

23033

Vol. M96 Page 24732

STATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

Raymond C Creel

on this 12th day of August A.D., 19 96  
at 3:39 o'clock P.M. and duly recorded  
in Vol. M96 of Mortgages Page 24732.

Bernetha G Letsch, County Clerk

By

Deputy.

Fee, \$10.00  
1.00

OREGON  
DEPARTMENT OF  
VETERANS' AFFAIRS

### SATISFACTION OF MORTGAGE

Account No. L98247

The STATE OF OREGON, acting by the Director of Veterans' Affairs, certifies that the mortgage executed by Raymond C. Creel and Virginia L. Creel, husband and wife, recorded on the 11th day of May 1973, in the Klamath County, Oregon, Mortgage Records, Vol. M-73 Page 5732, 76347, together with the debt is paid, satisfied, and discharged.

WITNESS the STATE OF OREGON has caused these presents to be executed this 9th day of August 1996, at Salem, Oregon.

Director of Oregon Department of Veterans' Affairs

By

Curt R. Schnepf  
Curt R. Schnepf  
Manager, Accounts Services

STATE OF OREGON

)  
) ss.

County of Marion

On August 9, 1996

this instrument was acknowledged before me by the above-named Curt R. Schnepf, who personally appeared, and, being first duly sworn, did say that he is duly authorized to sign the foregoing document on behalf of the Oregon Department of Veterans' Affairs by authority of its Director.

Before me:

Scott Werdebaugh  
Notary Public For Oregon

AFTER RECORDING RETURN TO:

RAYMOND C CREEL  
5144 BARRY AVE  
KLAMATH FALLS OR 97603-8004

453-W (10-95)



46 10.00

1. DECEDENT'S NAME <b>Charles Hershel ESTLINGER</b>		3. SEX <b>Male</b>		5. DATE OF DEATH (Month, Day, Year) <b>November 3, 1993</b>	
4. SOCIAL SECURITY NUMBER <b>368-18-4917</b>		6. AGE (Last birthday) <b>70</b>		7. DATE OF BIRTH (Month, Day, Year) <b>April 13, 1923</b>	
8. WAS DECEDENT EVER IN ARMED SERVICES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF BIRTH (City and State or Foreign Country) <b>Marion, Mo.</b>		10. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
11. FACILITY NAME (If not institution, give street and number) <b>Plum Ridge Care Center</b>		12. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		13. COUNTY OF DEATH <b>Klamath</b>	
14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Logger</b>		15. RACE <b>White</b>		16. MARRIAGE STATUS: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)	
17. RESIDENCE - STATE <b>Oregon</b>		18. CITY, TOWN, OR LOCATION <b>Sprague River</b>		19. STREET AND NUMBER <b>P.O. Box 1 - Cherrywood Ln.</b>	
20. RESIDENCE - CITY <b>Oregon</b>		21. ZIP CODE <b>97639</b>		22. DECEASED'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (8-12) College (14 or 5+)</b>	
23. FATHER - NAME first middle last <b>John Estlinger</b>		24. MOTHER - NAME first middle maiden <b>Cora Prock</b>		25. INFORMANT - NAME and relationship to decedent <b>Linda Estlinger - Daughter</b>	
26. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Crematory</b>		28. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>David A. Wilson</i>		30. LICENSE NUMBER (or License) <b>93-49-1303</b>		31. NAME, ADDRESS AND ZIP OF FACILITY <b>Eternal Hills Funeral Home 4711 Highway 39, Klamath Falls, Oregon 97603</b>	
32. DATE FILED (Month, Day, Year) <b>NOV 05 1993</b>		33. REGISTRAR'S SIGNATURE <i>Leslie J. Simonson</i>		34. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		36. TIME OF DEATH <b>10:00 P.M.</b>		37. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>NOV 29 1993 10:00</b>	
38. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND (Signature) <i>Charles Barcus</i> M.D.		39. DATE SIGNED (Month, Day, Year) <b>11/4/93</b>		40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>R. Rold Hale 1000 Pine Street Klamath Falls, Oregon 97601</b>	
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <i>Charles Barcus</i>		42. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) <b>ASPIRATION Pneumonitis</b>		43. INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
44. DUE TO, OR AS A CONSEQUENCE OF: <b>Cerebrovascular accident</b>		45. DUE TO, OR AS A CONSEQUENCE OF: <b>Atherosclerosis</b>		46. INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
47. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Chronic renal failure</b>		48. DID SUBJECTS contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
50. 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		51. DATE OF INJURY (Month, Day, Year) <b>11/4/93</b>		52. TIME OF INJURY <b>10:00</b>	
53. PLACE OF INJURY: At home, farm, street, factory, office, building etc. (Specify)		54. LOCATION (Street) and Number or Rural Route Number, City or Town, State		55. RESERVATION FOR REGISTRAR'S USE	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

5.00  
10.00

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

EEETAS

AE0ES

24734

after recording, return to:  
Linda J. Epperson  
P.O. Box 2839  
Narbor, OR 97415

00.8  
00.02

RECORDED  
INDEXED

State of Oregon  
County of Lane — ss.  
I, the County Clerk, in and for the said  
County, do hereby certify that the within  
instrument was received for record at

29 NOV 95 2:13

Reel **2118R**

Lane County OFFICIAL Records  
Lane County Clerk

By: *Daniel S. Letch*  
County Clerk

STATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

AmeriTitle  
on this 12th day of August A.D., 19 96  
at 3:48 o'clock P.M. and duly recorded  
in Vol. M96 of Deeds Page 24733  
Bernetha G Letch, County Clerk  
By *Bernetha G Letch*  
Deputy.  
Fee, \$15.00

016348