																тщ		
٨			_		_	_	_	_	Į	_	_	_	-	 	-		311	:8
			*2 2		100					_	_	_	_	 		_	_	_
•		_	8											_	_	_	_	
	٠.	м		•														
-				<i>i</i>														
	•																	

cording return to (Name, Address, Zip): Evelyn Jones

_____2212. Laurel

Klamath Falls, OR 97601 Until requested otherwise send all tax statements to (Name, Address, Zip):

K-47574 DEED OF RECONVEYANCE

Volm95	Z Page	3237

			The state of the s
02-14-95A10:53 RCVD	DEED OF RECONVEYANCE	Val 0 **	200-1
KNOW ALL MEN BY THESE	nn na	Volmas page	3237 ©
certain trust deed dated June 23,	PRESENTS, That the undersion		
KNOW ALL MEN BY THESE Certain trust deed dated June 23, Evelyn Jones in the Mortgage Records of Klamath page 20221, and/or as tee/file/inst	, 19.94 executed and	delivered to	ze under that
in the Mortgage Records of Klamath	as grantor and rec	Corded on June 20	·
page20221 and/or as fac/fit-/	County, Oregon i	n XXXXXXXX	
in the Mortgage Records of	rument/microfilm/reception No.	Meety volume No. M9	4
mai county o	described as follows:	(indicate wh	ich), convey-
Tan O ne			

Lot 8 Block 4, Riverview Addition, according to the official plat thereof on file in the offfice of the County Clerk of Klamath

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

having received from the beneficiary under the trust deed a written request to reconvey, reciting that the obligation secured by the 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 the described premises by virtue of the trust deed.

In construing this instrument and whenever its context so requires, the singular includes the plural.

ized to do so by its Board of Directors.	ensigned trustee has executed this instrument; if the undersigned is a ed and its seal, if any, affixed by an officer or other person duly author-
DATED February 14, 19 95	KLAMATH COUNTY TITLE COMPANY
7 7 3 7 2 2 3	By: \ President
STATEOFORE	Trustee
DY	County of
This instrument by	was acknowledged before me on February 14, 19 95, sident
OFFICIAL SEAL TRUDIE DURANT NOTARY PUBLIC - OREGON	ath County Title Company Arquae Surat
COMMISSION NO. 027875 MY COMMISSION EXPIRES SEP. 30, 1997	My commission expires Notary Public for Oregon
	STATE OF OREGON,
Trustee's Name and Address TO:	STATE OF OREGON. County of Klamath ss.
18/ Pscarling rain.	Filed for record at request of:

Fee. \$10.00

on this 14th day of Feb A.D. 19 95 at 10:53 o'clock A.M. and duly recorded of Morreages Page 3237

Deputy.

Bernetha G. Letsch County Clerk

By Dayler Mulle morne

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

STATE OF OREGON OREGON STATE HEALTH DIVISION

DECEASED NAME	3.45.		Vital Record	W RESOUR Unit			UU56	0 0
CM (Section 1987) in the contract of the contr	Fite Number	CE waa	RTIFICATE O	F DEATH	<u> </u>	State	Frie Number	
RAGE White Black Angel		X Albania Van	WE]	SER		2 Marc	h 7, 1	220
OOK CITY, TOWN OR LOCATE	Indian .	emale	" 77	Carden Jean	Charles I Gay	NAVIE CA. BOM	Mill smorth clay	Aure-)
N Klamath	Falle	NosertaL on other the	CO. Cont.	Agarthura (1941) Anns	S HOSP OF MG	CHARLE LEVELY	COUNTY OF	907
EVIEW PARTY OF ASSITTE IN FOR A	경우리 가는 이번 시작하다	EN OF WHAT COUNTRY	WIDOWED DEVEN MA	MANEED, SPOR	se Inpat	:ient	AN BECEB	math
TO N. SOCIAL SECURITY NUMBER	MERCHANICAL TOTAL	USUAL OCCUPATION (U	In WSLLIGG		Irwin			1 Sec. 9
530-14-2 MC MESIDENCE-STATE	COUNTY	Housewi	fe 9	14961	an At	Home		
Oregon FATHER NAME NO.		amathKl	amath Fall	S IS 23	26 Whit	D. 20 97	601	Standar C
\ Jim Tom		, Edna	Brown		MIPOPRIALAT - N	-		1,5 Ye
BUTTIAL CREMATION, REMOVAL MAUS (SLEET) 19a BUTIAL /RE	mova II	CONTRACTORY - NAME	£		10 ITWI	n Weisi	er - Si	Douse
FUNERAL BESVICE LICEN	DE CA PARENT ACTO	DAS SUP NAME AND	ACCORDED OF FACILITY			Schi	ITZ, NE	eb <u>evs</u>
\ 200 \ \ \ /m \ \	Cancaster	TOO WAR	D'S - 1945	Main Si	<u>t. – к</u> 1	amath F	alls.	Ore
NAME AND ADDRESS	SS OF CERTIFIER	mille	- MO	DATE SIGNED IN	85	1	OUP OF DEATH	
Gleni	n Miller	ND	OS Main Ch	17			9:55	μ
NAME OF ATTEND	ING PHYSICIAN IF O	THER THAN CERTIFIER 7,	DED PINT	KIE	math F	alls, c	re. 9	7601
DATE RECEIVED BY REGIS	STRAFILM OF P	I REGISTRAR						
22a MAK	1 2 1985	270 S-pros	- Docher	uce po	P	/.		
THE PART	LACA	LELECT ONE CAUS	F. PER LINE FOR THE INL	AND Icl.1		10-21-	Preside Depart	to come and
OUE TO, OR AS A CON	SEQUENCE OF	×/	year				Ma	160
DUE TO, OR AS A CONS	SEQUENCE OF	rave co	rdior	ricci	clan-	dice		appyrige and. commender
(c)							-	month and o
PART OTHER SIGNIFICANT	There is a market of the contract	可能,BANKE 1995年(1995年)。 1997年		An in PART ((A)	AUTOPSV (So	164	S MELACAL EX	AMMEN MO
ACCIDENT (Specify Yes or Ac		[No Day, IT] HOUR O	F ISLAUTY DESCA	YRIAM WCH 380	OCCUMAED	23		No
INJURY AT WORK	PLACE OF INJURY office building, etc.	Al home, farm, street, facto	M 26d		TORAFD NO		:	
(Soech Yes or No)	261		160			CITY OF	1089	STATE
(Soech) Yes or No)	TRIES.		All All Andrews Committee and					
(Sizecity Yes or No)	ts lee							
Soeculy has ar Not								
[Soeculy Yes or No]		GRIGINAL-	-VITAL STATISTI	CS COPY				
(Soech) Yes or No)	TS (SE	GRIGINAL-	VITAL STATISTI	CS COPY				45.7 19 8 4
Soecity Yes or Not		GRIGINAL-	-VITAL STATISTI	CS COPY				45.7 % \$ 4
(Specify ins or Ab) 256 RESERVED FOR REGISTRAR								43.7 M& 4
RESERVED FOH REGISTRAN	(THAT THIS IS				TFICATE ON F	ILE IN		45.7 ME 4
RESERVED FOH REGISTRAN	/ THAT THIS IS A L RECORDS UNIT	TRUE, FULL AND CORF OF THE CREGON STA			TFICATE ON F	ILE IN	6	*>7***
RESERVED FOH REGISTRAN	/ THAT THIS IS A L RECORDS UNIT				TFICATE ON F	lle in		457 PREV
RESERVED FOH REGISTRAN	/ THAT THIS IS A L RECORDS UNIT	TRUE, FULL AND CORF OF THE CREGON STA		OFIGINAL CERT	Al.	nd		45.7 Nev
RESERVED FOH REGISTRAN	/ THAT THIS IS A L RECORDS UNIT	TRUE, FULL AND CORF OF THE CREGON STA EB 0.3.1995		OFIGINAL CERT	age.	nd		457 REV
RESERVED FOH REGISTRAN I CERTIFY THE VITAL DATE ISSU	(THAT THIS IS A L RECORDS UNIT	TRUE, FULL AND CORF OF THE CREGON STA EB 0.3.1995		OFIGINAL CERT	ADAL JOHNSON TATE RESISTINA	nd		45.7 MeV
I CERTIFY THE VITAL ATE OF OREGON: COUN	(THAT THIS IS A L RECORDS UNIT	TRUE, FULL AND CORF OF THE OREGON STA	RECT COPY OF THE C TE HEALTH DIVISION.	HIGINAL CERT	ADAL JOHNSON TATE RESISTINA	nd		45 7 REV
I CERTIFY THE VITAL DATE ISSU ATE OF OREGON: COUN	THAT THIS IS A L RECORDS UNIT	TRUE, FULL AND CORF OF THE CREGON STATES	RECT COPY OF THE C TE HEALTH DIVISION	AHGINAL CERT BAD EDV S	ACTAL ACTIONS OF THE PROPERTY AND A	nd		45.7 mev
RESERVED FOH REGISTRAN I CERTIFY THE VITAL DATE ISSU	THAT THIS IS A L RECORDS UNIT	TRUE, FULL AND CORF OF THE CREGON STATES	RECT COPY OF THE C TE HEALTH DIVISION	AHGINAL CERT BAD EDV S	ACTAL ACTIONS OF THE PROPERTY AND A	nd	MQ 5	45 7 MEV

Ret: Klamath County Title Co