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01-17-95P03:31 RCVD

MTC 1396-7337 Vol M95 Page 1095

CENTRAL OREGON TITLE COMPANY

OF CROOK COUNTY

FULL RECONVEYANCE

The undersigned trustee under that certain Deed of Trust, dated JULY***** 15, 1993 in which PAUL E. HENDERSON AND KAREN HENDERSON********** is grantor, and VINYL SIDING SALES, INC. CURTIS TRELOGGEN, PRES.********** is beneficiary, recorded on JULY***** 19, 1993 in Vol M93**, Page 17410, or as (file,fee, reel etc.) number *******, Mortgage/Film Records of KLAMATH** County, State of Oregon having received from the beneficiary under said Deed of Trust a written request to reconvey, reciting that the obligations secured by the Deed of Trust has been fully satisfied, does hereby convey, without warranty, to the person(s) entitled thereto all of the right, title and interest now held by said trustee in and to the property covered by said Deed of Trust, and described as follows.

See Original Recorded Deed of Trust

Dated JANUARY** 11, 1995

CENTRAL OREGON TITLE COMPANY
of CROOK COUNTY

BY Kerri Jo Talburt

State of Oregon, County of Crook

The foregoing instrument was acknowledged before me this 11 day of JANUARY**, 1995 by KERRI JO TALBURT, ASSISTANT SECRETARY, of Central Oregon Title Company of Crook County on behalf of the corporation.

OFFICAL SEAL
DIANE E. PRICE
NOTARY PUBLIC-OREGON
COMMISSION NO. 029255
MY COMMISSION EXPIRES OCT. 3 1997

Diane E. Price
Notary Public for Oregon

****

FULL RECONVEYANCE

RE: File No. *

After Recording Return To:
AMERICAN GENERAL FINANCE
PO BOX 5155
BEND OR 97708

Central OR Title
P.O. Box 487
Prineville, OR 97754

THIS SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title Co

on this 17th day of Jan A.D., 19 95
at 3:31 o'clock P M. and duly recorded
in Vol. M95 of Mortgages Page 1095
Bernetha G. Letsch County Clerk
By Pauline Millenderse Deputy.

Fee, $10.00

CERTIFICATION OF VITAL RECORD

Recording Requested by and MTC 1396-7328
When Recorded Return to: **STATE OF ARIZONA**
Dennis C. Stroffe, Trustee 01-17-95P03:31 RCVD
18411 Palo Verde Dr.
Sun City, Az. 85373

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
ORIGINAL STATE COPY
CERTIFICATE OF DEATH
DEATH NO. D 102-

1. NAME OF DECEASED: A. FIRST: JOSEPHINE; B. MIDDLE; C. LAST: STROFFE
2. SEX: Female
3. DATE OF DEATH: MONTH DAY YEAR: October 24, 1994
4. RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY: A. White
5. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO) B. No
6. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.
7. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) No
8. PLACE OF DEATH: A. COUNTY: Maricopa; B. TOWN OR CITY: Glendale; C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): Thunderbird Samaritan Hospital; D ☐ DOA ☐ OP EMER ☐ IN PATIENT
9. DATE OF BIRTH: MONTH DAY YEAR: December 11.1925
10. AGE (YEARS LAST BIRTHDAY) GA. 68; IF UNDER 1 YEAR MOS. DAYS B.; IF UNDER 1 DAY HRS. MIN. C.
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Dennis Charles Stroffe
13. STATE AND CITY OF BIRTH (If not in USA, name country): Stronghurst, Illinois
14. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.
15. SOCIAL SECURITY NO.: 346-16-1971
16. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Office Admin.
17. KIND OF BUSINESS OR INDUSTRY: Construction
18. USUAL RESIDENCE: A. STATE: Arizona; B. COUNTY: Maricopa; C. TOWN OR CITY: Sun City; D. ZIP CODE: 85373
19. HOW LONG IN ARIZONA? 3 years
20. EDUCATION HIGHEST GRADE COMPLETED: ELEMENTARY SECONDARY (0-12): A. 12; COLLEGE (1-4 or 5+): B.
21. STREET ADDRESS OR R.F.D.: 18411 Palo Verde Dr.; INSIDE CITY LIMITS? (SPECIFY Yes or No): Yes; ON RESERVATION (SPECIFY Yes or No): No
22. PREVIOUS STATE OF RESIDENCE: California
23. MOTHER'S MAIDEN NAME: A. FIRST: Kitty; B. MIDDLE: I.; C. LAST: Foster
24. FATHER'S NAME: A. FIRST: Walter; B. MIDDLE: J.; C. LAST: Curtis
25. INFORMANT'S SIGNATURE: Chas Stroffe; RELATIONSHIP TO DECEASED: Husband
26. ADDRESS: STREET NO.: 18411 Palo Verde Drive, CITY AND STATE: Sun City, AZ ZIP CODE: 85373
27. ▶ Dennis C. Stroffe
27A. EMBALMER'S SIGNATURE: Chas Stroffe; CERT. NO. B 993
28. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Entombment
29. DATE: 10/26/1994
30. CEMETERY OR CREMATORY - NAME/LOCATION: Sunland Memorial Park; STREET ADDRESS: Sun City, Arizona; CITY AND STATE
31. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (SIGNATURE): Chas Stroffe; CERT. NO. 866
32. FUNERAL HOME NAME: Sunland Mortuary
33. 15826 Del Webb Boulevard, Sun City, Arizona

To be completed by CERTIFYING PHYSICIAN ONLY:
34. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: G. Mehta MD
35. SIGNATURE AND TITLE ▶
36. DATE SIGNED (Mo., Day, Year): 10/25/94
37. HOUR OF DEATH: 7:20 PM
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY:
39. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED
40. SIGNATURE AND TITLE ▶
41. DATE SIGNED (Mo., Day, Year)
42. HOUR OF DEATH
43. PRONOUNCED DEAD (Mo., Day, Year)
44. PRONOUNCED DEAD AT
45. ON
46. AUTHORIZED FOR CREMATION (SPECIFY) ☐ Yes ☒ No
47. MEDICAL EXAMINER'S SIGNATURE

48. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print): G. Mehta, MD 5310 Thunderbird, Glendale, AZ
49. REG. DISTRICT: E-10 3
50. DATE REC'D BY STATE OFFICE
51. DATE REGISTERED: OCT 28 1994
52. REG. FILE NO.: 17148
53. REGISTRAR'S SIGNATURE: Lydia Varela Garcia

54. CAUSE OF DEATH (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH) LAST. PART I
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH): EMPHYSEMA — 3 MONTHS
B. DUE TO OR AS A CONSEQUENCE OF: RESPIRATORY FAILURE — 10 DAYS
C. DUE TO OR AS A CONSEQUENCE OF:
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

55. AUTOPSY (Specify Yes or No): No
56. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: LUNG CANCER

57. MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED
58. DATE OF INJURY: MO DAY YR HOUR
59. INJURY AT WORK? (Specify Yes or No)
60. DESCRIBE HOW INJURY OCCURRED
61. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY
62. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE
63. SUPPLEMENTARY ENTRIES

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA } ss
COUNTY OF MARICOPA }
DATE ISSUED November 2, 1994

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Steven J. LaFontaine, MD, MPH
County Registrar
Director, Maricopa County Dept. of Public Health Services

2257429

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 17th day of Jan A.D., 19 95 at 3:31 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 1096

Berneths G. Letsch County Clerk
By Pauline Mullendore

FEE $10.00