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Vol. M95 Page 5923

THE WASHINGTON WATER POWER COMPANY

FILED FOR RECORD AT REQUEST OF

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

WHEN RECORDED RETURN TO

Name: Washington Water Power Co.
Address: PO Box 3727
City, State, Zip: Spokane, WA 99220Attn: Linda G. Davis/FinanceWP Natural Gas
on this 16th day of March A.D. 19 95
at 11:34 o'clock A M. and duly recorded
in Vol. M95 of Mortgages Page 5923
Bernetha G. Beech County Clerk
By [Signature] Deputy.

271605

Fee, \$10.00

Satisfaction of Mortgage

KNOW TO ALL MEN BY THESE PRESENTS: That The Washington Water Power Company doing
business as W P Natural Gasthe owner and holder of that certain mortgage bearing date 1/4/90executed by PHILLIPS, GARY D & LINDA Rto secure payment of the sum of TWO THOUSAND SIXTY ONE DOLLARS & 00/100

_____ Dollars (\$2061.00) and interest,

and recorded in the office of the County Auditor/Recorder of KLAMATH County, State of
Oregon/California, on 2/22/90, in Volume M90 of Mortgages, at page 3397being File No. 11598 does hereby acknowledge that the said mortgage has beenFULLY SATISFIED AND DISCHARGED, and does hereby authorize and direct the said County
Auditor/Recorder to enter full satisfaction thereof of record.Dated MARCH 7, 1995By RR Hanson

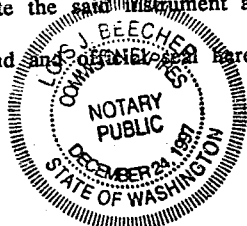
STATE OF WASHINGTON/IDAHO/CALIFORNIA/OREGON

) ss.

COUNTY OF Spokane

On this 120 day of FEBRUARY, 1995, before me, the undersigned, a Notary Public in and for
the State of Washington/Idaho, duly commissioned, personally appeared Robert R Hansonto me known to be the Asst. Treasurerof THE WASHINGTON WATER POWER COMPANY, the corporation that executed the foregoing
instrument, and acknowledged the said instrument to be the free and voluntary act and deed of
said corporation, for the uses and purposes therein mentioned, and on oath stated that he/she is
authorized to execute the said instrument and that the seal affixed is the corporate seal of said
corporation.

Witness my hand and official seal here to affixed the day and year first above written

[Signature]
Notary Public in and for the State of
Washington/Idaho residing at Spokane

PERMANENT
BLACK INKG-4201
I.D. TAG NO.

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: Nancy Middle: Joann Last: TREMBLAY			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 26, 1995	
4. SOCIAL SECURITY NUMBER 553-46-9312		5a. AGE-Last Birthday (Years) 57	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Long Beach, CA	7. DATE OF BIRTH (Month, Day, Year) April 19, 1937
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Roger		13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Keno		13d. STREET AND NUMBER 9319 Benkerns Rd.		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" 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 (0-12) College (14 or 5+) 1		17. FATHER - NAME first middle last Frederick - Godfrey	
18. MOTHER - NAME first middle maiden Lorraine Dorothy Wright		19. INFORMANT - NAME and relationship to deceased Roger Tremblay - husband		20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input 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) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
21b. LICENSE NUMBER (Of Licensee) 0329		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) MAR 01 1995	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		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 2115 M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <i>[Signature]</i> MD					
30. DATE SIGNED (Month, Day, Year) 2/27/95					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Gerald Hartmann, MD 2604 Clover St., Klamath Falls, OR 97601					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)					
33. DATE SIGNED (Month, Day, Year) COUNTY					
34. 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) <i>malignant Brain tumor</i>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.					
35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

RESERVED FOR REGISTRAR'S USE

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

ORIGINAL-VITAL STATISTICS COPY

MAR 01 1995

DATE ISSUED:

Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Roger Tremblay the 16th day
of March A.D., 19 95 at 1:52 o'clock P M., and duly recorded in Vol. M95
of Needs on Page 5924

FEE \$10.00

RETURN TO: Roger Tremblay
P.O. Box 741
Keno, Or 97627By Bernetha G. Lusch County Clerk
[Signature]