30122 Vol M96 Page 39255

K-45782

SATISFACTION OF RECORDED MORTGAGE

KNOW ALL MEN BY THESE PRESENTS: That FIRST INTERSTATE BANK OF OREGON, N.A., a national banking association, being the identical association heretofore known as First National Bank of Oregon, does hereby certify and declare that certain mortgage, bearing the date of the 29TH day of SEPTEMBRT 1992, made and executed by LUCILLE M NELSON to FIRST INTERSTATE BANK OF OREGON, N.A., securing the payment of the sum of FOURTEEN THOUSAND FIVE HUNSRED AND NO/100 DOLLARS, ($14,500.00) and recorded on the 2TH day of OCTOBER 1992, in inst / doc. no. N/A and / or vol. M92 at page 23105, of Records of REAL Mortgages in and for the County of KLAMATH, State of Oregon, together with the debt secured thereby, has been fully paid, satisfied and discharged, and the County Clerk or Recorder of said County is hereby authorized and requested to cancel the same of record.

'96 DEC 18 P3:00

IN WITNESS WHEREOF, FIRST INTERSTATE BANK OF OREGON, N.A., has caused these presents to be executed on its behalf by its duly authorized representative this 28 August, 1996

FIRST INTERSTATE BANK OF OREGON, N.A.

BY _____

Susan M Pietsch Paid Processing Manager

STATE OF OREGON)
)
COUNTY OF MULTNOMAH) August 28, 1996

Personally appeared Susan M Pietsch who, being duly sworn did say that he/she is the Paid Processing Manager of FIRST INTERSTATE BANK OF OREGON, N.A., and that the said instrument was signed on behalf of said corporation by authority of its Board of Directors; and he/she acknowledged said instrument to be its voluntary act and deed.

Before me: _____

OFFICIAL SEAL
Notary Seal SUSAN TODD
NOTARY PUBLIC - OREGON
COMMISSION NO.042653
MY COMMISSION EXPIRES APR. 02, 1999

Notary Public for Oregon

My Commission expires 4-2-99

SATISFACTION OF MORTGAGE
FIRST INTERSTATE BANK OF OREGON, N.A.
TO

WHEN RECORDED, MAIL TO:

LUCILLE M NELSON
404 WASHINGTON ST
KLAMATH FALLS OR 97601

113 001 ~~1403222~~ 5001
N-272Y 2-93 101733

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Klamath County Title

on this 18th day of December A.D., 1996
at 3:00 o'clock P.M. and duly recorded
in Vol. M96 of Mortgages Page 39255.
Bernetha G. Letsch County Clerk
By Kathleen Rose Deputy.

Fee, $10.00

STATE HEALTH DIVISION
Department of Human Resources

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

83-013864

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

01

289
Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First: CHRIS | Middle: (NMI) | Last: HERRERA

2 DATE OF DEATH (month, day, year): August 11, 1983

3 RACE White, Black, American Indian, etc. (specify): Mexican

4 SEX: Male

5a AGE—Last birthday (years): 48

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): July 3, 1935

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either give street and number): West Medical Center

7c IF HOSP. OR N.H. Indicate DOA, Outpatient, Res. Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): LouJean Herrera

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 543-36-1932

14a USUAL OCCUPATION (give kind of work done during most of working life even if retired): Logger

14b KIND OF BUSINESS OR INDUSTRY: Timber Industry

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Chiloquin

15d STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 66 97624

15e Inside City Limits (Specify yes or no): Yes

16 FATHER—NAME first middle last: Crescencio -- Herrera

17 MOTHER—Maiden Name first middle last: Teodora -- Nunez

18 INFORMANT—NAME and relationship to deceased: LouJean Herrera, wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Wilson Cemetery

19c LOCATION city or town state: Chiloquin, Oregon 97624

20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

To be Completed by CERTIFYING PHYSICIAN Only

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature]: Jon S. Wayland

21b DATE SIGNED (Mo., Day, Yr.): 8-12-83

21c HOUR OF DEATH: 9:05 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Jon S. Wayland, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

CERTIFIER

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): AUG 15 1983

22b REGISTRAR [Signature]:

CAUSE OF DEATH

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I (a) Pneumonia — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (b) Cancer of kidney (Cadenocarcinoma) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): No

USE OF DEATH

1890

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No): No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: DEC 4 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON : COUNTY OF KLAMATH: ss

Filed for record at request of Blair M. Henderson the 18th day of December A.D., 19 96 at 3:04 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 39256.

FEE $10.00

Return: Blair Henderson
426 Main St. KFO 97601

County Clerk
by Bernetha Letsch
Kathleen Ross