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DEED OF RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, that the undersigned trustee or successor trustee under that certain trust deed dated June 9, 1993 executed and delivered by DWILLOW, INC., an Oregon corporation as grantor, and recorded on June 11, 1993, in the Mortgage Records of Klamath County, Oregon Document Number 62909 Vol. M93, Page 13687, conveying real property situated in said County described as follows:

Lot 1, Block 3, RIVER PINE ESTATES, Klamath County, Oregon.

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

In construing this instrument and whenever the context hereof so requires, the masculine gender includes the feminine and neuter and the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument. If the undersigned is a corporation, it has caused its corporate name to be signed by its officers duly authorized thereunto by order of its Board of Directors.

Dated: May 2, 1995.

BEND TITLE COMPANY, TRUSTEE

By: Cindy Neugart
Cindy Neugart, Assistant Manager

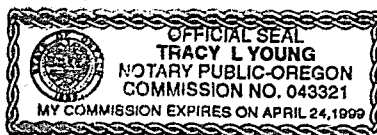
STATE OF OREGON, County of Deschutes)ss.

May 2, 1995

Personally appeared Cindy Neugart, who being duly sworn, did say that the former is the Assistant Manager of BEND TITLE COMPANY, a corporation, and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors; and each of them acknowledged said instrument to be its voluntary act and deed.

Before me:

Tracy L. Young
Notary Public for Oregon
My Commission Expires: 4-24-99



AFTER RECORDING, RETURN TO:

Kelly Miller
SR Escrow
BEND TITLE COMPANY
P. O. Box 4325
Sunriver, OR 97707

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

BEND TITLE COMPANY
1195 N. W. Wall Street
Bend, Oregon 97701

on this 8th day of May A.D. 19 95
at 2:43 o'clock P.M. and duly recorded
in Vol. M95 of Mortgages Page 11849

Bernetha G. Kersch County Clerk

By Tracy L. Young

Deputy.

Fee, \$10.00

1004

CERTIFICATION OF VITAL RECORD

After recording
return to:
Don Crane
635 Main, Klamath Falls OR

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH		89-004573
TYPE OR PRINT IN PERMANENT BLACK INK 55242 L.D. TAG NO. 116 Local File Number		136- State File Number
1. DECEDENT'S NAME: Minnie GOODE 2. SEX: F 3. DATE OF DEATH (Month, Day, Year): March 6, 1989		
4. SOCIAL SECURITY NUMBER: 541/22/1852 5a. AGE - Last Birthday (Years): 77 5b. Under 1 Year: Mo. 5c. Under 1 Day: Hours 6. BIRTHPLACE (City and State or Foreign Country): Baker Co., Or. 7. DATE OF BIRTH (Month, Day, Year): March 26, 1911		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No 9a. PLACE OF DEATH (Check only one): Home 9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls 9c. COUNTY OF DEATH: Klamath		
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use initials): Box Factory 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married 12. SPOUSE (If married, widowed, divorced (Specify): Carl		
13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Klamath 13c. CITY, TOWN, OR LOCATION: Klamath Falls 13d. STREET AND NUMBER: 1425 Pleasant		
14. INSIDE CITY LIMITS? No 15. ZIP CODE: 97601 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No 17. RACE: American Indian, Black, White, etc. (Specify): White 18. DECEDENT'S EDUCATION (Specify only highest grade completed): 9		
19. FATHER - NAME first middle last: Luther Guy Perkins 20. MOTHER - NAME first middle maiden: Rose Nell Ansson 21. INFORMANT - NAME and relationship to decedent: Carl Goode / Husband		
22. METHOD OF DISPOSITION: Burial 23. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.): Eternal Hills Memorial Gardens 24. LOCATION - City or Town, State: Klamath Falls Oregon		
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: <i>[Signature]</i> 26. LICENSE NUMBER: 3409 27. NAME, ADDRESS AND ZIP OF FACILITY: Hard's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. 97601		
28. DATE FILED (Month, Day, Year): MAR 8 1989 29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? No 30. SIGNATURE OF REGISTRAR: <i>[Signature]</i>		
31. TO BE COMPLETED BY CERTIFYING PHYSICIAN 32. TIME OF DEATH: 2045 33. WAS MEDICAL EXAMINER NOTIFIED? X 34. To the best of my knowledge, death occurred at the time, place and due to the causes and manner stated (Signature): <i>[Signature]</i> 35. DATE SIGNED (Month, Day, Year): 3-6-89		
36. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 37. TIME OF DEATH: 2045 38. DATE PRONOUNCED DEAD (Month, Day, Year): 3-6-89 39. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated (Signature): <i>[Signature]</i> 40. DATE SIGNED (Month, Day, Year): 3-6-89		
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): David D. Reeder, MD / 2301 Mt. View Blvd / Klamath Falls, Oregon / 97601 42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):		
43. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL ICD-10 AND ICD-9 Do not enter mode of death, e.g. Cardiac or Respiratory Arrest) (a) METASTATIC CARCINOMA OF COLON DUE TO, OR AS A CONSEQUENCE OF: (b) DUO TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS:		
44. MANNER OF DEATH: Natural 45. DATE OF INJURY (Month, Day, Year): 46. TIME OF INJURY: 47. PLACE OF INJURY (Home, farm, street, factory, office, building, etc. (Specify): 48. LOCATION (Street and Number or Rural Route Number, City or Town, State):		

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED **MAY 01 1995**

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Don Crane** the **8th** day of **May**, A.D., 19 **95** at **2:43** o'clock **P** M., and duly recorded in Vol. **M95** of **Deeds** on Page **11850**

FEE \$10.00

Bernetha G. Letsch, County Clerk
[Signature]