ESCROW No. 39119-KR 27778

34771

After recording return To: '96 NOV -4 A11:53 Vol. M96 Page
Ethel Manley
P.O. Box 524
Mi-Wuk Village, CA 95346

ICRAM Oregon

RELEASE OF MORTGAGE LIEN

PacifiCorp, doing business as Pacific Power, an Oregon corporation, does hereby certify and declare that certain Repayment Agreement and Mortgage dated June 25, 1979, made and executed by

ROY M. MANLEY

("Borrowers" therein), to Pacific Power & Light Company ("Pacific" therein), and recorded on April 18, 1980 in the records of the KLAMATH County, Oregon, Clerk at #83370 VOL M80 PG 7320-7321 has been:

☒ Fully paid and the mortgage lien is released; or

☐ The mortgage lien is released without satisfaction of the debt due under the repayment Agreement.

Dated this 16th day of October, 1996.

PacifiCorp, doing business as
Pacific Power & Light Company

Beverly Groshens
Representative

STATE OF OREGON)
) ss
County of Multnomah)

The foregoing instrument was acknowledged before me this 16th day of October, 1996 by Beverly Groshens, Representative of PacifiCorp, doing business as Pacific Power, an Oregon corporation, on behalf of the corporation.

Lisa M Watkins
Lisa M. Watkins
Notary Public for Oregon

OFFICIAL SEAL
LISA M. WATKINS
NOTARY PUBLIC - OREGON
COMMISSION NO.037166
MY COMMISSION EXPIRES AUG. 17, 1996

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ameritite the 4th day of November A.D., 19 96 at 11:53 o'clock A. M., and duly recorded in Vol. M96, of Mortgages on Page 34771.

Bernetha G. Letsch, County Clerk
By Kathleen Rose

FEE $10.00

068283
I.D. TAG NO.

STATE OF OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

4/4
Local File Number

MTC 39340 MS

136-
State File Number

1. DECEDENT'S NAME — First: Nina	Middle: Phyllis	Last: KELLEY	2. SEX: F	3. DATE OF DEATH (Month, Day, Year): February 7, 1991		
4. SOCIAL SECURITY NUMBER: 529-44-5668	5a. AGE - Last Birthday (Years): 55	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Lyman, WY	7. DATE OF BIRTH (Month, Day, Year): June 16, 1935	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	9a. PLACE OF DEATH (Check only one) — HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number): HC 30 Box 1462 / Bluepool Road	9c. CITY, TOWN, OR LOCATION OF DEATH: Chiloquin	9d. COUNTY OF DEATH: Klamath				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Engineering Tech	10b. KIND OF BUSINESS/INDUSTRY: US Forest Service	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Maurice			
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Chiloquin	13d. STREET AND NUMBER: HC 30 Box 1462 /Bluepool Road			
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97624	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 12	College (1-4 or 5+):	
17. FATHER - NAME first middle last: Orwin	18. MOTHER - NAME first middle maiden: Nina - Whitley	19. INFORMANT - NAME and relationship to deceased: Maurice / husband				
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens	20c. LOCATION - City or Town, State: Klamath Falls, OR				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Gerilyn Cummings	21b. LICENSE NUMBER (Of Licensee): 1257	22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home 1945 Main St./Klamath Falls, OR 97601				
23. DATE FILED (Month, Day, Year): FEB 12 1991	24. REGISTRAR'S SIGNATURE: Nancy Kennedy					
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A					

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0400 M	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
30. DATE SIGNED (Month, Day, Year): ..	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 0400 M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): February 7, 1991 0400 M
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)	
33. DATE SIGNED (Month, Day, Year): 2/8/91	COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McKellar, MD,ME 2300 Clairmont Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I (a)	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. Bloomatra Valvular Heart Disease	Interval between onset and death
(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 related to cause given in PART I.	

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk	38. AUTOPSY ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N A	
40. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year): ..	41b. TIME OF INJURY: M	41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED: ..			
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)		

RESERVED FOR REGISTRAR'S USE

'96 NOV -4 A11:53

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

DATE ISSUED FEB 25 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return: Kelley
1808 SE Arborwood Ave. Bend 97702

Filed for record at request of Ameritite the 4th day of November A.D., 19 96 at 11:53 o'clock A. M., and duly recorded in Vol. M96, of Deeds on Page 34772.

Bernetha G. Letsch County Clerk
By Kathleen Ross

FEE $10.00