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## RETURN

Klamath County Title Company  
422 Main St.  
Klamath Falls, OR 97601

K-49534-S

In the Circuit Court of the State of Oregon  
For the County of Klamath

Carter-Jones Collection Service, Plaintiff,

vs.

Laura J. Baldwin

Defendant.

Case No. 93-116CV  
RELEASE OF CERTAIN REAL PROPERTY  
FROM JUDGMENT

For good and valuable consideration, the undersigned  
CARTER-JONES COLLECTION SERVICE

does hereby release and discharge the following described real property, to-wit:

Lot 6 in Block 4 of Fairview Addition to the City of Klamath Falls, according  
to the official plat thereof on file in the office of the County Clerk of Klamath  
County, Oregon.

from the lien of that certain judgment entered in the above entitled cause on the 14th day of January,  
1993, against LAURA J. BALDWIN

for the amount of \$ 844.38. In all other respects, the judgment described shall remain in full force and effect as  
though this release had not been executed.

Dated October 31, 1996.

*Kent Pederson*  
SIGNATURE

KENT PEDERSON

TYPE OR PRINT NAME

1143 PINE STREET

ADDRESS

KLAMATH FALLS, OREGON

97601 882-3424

CITY

STATE

ZIP

PHONE

STATE OF OREGON, County of Klamath ss.This instrument was acknowledged before me on October 31, 1996,

by

This instrument was acknowledged before me on October 31, 1996.

by

Kent Pederson

as

Owner/Manager

of

Carter-Jones Collection Service

OFFICIAL SEAL  
THERESA A. FOELLER  
NOTARY PUBLIC - OREGON  
COMMISSION NO. 050537  
MY COMMISSION EXPIRES FEB 24, 2000

Notary Public for Oregon

My commission expires \_\_\_\_\_

If additional space is needed, attach separate sheet.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 1st day  
of November A.D. 19 96 at 2:49 o'clock P M., and duly recorded in Vol. M96  
of Deeds on Page 34614

Bernetha G. Letsch County Clerk

By

*Kathleen Rosa*

FEE \$10.00

BLACK INK

217577  
I.D. TAG NO.44-3  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS 136  
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: <b>Marvin</b> Middle: <b>Glen</b> Last: <b>KUHLMAN</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>October 16, 1996</b>
4. SOCIAL SECURITY NUMBER <b>334-03-7374</b>	5a. AGE Last Birthday (Years) <b>81</b>	5b. Under 1 Year Mos: Days: Hours: Mins:	5c. Under 1 Day Hours: Mins:
6. BIRTHPLACE (City and State or Foreign Country) <b>Beardstown, IL</b>		7. DATE OF BIRTH (Month, Day, Year) <b>November 29, 1914</b>	
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8b. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <b>Foster Care</b>			
9a. FACILITY NAME (If not institution, give street and number) <b>Sikes' Foster Care Home, 4663 Frieda Ave.</b>		9b. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
9c. COUNTY OF DEATH <b>Klamath</b>			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during last 12 months; Do not use retired) <b>Home Improvements</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Kuhlman Insulation Co.</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed) <b>Beatrice W.</b>	
13a. RESIDENCE - STATE <b>Oregon</b>	13b. COUNTY <b>Klamath</b>	13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>	13d. STREET AND NUMBER <b>3047 Kane Street</b>
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) <b>White</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (13 or 14 or 15 or 16) <b>12</b>	
17. FATHER - NAME first middle last <b>Ernest - Kuhlman</b>		18. MOTHER - NAME first middle maiden <b>Lottie - Laughary</b>	
19. INFORMANT - NAME and relationship to decedent <b>Beatrice W. Kuhlman, wife</b>			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. LOCATION - City or Town, State <b>Klamath Falls, OR 97601</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Deem</i>		21b. LICENSE NUMBER (Of Licensee) <b>CO-3104</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>		23. REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>	
24. DATE FILED (Month, Day, Year) <b>OCT 21 1996</b>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <b>2135 P M</b>	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH <b>M</b>	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>W. B. Glidden</i>		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)	
30. DATE SIGNED (Month, Day, Year) <b>October 17, 1996</b>		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Alden B. Glidden, MD, 2680-B Uhrmann Road, Klamath Falls, Oregon 97601</b>			
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.)		Interval between onset and death	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <b>Multi-Infarct Dementia</b>		3-4 yrs	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
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 <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY <b>M</b>	41c. INJURY - AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE

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

OCT 21 1996

DATE ISSUED:

MARLENE BLEVINS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 1st day  
of November A.D., 19 96 at 3:10 o'clock p M., and duly recorded in Vol. M96  
of \_\_\_\_\_ Deeds on Page 34615Bernetha G. Letsch County Clerk  
By *Ruthen Russ*

FEE \$10.00