor and recorded on July 6th, 1971, in the Mortgage Records of Klamath County, Oregon, in book M71, at page 7025, 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 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: January 6, 1995.

STATE OF OREGON)

County of Klamath) SS

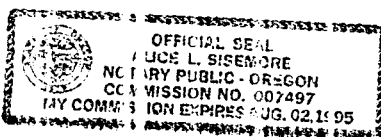
William L. Sisemore
William L. Sisemore, Trustee

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

William L. Sisemore
Notary Public for Oregon
My Commission Expires: AUG 2 1995

After recording return to:

Frank Parsons
2001 1st St
Klamath Falls, OR 97601-3561



Until a change is requested,
send tax statements to:

STATE OF OREGON)

County of Klamath) SS

I certify that the within instrument was received for record on the 10th day of Jan, 1995, at 10:54 o'clock A.M., and recorded in book M95, on page 687 or as file/reel number 93431. Record of Mortgages of said County.

Witness: my hand and seal of County affixed.

Bernetha G. Jantsch, County Clerk
Recording Officer

BY William L. Sisemore
Deputy

Fee \$10.00

Local File Number

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

DECLARATION OF DEATH 136 State File Number

DECEDENT'S NAME First Middle Last
Genevieve Lucille JENDRZEJEWSKI

4. SOCIAL SECURITY NUMBER 548-05-2099
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. FACILITY NAME (If not institution, on street and number)
Merle West Medical Center

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during last 12 months, do not use retired)
Secretary

13a. RESIDENCE - STATE **13b. CITY** **13c. ZIP CODE**
Oregon Klamath Falls 97601

17. FATHER - NAME First Middle Last
Harry John Lyman

20a. METHOD OF DISPOSITION
☐ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other (Specify)

21a. SIGNATURE OF FUNERAL SERVICE PERSON ACTING AS SUCH
Michael J. H.

22. DATE FILED (Month, Day, Year)
DEC 30 1994

23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?
☒ YES ☐ NO ☐ N/A

27. TIME OF DEATH **28. WAS MEDICAL EXAMINER NOTIFIED?**
11:30 P.M. ☐ Yes ☒ No

29. To the best of my knowledge, death is due to the cause(s) and manner stated (Signature)
William B. Baker

30. DATE SIGNED (Month, Day, Year)
12/30/94

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN
William B. Baker M.D. 2600 Campus Drive Klamath Falls, Oregon 97601

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)
William B. Baker

33. DATE SIGNED (Month, Day, Year)
12/30/94

34. IMMEDIATE CAUSE (ENTER ONLY ONE)
(a) Heart failure
(b) Myocardial infarction

35. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to death but not resulting in the underlying cause: **in PART I**

36. WINNER OF DEATH
☒ Natural ☐ Pending Investigation ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

37. Did tobacco contribute to the death? ☒ No ☐ Probably ☐ Unknown

38. AUTOPSY ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A

40. LOCATION (Street and Number or Rural Route Number, City or Town, State)
602 Loma Linda Drive Klamath Falls, Oregon 97601

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY
REGISTERED AT THE OFFICE OF THE CLERK OF THE Klamath County Registrar.

DATE ISSUED:

DEC 31 1994

JANET BAILEY,
COUNTY REGISTRAR
CLATSOP COUNTY, OREGON

CLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH:

SS.

Filed for record at request of Mr. Jen Jzejewski
of Jan A.D. 19 95 at :37 o'clock P M. the 10th day
of Deeds on Page 688 and duly recorded in Vol. M95

Bernetha G. Letsch

County Clerk

FEE \$10.00

Ret: Mr. Jendrzewski, 602 Loma Linda Dr