

96 DEC 18 P 3:00

H-48782

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 SEPT 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 HUNDRED 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.

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 *[Signature]*

Susan M Pietsch Paid Processing Manager

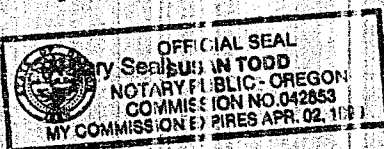
STATE OF OREGON)

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:



[Signature]
Notary Public for Oregon

My Commission expires 4-2-99

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

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Klamath County Title

on this 11th day of December A.D., 1996
at 3:00 o'clock P.M. and duly recorded
in Vol. 1196 of Mortgages Page 39255

Bernetha G. Letsch, County Clerk

By *[Signature]*

Deputy

Fee, \$10.00

WHEN RECORDED, MAIL TO:

LUCILLE M NELSON
404 WASHINGTON ST
KLAMATH FALLS OR 97601

113 001 1463222-5001
N-272Y 2-33 011233

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

83-013864

Vital Record Unit

Local File Number

State File Number

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
CHRIS		(NMI)		HERRERA				2 August 11, 1983	
RACE White, Black, American Indian, etc. (Specify)		SEX		AGE—Last birthday (years)		Under 1 year		Under 1 day	
Mexican		Male		48				DATE OF BIRTH (month, day, year)	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME		IF IN HOSP. OR ACCT. indicate DOA, CP, Hosp., Res. Institution (Specify)		COUNTY OF DEATH			
Klamath Falls		West Medical Center		Inpatient		Klamath			
STATE OF BIRTH (if not in U.S., name country)		CITIZEN OF WHAT COUNTRY		MARRIED		NEVER MARRIED, WIDOWED (Specify)		SPECIAL (IF MARRIED, WIDOWED)	
Oregon		U.S.A.		Married				LouJean Herrera	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)			
513-36-1932		Logger		Timber Industry		12 Yes			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D. ZIP		Inside City Limits (Specify Yes or No)	
Oregon		Klamath		Chiloquin		P.O. Box 66		Yes	
FATHER—NAME		MOTHER—Name		SPOUSANT—NAME and relationship to decedent		LOCATION		City or town State	
Crescencio - Herrera		Teodora - Nunez		LouJean Herrera, wife		Chiloquin, Oregon 97624			
BURIAL CREMATION, REMOVAL, MAUSOLEUM (Specify)		CEMETERY OR CREMATORIUM—NAME		FURNERAL SERVICE LICENSED OR FUNERAL HOME (Specify)		NAME AND ADDRESS OF FACILITY			
Burial		Wilson Cemetery		Davenport's		Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97603-719			
FUNERAL SERVICE LICENSED OR FUNERAL HOME (Specify)		NAME AND ADDRESS OF CERTIFIER (Type or Print)		DATE SIGNED (Month, Day, Year)		HOUR OF DEATH			
Jon S. Wayland, MD, 201 Mountain View Blvd., Klamath Falls, Oregon 97601		8-12-83		9:05 P. M.					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		DATE RECEIVED BY REGISTRAR (Month, Day, Year)		REGISTRAR					
		AUG 15 1983		[Signature]					
PART I IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH							
(a) Pyrexia		Interval between onset and death							
(b) Cancer of kidney (adenocarcinoma)		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 (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
		No		No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Month, Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
No									
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, in street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
No									
RESERVED FOR REGISTRAR'S USE									

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.

DEC 14 1996

DATE ISSUED:

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., 1996 at 3:04 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 39255

FEE \$10.00

Return Blair Henderson
426 Main St. KFO 97601

County Clerk
by Bernetha Letsch

Kathleen Ross