

28237 K-48364 DEED OF RECONVEYANCE Vol. M96 Page 35721

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated September 25, 1996, executed and delivered by Carl R. Thornton as grantor and recorded on October 10, 1995, in the Mortgage Records of Klamath County, Oregon, in book/reel/volume No. M95 at page 27217, and/or as fee/tile/instrument/microfilm/reception No. (indicate which), conveying real property situated in that county described as follows:

Lot 1, Block 10, Tract 1039, Yonna Woods Unit 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

96 NOV 13 P2:56

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

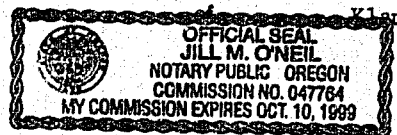
having received from the beneficiary under the trust deed a written request to reconvey, reciting that the obligation secured by the trust deed has been fully paid and performed, hereby does grant, bargain, sell and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to the described premises by virtue of the trust deed.

In construing this instrument and whenever its context so requires, the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument; if the undersigned is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by its Board of Directors.

DATED November 12, 1996. KIAMATH COUNTY TITLE COMPANY
By: [Signature] President
Trustee

STATE OF OREGON, County of Klamath) ss.
This instrument was acknowledged before me on _____, 19____,
by _____
This instrument was acknowledged before me on Nov. 12, 1996,
by R. E. Veatch
as President
Klamath County Title Company



[Signature] Notary Public for Oregon
My commission expires 10/10/99

Trustee's Name and Address
TO:
After recording return to (Name, Address, Zip):
Ross Putnam
46-189 NA KAO Place
Kaneche, HI 96744
Until requested otherwise send all tax statements to (Name, Address, Zip):

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, County of Klamath) ss.
I certify that the within instrument was received for record on the 13th day of November, 1996, at 2:56 o'clock P.M., and recorded in book/reel/volume No. M96 on page 35721 and/or as fee/tile/instrument/microfilm/reception No. 28237, Record of Mortgages of said County.
Witness my hand and seal of County affixed.
Bernetha G. Letsch, Co. Clerk
By [Signature] Deputy

Fee: \$10.00

194845

I.D. TAG NO.

471

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

State File Number

1. DECEDENT'S NAME First: Patricia, Middle: Louise, Last: EKLUND			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) October 8, 1996
4. SOCIAL SECURITY NUMBER 542-36-9695		5a. AGE-Last Birthday (Years) 60	5b. Under 1 Year Mo. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Klamath Falls, OR.
7. DATE OF BIRTH (Month, Day, Year) June 10, 1936		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9c. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Merchandiser		10b. KIND OF BUSINESS/INDUSTRY Retail		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Donald Eklund		13a. RESIDENCE - STATE Oregon		
13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		
13d. STREET AND NUMBER 4329 Cottage		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 15+) 12		
17. FATHER - NAME first middle last Wilbur B. Hescocock		18. MOTHER - NAME first middle maiden Patricia Melisse Brandenburg		19. INFORMANT - NAME and relationship to deceased Donald Eklund - Spouse
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. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles D. Bury</i>		21b. LICENSE NUMBER (Of Licensee) 3588		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year) OCT 11 1996		24. REGISTRAR'S SIGNATURE <i>Marlene Blevins</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 3:09 P. M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury M.D. 2300 Clairmont Drive Klamath Falls, Oregon 97601				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33. 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) Massive Intra Abdominal Injuries		Interval between onset and death Immediate		
(b) Motor Vehicle Accident		Interval between onset and death		
(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				
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
36. DATE OF INJURY (Month, Day, Year) 10-8-96		37. TIME OF INJURY 1:20 P.M.		38. AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) State Highway		40. DESCRIBE HOW INJURY OCCURRED Victim was the driver of a vehicle that was involved in a single vehicle accident.		
41. LOCATION (Street and Number or Rural Route Number, City or Town, State) Highway 97 North at Mile Post #233				

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

DATE ISSUED:

OCT 16 1996

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donald Eklund the 13th day
of November A.D., 1996 at 3:19 o'clock P. M., and duly recorded in Vol. M96
of Deeds on Page 35722

FEE \$10.00

Bernetha G. Letsch, County Clerk

By

Donald Eklund