

96 OCT 16 AM 11:07

OREGON
DEPARTMENT OF
VETERANS' AFFAIRS

44-49829
(Reserved for Recording Purposes)

SATISFACTION OF MORTGAGE

Account No. P37256

The STATE OF OREGON, acting by the Director of Veterans' Affairs, certifies that the mortgage executed by Michael R. Sparks and Janice L. Sparks, husband and wife, recorded on the 8th day of May 1980, in the Klamath County, Oregon, Mortgage Records, Vol. M80 Page 8465, together with the debt is paid, satisfied, and discharged.

WITNESS the STATE OF OREGON has caused these presents to be executed this 14th day of October 1996, at Salem, Oregon.

Director of Oregon Department of Veterans' Affairs

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

STATE OF OREGON)

County of Marion) ss.

On October 14, 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.

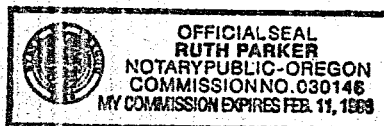
Before me:

Ruth Parker
Notary Public For Oregon

AFTER RECORDING RETURN TO:

KLAMATH COUNTY TITLE
PO BOX 151
KLAMATH FALLS, OR 97601

453-W (10-95)



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 16th day
of October 1996 at 11:07 o'clock A.M., and duly recorded in Vol. M96,
of Mortgages on Page 32734

Bernetha G. Letsch

County Clerk

FEE \$10.00

By Ruth Parker

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

MTG 39145 KA

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

96-004553

1. DECEDENT'S NAME Elsie		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) February 28, 1996	
4. SOCIAL SECURITY NUMBER 371-22-8418		5. AGE Last Birthday (Years) 78		6. DATE OF BIRTH (Month, Day, Year) January 12, 1926	
7. PLACE OF BIRTH (City and State or Foreign Country) Detroit, Michigan		8. PLACE OF DEATH (City and State or Foreign Country) Klamath Falls		9. COUNTY OF DEATH Klamath	
10. FACILITY NAME (If not institution, give street and number) 8910 Highway 66		11. MARITAL STATUS Married		12. SPOUSE (If Married, Widowed, Divorced) (Specify) Renold R. Passien	
13. DECEASED'S USUAL OCCUPATION (Give brief and exact description of working life) Corporate Administrator		14. BUSINESS/INDUSTRY Production Materials Co.		15. STREET AND NUMBER 8910 Highway 66	
16. RESIDENCE - STATE Oregon		17. COUNTY Klamath		18. CITY, TOWN OR LOCATION Klamath Falls	
19. INSIDE CITY LIMITS? Yes		20. ZIP CODE 97601		21. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+)	
22. FATHER - NAME first middle last Dewey Kirchner		23. MOTHER - NAME first middle last Edna Earl		24. DECEASED'S RELATIONSHIP TO DECEASED Renold R. Passien Spouse	
25. 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)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		27. LOCATION - City or Town, State Klamath Falls, Oregon	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Rogers</i>		29. LICENSE NUMBER (If Licensee) CO-3573		30. CHAPEL ADDRESS AND CITY 515 Pine ST. Klamath Falls, OR 97601	
31. DATE FILED (Month, Day, Year) FEB 27 1996		32. REGISTRAR'S SIGNATURE <i>Edward J. Johnson II</i>		33. WAS GIFT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		35. TO BE COMPLETED BY CERTIFYING PHYSICIAN		36. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
37. TIME OF DEATH 5:15 A.M.		38. PLACE OF DEATH M.D.		39. DATE OF DEATH February 28, 1996	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER Robert F. Bohnen M.D. 1116 Uhrmann and Klamath Falls, Oregon 97601		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING MEDICAL EXAMINER Robert F. Bohnen M.D.		42. DATE SIGNED (Month, Day, Year) February 28, 1996	
43. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE OF DEATH) Chronic obstructive pulmonary disease of lung		44. INTERVAL BETWEEN ONSET AND DEATH 4 1/2 months		45. DATE SIGNED (Month, Day, Year) February 28, 1996	
46. OTHER SIGNIFICANT CONDITIONS None		47. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		48. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
49. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicidal <input type="checkbox"/> Legal <input type="checkbox"/> Homicide		50. DATE OF INJURY February 28, 1996		51. TIME OF INJURY M	
52. PLACE OF INJURY At home, farm, street, factory, etc.		53. DESCRIBE HOW INJURY OCCURRED		54. 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 OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

OCT 11 1996

DATE ISSUED:

EDWARD J. JOHNSON II

STATE REGISTRAR

After recording return to:
Renold R. Passien
8910 Hwy 66
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 16th day of October A.D., 19 96 at 11:57 o'clock A.M., and duly recorded in Vol. M96 of Deeds on Page 32735

FEE \$10.00

Bernetha G. Letsch

By

County Clerk