## 93431

## DEED OF IT CONVEYANCE

| KNOW ALL MEN BY THESE PRESENS, that the undersigned trustee or successor trustee under that certain trust deed dated Jule 28th   |
|--|
|  |
| and recorded on July 6th, 19 71 . in the Mortgage Records of Klamath property situated in M71, at page 7025  |
|  |
| property situated in said county described in above mentioned trust deed, having received from obligation segured by   |
| the beneficiary under said trust deed a written request to reconvey, reciting that the bargain setured by said trust deed has been fully paid and performed hand the   |
|  |
| FACOUNT OF DELIGIOUS INVESTIGATION AND THE TABLE OF THE T |
| person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described premises by virtue of said truss 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 plant.  |
| The pills  |
| THIS INSTRUMENTS LITTE WORK AND ADDRESS OF THE PROPERTY OF THE |
| VIOLATION OF APPLICABLE LAND USE I AMS AND REQUIREMENT IN THE PERSON ACCURATION. HEFORE SIGNING OF ACCURATIONS   |
|  |
| CITY OF COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSULTS AGAINST FARMING OR FOREST FRACTICES AS DEFINED IN ORS 30, 930   |
|  |
| IN WITNESS WHEREOF, the undersigned trustse has executed this instrument.  |
| Dated: January 6 19 95   |
| $\frac{1}{2}$  |
| nelica 2 second  |
| STATE OF OREGON ) /illiam L. : isemore, Trustee  |
| Country of VI  |
| County of Klamath )  |
| Personally appeared the above tomas title  |
| Personally appeared the above named William L. Sisemore and acknowledged the foregoing instrument to be his voluntary act and deed. Effore, me:  |
|  |
| Stary Public for a   |
| rubit; for Oregon  |
| My Commission Expires. ANG 2 1995  |
|  |
| After recording return to:   |
| STAMES HOUSE   |
| CVIVAL I I A A T. 18 I A T |
| CC WISSION NO. 007497  IN COMM'S ION EXPIRES OUG. 02.15 95  Up 51 1 a Change to see 1  |
| The state of the s |
| send tax statements to:  |
|  |
|  |
|  |
|  |
| STATE OF OREGON )  |
| County of Klamath )  |
| I certify that the within irst mans  |
| I certify that the within instrument was received for record on the 10th day of  |
| Jan 1995, at 15:54 o'clock A M., and recorded in book said Country.  Jan 1995, at 15:54 o'clock A M., and recorded in book said Country.  Record of Mortgages of   |
| Witness my hand and seal of County affixed.  |
|  |
| Be netha G. latsch. County (lerk   |
| Recording Officer  |

BY Quille Milliand Me De: ity

Fee \$10.00

|   | 1.0. TAG NO. —  | - LOUIDEL  | RTMENT OF HUMAN<br>HEALTH DIVISION   | RESOURCES   |  |
|---|---|--|--|---|--|
|   | Local File Number   | CENTE F  | FOR HEALTH STATE<br>TIFICATE OF DEATH  | STICS T136  |  |
|   | Cononi  | Middle   | last   | Sta   | ile File Number  |
|   | 4.SOCIAL SECURITY NUMBER : LAGI   | Lucille) ss Birth tay 5b Unde 1  | JENDRZEJE  | WC LC   | December 35  |
| OICTOI T                                      | AWAS DECEDENT EVER IN   | MOS.   | S Hours Mins. C.   | untry)  | 7 DATE OF BIRTH (Month, Day, Year)   |
|   | 90. FACILITY NAME (II not institut on a   | Jinpatien CERVOUR II   | 92 PLACE OF DE A 11 DOOA OTHER DINUISION  95 CITY TOWN   | TH (Check only one)   | March 9, 1920  |
|   | 10a DECEDENTED AND  | -cinter  |  |   | 9d COUNTY OF DEATH   |
| 3   | (Give kind of work done during rost o   | sirking tree 106 Kittin (  | USINIESS INDUSTRY Klamat   | 11 MANDER A.  | Klamath  12 SPINUSE (II Memed, Widowed)  |
| 4   | Secretary   | Util   | ty   |   | maiter John  |
|   | Oregon  | 13c. CITY, 7   | YN OR LOCATION   | Married 13d STREET AND NUMBER                                       | Jendrzejewski  |
| 5   | 13e. INSIDE CITY 13f. ZIP CODE  | 4. WAS DECEDENT OF H<br>Specify No or Yes - If yr a<br>lexican, Puerto Rican, e g<br>secrity | PANIC ORIGIN? IS RAC   | American Indian, (hite, etc. (Specify) (Spe                         | a Drive  |
|   | X ves ONO 97601   |  | l  | hite etc. (Specify) (Spe  | ID DECEDENT'S EDUCATION City only highest grace completed) VISecondary (0-12) College (1-4 or 5 + )  |
|   | Harry John Lyman  | Delni  | ME IIrsi middle maiden   | 19 INFORMANT I  | IAME and relationship to de-   |
| Garage Transfer and Francisco                 | SEPONEI LICIEMBILES [75]  | other plac i   | SPOSITION (Name or cometery, cr.   | Maiter J.   |  |
| 8.  | Donation Other (Specify)  La Signature OF Funeral SERVI E LIVE PERSON ACTING AS SUCH        | Mt. C  | Ivary Cemetery   | 1   |  |
| 9   | / Phinte V 1011   | · ·  | (Of Licensee) 22 NAVE  |   | Falls, Oregon  |
| AGISTRAR                                      | OATE FILED (Month, Day, Year)   | :=   |  | ir's Funeral Cha<br>Pine ST. Klamati                                | pel  |
| 7:51  | DEC 3 0 1996  OID HOSPITAL REPRESENTATIVE VAXE TO   | NEST FOR AVIAGO  | Z4. REGIS  | TRANS SIGNATURE   | - 5113, OK 97601   |
|   | MENTANCE STATE  | - TOTANATOMIC (  | 1  | IFT MADE?   | <del>/</del>   |
| ME "   1)                                     | TO BE COMPLETED BY CL   | JEYING PLANTING  | 是2015年2017 X #   | ONO ONA   |  |
| ile is  | 11:30 P   | CAMINE R NOTIFIED?   | 31a TIME OF  | TO BE COMPLETED ONLY BY M   | EDICAL EXAMINER  |
| Cartina F                                     | To the best of my knowledge, death to course it to characters and manner states (Signature) | it the time, date, place in  |  | JA DATE PRONOUNCE   | D DEAD (Month, Dz) Year Hours  |
| 78E 185                                       | 1111111111  | 5.0.   | 32. On the bas at the time (Signature)   | of examination and/or investigated ate, place and due to the caused | ion, in my opinion death occurred  |
| NE I₫   | ALESIGNED (Month, Day, Year)  | mun,   | B DATE SIGN  | D (Month, Day, Year)  |  |
| 1 12  | AME, TITLE, ADDRESS AND ZIP OF ERTIFICATION B. Baker M.                                     | RIMEDICAL EXAMINER T   | ≫ ot Prian   | - month, Day, Year)   | COUNTY   |
| COMPLIANTS TAY                                | William B. Baker M. I   | IN CETTIFIER (Ven  |  | ath Falls, ORego  |  |
| RISE TO DI IVO                                | MEDIATE CAUSE JENTER ONLY OUT CAUS  | 1 868  | 70   | Okego   | n 97601  |
| CAUSE STATING THE 1 4 1 WORKEN AND CAUSE LAST | MEDIATE CAUSE JENTER ONLY OF CAUST  | PER LIVE FOR (a), (b), / h   | (c).) Do not enter mude of dying.  | g. Cardiac or Respiratory Arrest                                    | Interval between onset   |
| <u> </u>                                      | M Mirara 1 - 1  | - forefra  |  |   | and Geeth  |
| (c)   | C)  |  | <del></del>  |   | Interval between onset<br>and death  |
| 13  | THER SIGNIFICANT CONDITIONS - conditions contributing to death but not established          | in the reviewhere  | 1 in PART L 3 Did tobacco  |   | interval between onset<br>and death  |
|   |   |  |  | Probably 38 AUTOPSY   | 39. If YES were findings considered in determining cause of death?   |
| 17  | Matural Pending I A nin, C  | Year) INJURY   |  | OW INJURY OCCURRED  |  |
| [] []s  | Suicide Manner  | A-   |  | OCCURRED  |  |
| / <b>W</b>                                    |   | INJURY - At home farm it   | 41, factory, office 411 LOCATION (   | freet and Number or Rural Route                                     |  |
| HESS RV ED                                    | D FOR REGISTRAR'S USE   |  | - 4 -  | - Teolie  | riumber, City or Town, State)  |
|   |   |  |  | -   |  |
| man THIS                                      | IS A TRUE AND EXACT REPRIS  | RIGINAL-VITAL  | ATISTICS CORE  |   |  |
|   | STERED AT THE OFFICE ( F TH   | KLAMATH COUNT  | CUMENT OFFICIALLY  |   | 452 Geogli Mannilli  |
|   |   |  |  | 7. 10   | J DEPARTY.   |
| DATE:   | ISSUED: DEC 3   | 1994   |  | furet Baile   |  |
| <b>大幅</b> 机[图6.9-                             |   |  |  | COUNTY REGISTRAR  | OREGON [S]   |
| A COLUMN TO BE STREET, STREET, WHITE HE       | AND A LONG TO MANAGEMENT A LONG A   | MINERA S SUMMERS IN  | Take the second of the second  | COUNTY, OREGON  |  |
| STATE OF OREGON: COL                          | HAPPA AND A   |  | THE PARTY OF THE P | AND THE WAS TRANSFER  | THE PARTY OF THE P |
| = = ovenous (.())                             |   | SS.  |  |   |  |
|   | •   |  |  |   |  |
| Filled for an                                 | of  | λ(m τ_ ·   |  |   |  |
| Filed for record at request of                | A D 10 05   | <u>Mr. Jen 1</u>   | Zejewski   | the10   | )th  |
| Filed for record at request of                | of  | Mr. Jeni<br>:37 o'clax<br>Deeds  | zejewski k P.M. and du on Page 688 G. Letsch   | the 10  | Och day M95  |