

27349



525 Main Street  
Klamath Falls, Oregon 97601  
(503) 884-5137

96 OCT 25 P3:39 Vol. M96 Page 33837

ATC #01045043

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## DEED OF FULL RECONVEYANCE

The undersigned as Trustee or Successor Trustee under that certain Trust Deed described as follows:

Dated : January 11, 1996 Recorded : January 16, 1996  
Fee Number : 11928 Book : M96 Page : 1200  
County Of : Klamath  
State Of : Oregon  
Trustor : Lillian Watah  
Trustee : ASPEN TITLE & ESCROW, INC.  
Beneficiary : Janet Pierce

having received from the Beneficiary under said Trust Deed, a written request to reconvey, reciting that the obligations secured by the Trust Deed have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the parties entitled thereto all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed of Trust.

Date : September 24, 1996

ASPEN TITLE & ESCROW, INC.

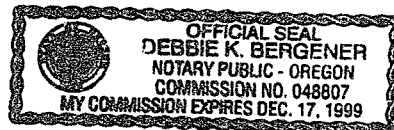
BY Andrew A. Patterson

State Of Oregon

County Of Klamath

ss

September 24, 19 96.



Personally appeared Andrew A. Patterson, who being duly sworn did say that he is the Assistant Secretary of Aspen Title & Escrow, Inc., a Corporation and that said instrument was signed on behalf of said corporation by authority of its Board of Directors and he acknowledged said instrument to be its voluntary act and deed.

AND WHEN RECORDED MAIL TO

LILLIAN WATAH  
P.O. BOX 471  
CHILOQUIN, OR. 97624

Before Me:

Debbie K. Bergener  
Notary Public for Oregon

My Commission Expires: 12/17/99

(Seal)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 25th day of October A.D., 19 96 at 3:39 o'clock P.M., and duly recorded in Vol. M96 of Mortgages on Page 33837

FEE \$10.00

Bernetha G. Letsch  
By Kathleen Ross County Clerk

121235  
I.D. TAG NO.  
345  
Local File Number

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

State File Number

1. DECEDENT'S NAME First: John Middle: Griffon Last: ESTES				2. SEX M		3. DATE OF DEATH (Month, Day, Year) August 10, 1992			
4. SOCIAL SECURITY NUMBER 572-18-2633		5a. AGE-Last Birthday (Years) 84		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Glenburn, CA		7. DATE OF BIRTH (Month, Day, Year) June 20, 1908	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) 3630 Crest St.				9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls				9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Railroad Switchman				10b. KIND OF BUSINESS/INDUSTRY Transportation				11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12a. RESIDENCE - STATE Oregon		12b. COUNTY Klamath		12c. CITY, TOWN OR LOCATION Klamath Falls		12d. STREET AND NUMBER 3630 Crest St.		12. SPOUSE (If Married, Widowed) Marguerite C. Estes	
13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13b. ZIP CODE 97603		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) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 8	
17. FATHER - NAME first middle last William Henry Estes				18. MOTHER - NAME first middle maiden Louisa Bell Dollarhide				19. INFORMANT - NAME and relationship to deceased Marguerite C. Estes, wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) Pine Grove Cemetery				20c. LOCATION - City or Town, State McArthur, California	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William J. Deocourt				21b. LICENSE NUMBER (Of Licensee) 47-3104		22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth St Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year) AUG 12 1992				24. REGISTRAR'S SIGNATURE Charles Robinson				25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				26. TO BE COMPLETED BY CERTIFYING PHYSICIAN				27. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 11:00 PM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				31a. TIME OF DEATH M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Blake D. Berven				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)				31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
30. DATE SIGNED (Month, Day, Year) August 11, 1992				33. DATE SIGNED (Month, Day, Year)				COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601				35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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.				37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART I (a) Cardiogenic shock DUE TO, OR AS A CONSEQUENCE OF: (b) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (c) ASHD				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				Interval between onset and death 5 minutes	
PART II OTHER CONTRIBUTING CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Severe Asthmatic bronchitis				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. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)				41c. TIME OF INJURY M				41d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)				41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED AUG 12 1992

DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 25th day of October A.D., 1996 at 3:39 o'clock P.M., and duly recorded in Vol. M66 of Deeds on Page 33838.

FEE \$10.00

Bernetha G. Letsch

By

County Clerk

Kathleen Ross