

Reference is made to that certain trust deed in which William Russell Spear was grantor, was trustee and Kosta, Spencer, Runnels & MacArthur was beneficiary, said trust deed was recorded August 19, 1994, in volume No. M94 at page 25739 or as No. , of the mortgage records of Klamath County, Oregon, and conveyed to the said trustee the following real property situated in said county: See Attached Exhibit "A"

A notice of grantor's default under said trust deed, containing the beneficiary's or trustee's election to sell all or part of the above described real property to satisfy grantor's obligations secured by said trust deed was recorded on January 26, 1996, in said mortgage records, in volume No. M96 at page 2270 or as No. ; thereafter by reason of the default being cured as permitted by the provisions of Section 86.753, Oregon Revised Statutes, the default described in said notice of default has been removed, paid and overcome so that said trust deed should be reinstated.

NOW, THEREFORE, notice hereby is given that the undersigned trustee does hereby rescind, cancel and withdraw said notice of default and election to sell; said trust deed and all obligations secured thereby hereby are reinstated and shall be and remain in force and effect the same as if no acceleration had occurred and as if said notice of default had not been given; it being understood, however, that this rescission shall not be construed as waiving or affecting any breach or default - past, present or future - under said trust deed or as impairing any right or remedy thereunder, or as modifying or altering in any respect any of the terms, covenants, conditions or obligations thereof, but is and shall be deemed to be only an election without prejudice, not to cause a sale to be made pursuant to said notice so recorded.

IN WITNESS WHEREOF, the undersigned trustee has executed this document; if the undersigned is a corporation, it has caused its name to be signed and seal affixed by an officer or other person duly authorized thereto by order of its Board of Directors.

DATED: March 4, 1996.

Antonio Porras, Jr.
Antonio Porras, Jr., Trustee

STATE OF OREGON, County of Klamath)ss.

This instrument was acknowledged before me on March 4, 1996, by Antonio Porras, Jr.

Jennifer R. Howe
Notary Public for Oregon

RESCISSION OF NOTICE OF DEFAULT RE: Trust Deed From

William Russel Spear, Grantor

, Trustee



After recording return to: Spencer, Runnels, MacArthur & Porras
419 Main St., Klamath Falls, OR 97601

STATE OF OREGON, County of Klamath)ss.

I certify that the within instrument was received for record on the 5th day of March, 1996 at 10:40 clock A.M., and recorded in book/reel/volume No. M96 on page 5986 or as fee/file/instrument/microfilm/reception No. 14255, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co Clerk

Name

Title

By William Russell Deputy

FEE: \$10.00

OREGON HEALTH DIVISION

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

200085
I.D. TAG NO.

101

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>Arrie</u> Middle: <u>Adrian</u> Last: <u>MOORE</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>February 27, 1996</u>
4. SOCIAL SECURITY NUMBER <u>540-20-2090</u>	5a. AGE Last Birthday (Years) <u>71</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Mildred, MO</u>	7. DATE OF BIRTH (Month, Day, Year) <u>September 16, 1924</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <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) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9d. COUNTY OF DEATH <u>Klamath</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Car Inspector</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Southern Pacific Railroad</u>		11. MARITAL STATUS - <input checked="" type="checkbox"/> Married, <input type="checkbox"/> Never Married, <input type="checkbox"/> Widowed, <input type="checkbox"/> Divorced (Specify) <u>Married</u>
12. SPOUSE (If Married, Widowed, Divorced (Specify) <u>Lenora D. Moore</u>				
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Klamath</u>	13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	13d. STREET AND NUMBER <u>5505 Balsam Drive</u>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <u>97601</u>	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) <u>White</u>	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) <u>8</u> College (14 or 5+) <u> </u>
17. FATHER - NAME first middle last <u>Lemuel Arch Moore</u>		18. MOTHER - NAME first middle maiden <u>Maudie - Lowry</u>		19. INFORMANT - NAME and relationship to deceased <u>Lenora D. Moore, wife</u>
20a. METHOD OF DISPOSITION <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) <u>Klamath Memorial Park</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, OR 97601</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William A. Davenport</u>		21b. LICENSE NUMBER (OF License) <u>CO-3104</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>	
23. DATE FILED (Month, Day, Year) <u>FEB 29 1996</u>		24. REGISTRAR'S SIGNATURE <u>Lucy L. Simonson</u>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH <u>0937 A M</u>		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) <u>Randy Knight</u>				
30. DATE SIGNED (Month, Day, Year) <u>February 28, 1996</u>				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Randy R. Knight, MD, 2800 Daggett Street, Klamath Falls, Oregon 97601</u>				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
31a. TIME OF DEATH <u>M</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>		
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				
36. 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) <u>Anoxic Brain Injury</u>		Interval between onset and death <u>12 hrs</u>		
DUE TO, OR AS A CONSEQUENCE OF:				
(b) <u>Cardiac Arrest</u>		Interval between onset and death <u>12 hrs</u>		
DUE TO, OR AS A CONSEQUENCE OF:				
(c) <u>Alcoholism</u>		Interval between onset and death <u>Years</u>		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Depression</u>		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY - AT WORK? <input type="checkbox"/> Yes <input checked="" 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)		

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.

FEB 29 1996

DATE ISSUED

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Lenor Moore the 5th day of March A.D. 19 96 at 10:47 o'clock A M., and duly recorded in Vol. M96 of Deeds on Page 5987

FEE \$10.00

RETURN: Lenora Moore
5505 Balsam Drive
Klamath Falls, Or 97603

Bernetha G. Letsch, County Clerk

Cherry Russell