

95026 02-17-95P03:40 RCVD

MTC 34592  
SATISFACTION OF MORTGAGE

Vol. M95 Page 3613

KNOW ALL MEN BY THESE PRESENTS, That Gertie A. Huff

owner and holder of the Mortgage and the obligation hereinafter described, do hereby certify and declare that a certain mortgage, bearing date the 12th day of September, 1975, made and executed by A.V. Neasham and Virginia Neasham, husband and wife the mortgagor therein, to Gertie A. Huff \*\* the mortgagee therein and recorded in the office of the \_\_\_\_\_ of the County of Klamath, State of Oregon, in book/reel/volume No. M75 Record of Mortgages on page 11047 or as fee/file/instrument/microfilm/reception No. \_\_\_\_\_ (indicate which) on September 12, \_\_\_\_\_, 1975;

See legal description attached hereto and made a part hereof as Exhibit "A"

\*\*and subsequently assigned to Verland L. Huff and Verda L. Rugg, as Tenants in Common, by Assignment of Mortgage dated September 25, 1975 and Recorded October 1, 1975 in Volume M75, page 11989, Microfilm Records of Klamath County, Oregon.

together with the debt thereby secured, is fully paid, satisfied and discharged.

In construing this satisfaction of mortgage, where the context so requires, singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

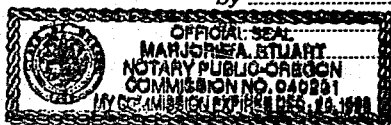
In Witness Whereof, the undersigned has executed this instrument this 16th day of February, 1995; if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

Verland L. Huff  
Verland L. Huff  
Verda L. Rugg  
Verda L. Rugg

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on February 16, 1995,  
by Verland L. Huff and Verda L. Rugg

This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_,  
by \_\_\_\_\_



Marjorie A. Stuart  
Notary Public for Oregon  
My commission expires 12/16/98

Satisfaction of  
MORTGAGEGertie A. Huff

VS

A.V. Neasham and Virginia Neasham

AFTER RECORDING RETURN TO

Virginia Neasham  
P.O. Box 77  
Midland, OR 97634

(DON'T USE THIS  
SPACE; RESERVED  
FOR RECORDING  
LABEL IN COUNTIES  
WHERE USED.)

STATE OF OREGON

County of Klamath } ES.

I certify that the within instrument was received for record on the 17th day of Feb., 1995, at 3:40 o'clock P.M., and recorded in book/reel/volume No. M95, on page 3613, or as fee/file/instrument/microfilm/reception No. 95026, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, County Clerk  
NAME TITLE

By Raushna Muller, Deputy

Fee \$10.00

156799  
TO TAG NO  
543  
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 136

MTC 3459-MS

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE OF  
DEATH



1. DECEDENT'S NAME First: Alfred Middle: Vernon Last: NEASHAM		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) December 14, 1994
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE at last birthday (Years) 69	5b. Under 1 Year Mo. Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) August 21, 1925	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):		9. CITY, TOWN, OR LOCATION OF DEATH Midland	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Conductor		10b. KIND OF BUSINESS/INDUSTRY Burlington/Northern Railway	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married		12. SPOUSE (If Married, Widowed) Virginia Lee Neasham	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Midland		13d. STREET AND NUMBER 302 Old Midland Road	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) College (14 or 16) 12			
17. FATHER - Name first middle last Albert Neasham		18. MOTHER - Name first middle maiden Barbara Koehler	
19. INFORMANT - Name and relationship to decedent Virginia Lee Neasham, wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mount Shasta Memorial Park	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		21b. LICENSE NUMBER (If Licensee) FS-0124	
22. NAME, ADDRESS AND ZIP OF FACILITY (Funeral Home, etc.) of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year) DEC 14 1994		24. REGISTRAR'S SIGNATURE [Signature]	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 04:19 A M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Glenn G. Gailis MD			
30. DATE SIGNED (Month, Day, Year) December 14, 1994			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Glenn G. Gailis, MD, 1905 Main Street, Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
PART I (a) <input checked="" type="checkbox"/> LUNG TUMOR PRIMARY LUNG CANCER		Interval between onset and death UNKNOWN	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. ARTERIO SCLEROTIC HEART DISEASE			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
42. DESCRIBE HOW INJURY OCCURRED			
43. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
44. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
45. If Yes, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			

ORIGINAL VITAL STATISTICS COPY  
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: DEC 14 1994

Return: Virginia Neasham  
PO Box 77  
Midland, OR 97634

Janet Bailey  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 17th day of Feb A.D., 19 95 at 3:41 o'clock P. M., and duly recorded in Vol. M95 of Deeds on Page 3614.

FEE \$10.00

Bernetha G. Letsch, County Clerk  
By [Signature]