93438

DEID OF RECONVEYANCE

KNOW ALL MEN BY THESE PRESENT: That the universigned trustee or successor trustee under that certain trust deed dated
In construing this instrument and whenever the context hereof so requires, the masculine gender includes the feminine and neuter and the sangular includes the plural.
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAW: AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FIE ITTLE 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 PRATICES AS DEFINED IN ORS 100.930.
IN WITNESS WHEREOF, the undersigned trustes has executed this instrument.
Dated: January 6 1995 Willia Z. Sison
William L. Sisemore, Trustee
STATE OF OREGON)) SS
County of Klamath) Personally appeared the above named William L. Sisemore and acknowledged the foregoing
instrument to be his voluntary act and deed. Before me: Commission Expires: AG 2 1995
After resording return to: OFFICIAL SEAL NOTA RY PUBLIC - OREGON OFFICIAL SEAL OFFICIAL SEAL NOTA RY PUBLIC - OREGON OFFICIAL SEAL OFFICIAL SEAL NOTA RY PUBLIC - OREGON OFFICIAL SEAL OFFICIAL
Until a change is requested, send tax statements to:
STATE OF OREGON) SS County of Klamath I certify that the within instrument was received for record on the 10th day of
Witness my hand and seal of County affixed.
Bernetha (Letsch, County Clerk Recording officer
Deputy

	OREGUN	EPARTMENT	HUMAN RESOURCES AND	
	578 7 CEN	3 - H-ALTH IR	HISTATISTICS 136	97
	Nelva Le		Class 2 SEX	3. DATE OF DEATH (Month, Day, Year)
	4. SOCIAL LECURITY NUMBER SE AGE-Last Skrind. 4 St.	inder 1 Year Sc. Ur d	DET DENIMPLACE (CITY DO: State or Foreign	December 31, 1994 7. DATE OF BIRTH (Morth, Day, Year)
M T 1 1 1 1 1 1 1 1 1 1	AWAS DEC DENT EVER IN	Days Hours	Heléna, Oklahoma	April 7, 1933
	O.S. ARM! D FORCES? O'S 131:0 Phospital Cirpation Direction of the street and number of the street and stre	Outpath of DOOA 3	PLACE OF DEATH (Check prily c te) HER DANussing Home Decade it's Home Dol	
1	- Plum Ridge Care Center		CITY, TOWN, OR LOCATION CF DEATH Klamath Falls	9d. COUNTY OF DEATH
2	10a DECCO TURO MONTO	ND OF BUSINESSANOU I		Klamath
3	- Housewife F.	(nemaking	Divorced (Sirecity) Married	12 SPOUSE III Married, Wildowed)
4		CITY, TOWN OR LOCAT C	13d STEET A ID NUMBER	Clinton J.
5		Lamath Falls If OF HISPANIC ORIGINA If yes, specify Cuban, can, etc.) Bino Dyes	5215 South Etn	
6	1 2.002	can, etc.) Elino Dyes	White	16 DECEDENT'S EDUCATION Cify only highest grade completed; Ty/Secondary (0.12) College (1.4 or 5 + 1.1) 1.2
PARTAS	S Clarence . C		die maiden 11 INFORMANT	12 NAME and relationship to deceased
表示表示 表	20a METHOD OF DISPOSITION MAUSCIENTE 20h 11	uline -	Scott	J. Meyer, husband
orspasin or 7	Clariforn Li Hemoval from State			
8	218. SIGNATURE OF FUNERAL SERVICE LICENSEE CO		morial Gardens Clamath	Falls, OR 97603
9	Bellam + 1 h as	101 License -	of the Good Shepher	1 6670 C= (+1 0.
Ridispés	23. DATE FILED Wonth, Jay, Year)	3 00-310	Klamath Falls, Orego	on 96703-7194
,	JAN 0 4 1995	TOMICAL CUST COMES	- Dancy Benned	v
	DYES []NO MINA	The same of the sa	28. WAS GIFT MADE?	V
10	TO BE COMPLETED BY CERTIFYING PHY	1. 1.		
11	27 TIME OF DEATH 23. WAS MEDICAL EXAMIN IR NOT	TED?	TO BE COMPLETED ONLY BY 314. TIME OF DEATH 316. DATE PRONOUN	MEDICAL EXAMINER
	29 To the best of my knowledge, death occurred at the lime, calculation to the causes and manner stated.		M I	
cenjuĝis	(Signature)	, place and	32. On the basis of examination and/or investigat the time, date, place and due to the cau (Signature)	gation, in my opinion death occurred sets) and manner stated
12	30 DATE SIGNED HISORIN, Day, Year			
13	January 3, 1995	<u></u>	33. DATE SIGNED (Month, Day Year)	COUNTY
14	34 NAME, TITL: ADDRESS AND ZIP OF CERTIFIERIME! ICAL E Robert: F. Bohnen, MD, 261(UI:		amoth Palls On and	
CONDITIONS	05 NAME OF A TENDING PHYSICIAN IF OTHER THAN (ERTIFIE	(Type or Print)	Tails, Oregon 9/60	
WHICH GAVE RISE TO IMMEDIATE	38 IMMERIATE JAUSE JENTER ONLY ONE CAUSE PER LINE PO	(at ID) AND (ct) Do no	ter made of diving a c. Courter - Co.	
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:	heart with	nets rance	Interval between onset and death
	(0)			Interval between onset and death
CAUSE OF	DUE TO, UR AS A CONSEQUENCE OF:			Interval between onset
	B OTHER SKIN FICANT CONDITIONS Conditions so stributing to castle but not resulting in 1'v under	-	37. Old lobacco se contribute 38. AUTC	and death
15	None	ng cause given in PART	to the death?	PSY 39. If YES were findings considered in determining cause of death?
16	40. WANNER OF DEATH 412 DATE OF INJUR 412 (Month, Day, Ye. 1)		Ald DESCRIBE ON THE STATE OF TH	No □Yes □ No S N.A
// _	Accident Undertermined	M Dies Ch		
<u> </u>	Suicide Manner Homicide Legal Ata. PLACE OF IN LRY. of building etc. (5) actity		ce 41f. LOCATION (Street and Nimber or Rural F	Joule Number City of Town
_>	RESERVED FOR FEGISTRAR'S USE		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
			Return: C	lindon Meyer
I_			~ -	215 So. Etha
Marianan Ball	THIS IS A TRUE AND EVACED TO THE	VITAL STATIST (S COPY	ernall stends oreion
\$ (E	REGISTERED AT THE OFFICE (F TH	KLAMATH COUNT	CUMENT OFFICIALLY	97603 secondarion
		4		Bail BARTA
	DATE ISSUED: JAIL 0	1005	AWKU	Daly S OREGON
医温度 打片	1	-1313	COUNTY	REGISTRAR LOS
				UNTY, OREGON
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STATE OF	DREGON: COUNTY OF KLAMATH:	SS.		***************************************
STATE OF	DREGON: COUNTY OF KLAMATH:	SS.	보네 시력경기열인당 네작트 -	and the second
STATE OF	OREGON: COUNTY OF KLAMATH: ord at request ofMount.ifr anA.D., 19 95 11	ss Title Co 2:15 old	ck P.M., and duly recor	and the second
STATE OF	OREGON: COUNTY OF KLAMATH: ord at request of	ss Title Co 2:15 old	ick P.M., and duly recor	the <u>10th</u> day ded in Vol. <u>M95</u>