

96446

STATE OF OREGON,
County of Klamath ss.Vol. M95 Page 6329

Filed for record at request of:

525 Main Street
Klamath Falls, Oregon 97601
(503) 884-5137

Aspen Title & Escrow

on this 21st day of March A.D. 19 95
at 10:59 o'clock A M. and duly recorded
in Vol. M95 of Mortgages Page 6329

Bernetha G. Letsch County Clerk

By Aspen Title & Escrow

Deputy.

Fee, \$10.00

ATC #951210

T'S USE

DEED OF FULL RECONVEYANCE

The undersigned as Trustee or Successor Trustee under that certain Trust Deed described as follows:

Dated : February 22, 1991 Recorded : February 25, 1991

Fee Number : 26221 Book : M91 Page : 3337

County Of : Klamath

State Of : Oregon

Trustor : Eldon M. Jackson and Julia J. Cummings

Trustee : ASPEN TITLE & ESCROW, INC.

Beneficiary : Associates Financial Services Company of Oregon, Inc.

having received from the Beneficiary under said Trust Deed, a written request to reconvey, reciting that the obligations secured by the Trust Deed have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the parties entitled thereto all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed of Trust.

Date : March 20, 1995

ASPEN TITLE & ESCROW, INC.

B

State Of Oregon

County Of Klamath

ss

March 20, 19 95.

Personally appeared Andrew A. Patterson, who being duly sworn did say that he is the Assistant Secretary of Aspen Title & Escrow, Inc., a Corporation and that said instrument was signed on behalf of said corporation by authority of its Board of Directors and he acknowledged said instrument to be its voluntary act and deed.

AND WHEN RECORDED MAIL TO

Associates Financial Services
259 Barnett Rd. Suite J
P.O. Box 1743
Medford, Or. 97501

Before Me:

Debbie K. Bergener
Notary Public for Oregon

My Commission Expires: 12-17-95

(Seal)



OFFICIAL SEAL
DEBBIE K. BERGENER
NOTARY PUBLIC - OREGON
COMMISSION NO. 010929
MY COMMISSION EXPIRES DEC. 17, 1995

03-21-95A10:59 RCVD

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH										State File Number	
158139 I.D. TAG NO. 152 Local File Number													
1. DECEDENT'S First Name Norman		Middle Name Alden		Last Name SEARS		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) April 7, 1994					
4. SOCIAL SECURITY NUMBER 540-28-1247		5a. AGE Last Birthday (Year) 78		5b. Under 1 Year Mon. Days Days		5c. Under 1 Day Hours Minutes		6. BIRTHPLACE (City and State or Foreign Country) Oregon Klamath Falls		7. DATE OF BIRTH (Month, Day, Year) July 5, 1920			
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"/> HOME <input 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) 707 2nd Street		9c. CITY, TOWN, OR LOCATION OF DEATH Merrill Hills		10. COUNTY OF DEATH Klamath									
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Manager/Banquet		10b. KIND OF BUSINESS/INDUSTRY Church/Cattle		11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Gertrude Sears							
13a. RESIDENCE STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Merrill Hills		13d. STREET AND NUMBER 707 2nd Street							
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. ZIP CODE 97633		16. WAS DECEDENT OF HISPANIC ORIGIN? Specify race or year if Hispanic ethnicity Code: Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. RACE American Indian, Black, White, etc. (Specify) White		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 4					
19. FATHER - Name first middle last Augustine - Sears		20. MOTHER - Name first middle maiden Mary C. Borba		21. INFORMANT - Name and relationship to deceased Gertrude Sears - Spouse									
22a. 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)		22b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Merrill I.O.O.F. Cemetery		22c. LOCATION - City or Town, State Merrill, Oregon									
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		24. LICENSE NUMBER (TV License) 84-AF-1383		25. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603									
26. DATE FILED (Month, Day, Year) APR 11 1994		27. REGISTRAR'S SIGNATURE <i>[Signature]</i>		28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A									
29. TO BE COMPLETED BY CERTIFYING PHYSICIAN		30. TO BE COMPLETED ONLY BY MEDICAL EXAMINER											
31. TIME OF DEATH 7:00 P.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 4											
33. 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) <i>Carol Fellows</i> M.D.		34. DATE SIGNED (Month, Day, Year) 4-8-94		35. DATE SIGNED (Month, Day, Year) COUNTY									
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Carol Fellows M.D. 2810 Umann Road Klamath Falls, Oregon 97601		37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)											
38. 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) Adenocarcinoma of the prostate, metastatic to bone DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)		Interval between onset and death 4 yrs											
39. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given to PART I CA lung, 1986 CA colon, 1978		40. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. IF YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		43. TIME OF INJURY (Month, Day, Year)		44. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. DESCRIBE HOW INJURY OCCURRED							
46. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		47. LOCATION (Street and Number or Trail Route Number, City or Town, State)											
RESERVED FOR REGISTRAR'S USE													

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-82

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED **APR 18 1994**

EDWARD J. JOHNSON
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Gertrude Sears the 21st day
of March A.D., 19 95 at 11:28 o'clock A M., and duly recorded in Vol. M95,
of Deeds on Page 6330.
RETURN: Gertrude Sears
P.O. Box 404
Merrill, Or 97633
FEE \$10.00
By Bernetha G. Jetch County Clerk