

22517

Continental Lawyers Title Company

Vol. m96 Page 23522

A Subsidiary of Lawyers Title Insurance Corporation

502 WEST MAIN STREET • P.O. BOX 218 • MEDFORD, OREGON 97501 • (541) 779-2811
acct #10822

FULL RECONVEYANCE

The undersigned trustee or successor trustee under that certain trust deed dated November 19, 1993,
executed and delivered by JOYCE C. CLARIDGE

as Grantor, and recorded on December 3, 1993, in the Mortgage Records of Klamath County, Oregon,
in Volume M93 page 32223, or as Instrument No. n/a, conveying real property situated in said county
as described therein,

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 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 WITNESS WHEREOF, the undersigned trustee has caused its corporate name to be signed hereunder by its officers
duly authorized thereunto by order of its Board of Directors.

DATED: January 4, 1996.

Continental Lawyers Title Company

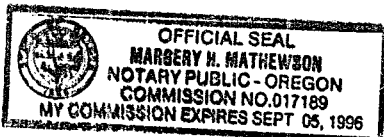
STATE OF OREGON)

County of Jackson)

January 4, 1996 Personally appeared
Lori A. Billings *Authorized Signer

_____, who being duly sworn, did say
that she is the Assistant Secretary of Continental
Lawyers Title Company, and that said instrument was
signed in behalf of said corporation by authority of its
Board of Directors; and she acknowledged said
instrument to be its voluntary act and deed.

Before me:



Margery H. Mathewson
Notary Public for Oregon
My Commission expires: _____

After recording return to:

Joyce Claridge
7388 SW 173rd Pl.
Aloha, Oregon 97007

NAME, ADDRESS, ZIP

By: Lori A. Billings

Lori A. Billings
Authorized Signer
TRUSTEE

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Jackson Title Company

on this 2nd day of August A.D., 19 96
at 10:22 o'clock A.M. and duly recorded
in Vol. M96 of Mortgages Page 23522.

Bernetha G Letsch, County Clerk

By: Bernetha G Letsch

Deputy.

Fee, \$10.00

Return: Jackson County Title
502 West Main
Medford, Oregon 97501

96-1165-2-M10-22

OTIC#957672x

96 AUG -2 AMO:22

7-29-96

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST

15
16
17

158004

LD. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 138
CERTIFICATE OF DEATH

Local File Number

State File Number

1. DECEDENT'S NAME First Jerry Middle Dean Last BRIDGES		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 3, 1996
4. SOCIAL SECURITY NUMBER 541-24-9430		5a. AGE Last Birthday (Years) 68	5b. Under 1 Year Mo. Days 68
6. PLACE OF BIRTH (City and State or Foreign Country) Colorado Springs CO		7. DATE OF BIRTH (Month, Day, Year) January 12, 1928	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Infirmary <input type="checkbox"/> Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (if not institution, give street and number) Rogue Valley Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Medford	
12. COUNTY OF DEATH Jackson			
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3850 Grenada Way	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Custodian		15. KIND OF BUSINESS/INDUSTRY School District	
16. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		17. SPOUSE (If Married, Widowed) Marianna B.	
18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. RACE American Indian, Black, White, etc. (Specify) White	
20. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 12			
21. FATHER - NAME first middle last Martin F. Bridges		22. MOTHER - NAME first middle maiden Leta W. Cunningham	
23. 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) Klamath Memorial Park		24. INFORMANT - NAME and relationship to decedent Marianna B. Bridges - Wife	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		26. LICENSE NUMBER (or License) 0071	
27. DATE FILED (Month, Day, Year) JUL 29 1996		28. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		30. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
31. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
31a. TIME OF DEATH 10:02 A.M.		31b. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
32a. TIME OF DEATH M		32b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
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>[Signature]</i>			
34. DATE SIGNED (Month, Day, Year) 7-23-96		35. COUNTY JACKSON	
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) David L. Folsom, M.D., 2954 Siskiyou Boulevard, Medford, Oregon 97504			
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) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) Sepsis DUE TO, OR AS A CONSEQUENCE OF: (c) Redo Valve Replacement		Interval between onset and death 7 days	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		Interval between onset and death 7 days	
39. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		40. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		42. IF YES were findings consonant in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
43. DATE OF INJURY (Month, Day, Year)		44. TIME OF INJURY M	
45. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		46. DESCRIBE HOW INJURY OCCURRED	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 2/95

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

DATE ISSUED:

JUL 29 1996

[Signature]
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marianna B Bridges the 2nd day
of August A.D., 19 96 at 10:22 o'clock AM, and duly recorded in Vol. M96
of Deeds on Page 23523

Bernetha G Letsch, County Clerk

FEE \$10.00

Return: Marianna B Bridges

3850 Grenada Way / FKO 97603

By

[Signature]