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SATISFACTION OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS, That
Western Bank

owner and holder of the Mortgage and the obligation hereinafter described, do hereby certify and declare that a certain mortgage, bearing date the 26th day of October 1993, made and executed by Ronald E. Phair and Lorrayne Phair, Husband and Wife

the mortgagor therein, to the mortgagee therein and recorded in the office of the County clerk of the County of Klamath, State of Oregon, in book/reel/volume No. M94 Record of Mortgages on page 4371 or as fee/file/instrument/microfilm/reception No. (indicate which) on 1996;

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 21st day of March 1996; if the undersigned is a corporation, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

(If executed by a corporation,
affix corporate seal)

STATE OF OREGON,

County of _____

This instrument was acknowledged before me on _____, 19____, by _____

Notary Public for Oregon

(SEAL)

My commission expires:

STATE OF OREGON,

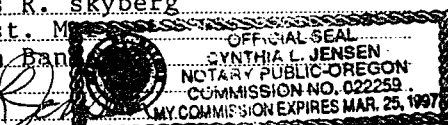
County of Klamath

This instrument was acknowledged before me on 3/21 1996, by Charles R. skyberg

AVP/Asst. M
of Western Bank

Notary Public for Oregon

My commission expires:



(SEAL)

Satisfaction of MORTGAGE

VS

AFTER RECORDING RETURN TO

Ron Phair
4417 Meadows
Klamath Falls, OR. 97603

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

Fee \$10.00

STATE OF OREGON

County of Klamath

I certify that the within instrument was received for record on the 26th day of March 1996, at 11:49 o'clock A.M., and recorded in book/reel/volume No. M96, on page 8328, or as fee/file/instrument/microfilm/reception No. 15381, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Bernetha G Letsch, County Clerk

NAME

TITLE

By Deputy

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

92-074622

CERTIFICATE OF DEATH

39234

003580

STATE FILE NUMBER 1A. NAME OF DECEDENT—FIRST (GIVEN) Lister		1B. MIDDLE Hale		1C. LAST (FAMILY) Leavitt		2A. DATE OF DEATH—MO., DAY, YR. June 3, 1992		2B. HOUR 1555		3. SEX M	
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO., DAY, YR. December 21, 1902		7. AGE IN YEARS 89		IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES		IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH Nevada		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Christopher L. Leavitt		10B. STATE OF BIRTH UT		11A. FULL MAIDEN NAME OF MOTHER Annie Barnum		11B. STATE OF BIRTH UT	
12. MILITARY SERVICE? 19 — TO 19 — <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 541-18-2751		14. MARITAL STATUS widowed		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) none					
16A. USUAL OCCUPATION Farmer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Agriculture		16C. USUAL EMPLOYER self-employed		16D. YEARS IN OCCUPATION 50		17. EDUCATION—YEARS COMPLETED 8			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 4951 Vir Mar Street		18B. CITY Fair Oaks		18C. ZIP CODE 95628							
18D. COUNTY Sacramento		18E. NUMBER OF YEARS IN THIS COUNTY 5		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mr. Calvin Leavitt— son 325 N. 3rd Street Klamath Falls, OR 97601					
19A. PLACE OF DEATH Manor Care Convalescent		19B. IF HOSPITAL, SPECIFY ONE: IP, SA/OP, DOA Sacramento		19C. COUNTY Sacramento		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) Immed.		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 7807 Uplands Way		19E. CITY Citrus Heights		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) Immed.		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IMMEDIATE CAUSE (A) Pulmonary failure		DUE TO (B) Aspiration pneumonia		DUE TO (C) 5 hrs.		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN #1 CHF— peptic ulcer, depression						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. none					
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Donald R. Reville, MD		27B. CERTIFIER'S LICENSE NUMBER A18293		27D. DATE SIGNED 6/4/92					
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 8/8/91		27B. DECEDENT LAST BEEN ALIVE MONTH, DAY, YEAR 6/3/92		27C. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Donald Reville, MD, 3428 Watt Avenue, Sacramento, CA							
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Donald R. Reville, MD		28B. DATE SIGNED 6/4/92							
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY TR/BU		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
34A. DISPOSITION(S) TR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Bonanza Memorial Park Bonanza, Oregon		34C. DATE MO., DAY, YEAR 6/5/92		34D. SIGNATURE OF EMBALMER James Cole		34E. LICENSE NUMBER 7511			
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Price Funeral Chapel, Inc.		35B. LICENSE NO. 1062		37. SIGNATURE OF LOCAL REGISTRAR Bette A. Henderson, MD		3923		38. REGISTRATION DATE Jun 4, 1992 DM			
STATE REGISTRAR 4		X		2		2		2		CENSUS TRACT	

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

060538

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

S. Kimberly Belshe, Director and State Registrar of Vital Records

by: *Peter Abbott*
GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF
ACTING STATE REGISTRAR

DATE ISSUED
MAR 14 1996

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of AmeriTitle the 26th day of March A.D., 19 96 at 11:50 o'clock AM., and duly recorded in Vol. M96 of Deeds on Page 8329.

FEE \$10.00

Return: AmeriTitle

By Bernetha G. Letsch, County Clerk