

31919 K-50214 DEED OF RECONVEYANCE Vol. M97 Page. 2455

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated February 27, 1991, executed and delivered by John D. Stork and Jeanine L. Stork, husband and wife as grantor and recorded on February 28, 1991, in the Mortgage Records of Klamath County, Oregon, in Book/Reel/volume No. M91 at page 3712, and/or as fee/title/instrument/microfilm/reception No. \_\_\_\_\_ (indicate which), conveying real property situated in that county described as follows:

The North one-half of Lot 6 in Block 7, Altamont Acres, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

(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 January 28, 1997

KLAMATH COUNTY TITLE COMPANY, a subsidiary of  
First American Title Co. of Oregon

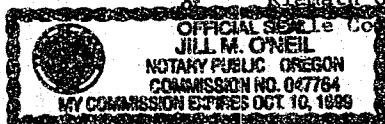
By: Trudie Durant  
Trustee President

STATE OF OREGON, County of Klamath ) ss.

This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_,  
by \_\_\_\_\_

This instrument was acknowledged before me on January 28, 1997,  
by Trudie Durant

as President  
of Klamath County Title Company, a subsidiary of First American  
\_\_\_\_\_ of Oregon



Jill M. O'Neil  
Notary Public for Oregon  
My commission expires 10/10/99

Trustee's Name and Address TO:
After recording return to (Name, Address, Zip): <u>Klamath County Title Company</u>
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 28th day of January, 1997, at 10:53 o'clock A.M., and recorded in Book/reel/volume No. M97 on page 2455 and/or as fee/title/instrument/microfilm/reception No. 31919, Record of Mortgages of said County.  
Witness my hand and seal of County affixed.  
Bernetha G. Letsch, Co. Clerk  
By Kathleen Ross TITLE Deputy

Fee: \$10.00

97 JAN 28 AM 10:53

Local File Number

State File Number

CERTIFICATE OF DEATH				State File Number	
1. DECEDENT'S FIRST NAME <b>William</b>		Middle Name <b>Edward</b>		Last Name <b>HEIN</b>	
2 SEX <b>Male</b>		3 DATE OF DEATH (Month, Day, Year) <b>January 30, 1996</b>		4 SOCIAL SECURITY NUMBER (Last 4 digits) <b>[REDACTED]</b>	
5 AGE at last birthday (Years) <b>68</b>		6 BIRTH PLACE (City and State or Foreign Country) <b>Ypsilanti, Michigan</b>		7 DATE OF BIRTH (Month, Day, Year) <b>April 23, 1927</b>	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9A FACILITY NAME (if not institution, give street and number) <b>6244 Climax Avenue</b>		9B CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10A DECEDENT'S USUAL OCCUPATION (Other kind of work done during most of working life. Do not use retired.) <b>Electrical Contractor</b>		10B KIND OF BUSINESS/INDUSTRY <b>Construction</b>		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
12 FATHER - NAME first middle last <b>George Hein</b>		13 MOTHER - NAME first middle maiden <b>Loretta Burshaw</b>		14 SPOUSE (If married, widowed) <b>Elaine Hein</b>	
15 RESIDENCE - STATE <b>Oregon</b>		16 COUNTY <b>Klamath</b>		17 STREET AND NUMBER <b>6244 Climax Avenue</b>	
18 INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19 ZIP CODE <b>97603</b>		20 RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
21 EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5+) <b>12</b>		22 INFORMANT - NAME and relationship to deceased <b>Elaine Hein - Spouse</b>		23 INFORMATION - City or Town, State <b>Klamath Falls, Oregon</b>	
24 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>Dale A. Miller</b>		25 LICENSE NUMBER (For Licensee) <b>3588</b>		26 NAME, ADDRESS AND ZIP OF FACILITY <b>Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603</b>	
27 DATE FILED (Month, Day, Year) <b>FEB 02 1996</b>		28 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		29 WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
30 TIME OF DEATH <b>10:30 p.m.</b>		31 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
32 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <b>Kenneth K. Magee M.D.</b>					
33 DATE SIGNED (Month, Day, Year)					
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Kenneth K. Magee M.D., 1900 Main Street Klamath Falls, Oregon 97601</b>					
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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.					
(a) <b>Ventricular Fibrillation</b>		Interval between onset and death <b>minute</b>			
(b) <b>Systolic Cardiosyncope, Severe</b>		Interval between onset and death <b>N/A</b>			
(c) <b>Uremia Due to poor cardiac output</b>		Interval between onset and death <b>N/A</b>			
37 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I <b>Uremia Due to poor cardiac output</b>					
38 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		39 DATE OF INJURY (Month, Day, Year)		40 TIME OF INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		42 LOCATION (Street and Number or Rural Route Number, City or Town, State)		43 DESCRIPTION HOW INJURY OCCURRED	

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

DATE ISSUED FEB 02 1996

EDWARD J. JOHNSON  
STATE REGISTRAR

STATE OF OREGON : COUNTY OF KLAMATH:

Filed for record at request of William Edward Hein  
of January 19 97 A.D., at 10:53 o'clock A. M., and duly recorded in Vol. M97  
of Deeds on Page 2456

FFF \$10.00

by Kathleen Rose Bernice G. Letch, County Clerk