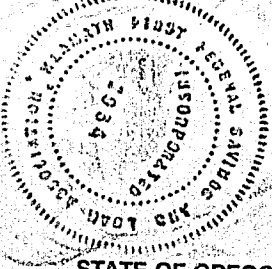


## SATISFACTION OF MORTGAGE

KNOWN ALL MEN BY THESE PRESENTS, That Klamath First Federal Savings and Loan Association, a corporation, duly incorporated, organized and existing under and by virtue of the laws of the United States of America with its principal office at Klamath Falls, Oregon, owner and holder of the Mortgage and the obligation hereinafter described does hereby certify and declare that a certain Mortgage, bearing the date the 29th day of April, 1977 made and executed by Gerald A. Schatz and Nettie J. Schatz the mortgagor therein, to Klamath First Federal Savings and Loan Association, the mortgagee therein and recorded in the office of the County Clerk of the County of Klamath, State of Oregon, book M77 of Mortgages on Page 7369 on the 29th day of April, 1977.

together with the debt thereby secured, is fully paid, satisfied and discharged.

IN WITNESS WHEREOF, Klamath First Federal Savings and Loan Association, mortgagee, has caused its lawful corporate seal to be hereunto affixed and its name to be hereto subscribed by the hands of its President and Secretary this 4th day of November 1996, at Klamath Falls, Oregon.



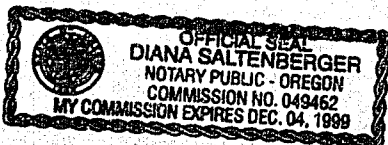
KLAMATH FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION

By: Gerald V. Brown  
President

By: George L. Hall  
Secretary

STATE OF OREGON )  
ss.  
County of Klamath )

On this 4th day of November, 1996 before me appeared Gerald V. Brown and George L. Hall, both to me personally known, who being duly sworn did say that he, the said Gerald V. Brown is the President, and he, the said George L. Hall is the Secretary of Klamath First Federal Savings and Loan Association, the within named corporation, and that the seal affixed to said instrument is the corporate seal of said corporation, and that the said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors, and Gerald V. Brown and George L. Hall acknowledged said instrument to be free act and deed of said corporation.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Diana Saltenberger  
Notary Public for Oregon  
My commission expires December 4, 1999

STATE OF OREGON )  
ss.  
County of Klamath )

I certify that the within instrument was received for record on the 5th day of November 1996, at 3:15 o'clock P.M., and recorded in book M96 on page 34993, Records of Mortgages for said County.

Witness my hand and seal of County affixed Bernetha G. Letsch, Co. Clerk  
County Clerk-Recorder

After Recording, please return to:  
Kenneth D. Swanson and  
Jody D. Goding  
2415 Homedale  
Klamath Falls, OR 97603

By: Kathleen Ross  
Deputy

Fee: \$10.00

194847  
ID. TAG NO.

477

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 130

State File Number

1. DECEDENT'S NAME First: <u>Thelma</u> Middle: <u>May</u> Last: <u>HARRIS</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>October 11, 1996</u>
4. SOCIAL SECURITY NUMBER <u>544-18-5343</u>		5a. AGE Last Birthday (Years) <u>88</u>	5b. Under 1 Year: <u>Mo</u> <u>Da</u> <u>Yr</u>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>August 7, 1914</u>	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Upholsterer</u>		13. SPOUSE (If Married, Widowed) <u>Lew Harris</u>	
14. KIND OF BUSINESS/INDUSTRY <u>Various</u>		15. STREET AND NUMBER <u>4322 Sucamore Street</u>	
16. RESIDENCE - STATE <u>Oregon</u>		17. COUNTY <u>Klamath</u>	
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE <u>97603</u>	
20. DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		21. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
22. FATHER - NAME first middle last <u>Edward -- Lundu</u>		23. MOTHER - NAME first middle maiden <u>Belvia -- Brewer</u>	
24. 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)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Wendy D. Brang</u>		27. LICENSE NUMBER (Of License) <u>AE - 2778</u>	
28. DATE FILED (Month, Day, Year) <u>OCT 14 1996</u>		29. REGISTRAR'S SIGNATURE <u>Lucy J. Simmons</u>	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		31. WAS GIFT MADE? <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	
32. TIME OF DEATH <u>1940</u>	33. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. TIME OF DEATH <u>M</u>	35. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>
36. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Edward T. McClure</u> M.D.		37. 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)	
38. DATE SIGNED (Month, Day, Year) <u>10/14/96</u>		39. DATE SIGNED (Month, Day, Year) COUNTY	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Edward T. McClure 2301 Clairmont Street Klamath Falls, Oregon 97601</u>			
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
42. 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.)			
PART I (a) <u>5easus</u>		Interval between onset and death <u>1wk</u>	
(b) <u>Reperforated colon</u>		Interval between onset and death <u>1wk</u>	
(c)		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.			
43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		44. DATE OF INJURY (Month, Day, Year)	
45. TIME OF INJURY <u>M</u>		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		48. DESCRIBE HOW INJURY OCCURRED	
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)		50. 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
51. 39. If YES was findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		52. 39. If YES was findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

DATE ISSUED: OCT 14 1996MARLENE BLEVINS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return: Claudia Newman  
4205 HWY 39 KFO 97603  
the 5th dayFiled for record at request of Claudia Newman  
of November A.D., 19 96 at 3:15 o'clock P. M., and duly recorded in Vol. M96  
of Deeds on Page 34994

Bernetha G. Letsch County Clerk

By Kathleen Ross

FEE \$10.00