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FORM No. 880 – PARTIAL RECONVEYANCE — COPYRIGHT 1997 – STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204

43805

'97 AUG 19 A11:39

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PARTIAL RECONVEYANCE

Alfred L. and Judy A. Edgar

Trustee's Name and Address

To

Ernest R. Sessom Trust

After recording, return to (Name, Address, Zip):

Alfred L. and Judy A. Edgar
3370 Lake Forest Rd.
Chiloquin, OR 97624

SPACE RESERVED FOR RECORDER'S USE

Fee $10.00

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 19th day of August, 19 97, at 11:39 o'clock A M., and recorded in book/reel/volume No. M97 on page 27176 and/or as fee/file/instrument/microfilm/reception No. 43805 Records of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk
NAME TITLE

By Pauline Mulkey Deputy

KNOW ALL BY THESE PRESENTS that the undersigned trustee, or successor trustee, under that certain trust deed dated August 23, 1996, executed and delivered by ALFRED L. EDGAR and JUDY A. EDGAR, husband and wife as grantor and in which Trustees of the Ernest R. Sessom Trust, as to an undivided 1/2 interest and Trustees of the Doris C. Sessom Trust, as to an undivided 1/2 interest, as tenants in common named as beneficiary, recorded August 23, 1996, in book/reel/volume No. M-96 at page 26143, and/or as fee/file/instrument/microfilm/reception No. 23716 (indicate which) of the Records of Klamath County, Oregon, having received from the beneficiary, or the beneficiary's successor in interest, a written request to reconvey a portion of the real property covered by the trust deed, does hereby, for value received, 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 following described portion of the real property covered by the trust deed, to-wit:

Parcel 2 of Land Partition 64-96 being a portion of Tract 3 of "400 Subdivision" situated in the NE 1/4 SE 1/4 of Section 35, Township 39 South, Range 9 East of the Willamette Meridian, in the County of Klamath, State of Oregon.

CODE 164 MAP 3909-3500 TL 1002

The remaining property described in the trust deed shall continue to be held by the trustee under the terms of the trust deed. This partial reconveyance does not affect the personal liability of any person for payment of the indebtedness secured by the trust deed.

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

IN WITNESS WHEREOF, the undersigned trustee has executed this document. 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 order of its board of directors.

Dated August 19, 19 97.

ASPEN TITLE & ESCROW, INC.

Marlene T. Addington

TRUSTEE

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on ....., 19....,

by .....

This instrument was acknowledged before me on August 19, 1997,

by MARLENE T. ADDINGTON

as Authorized Officer

of Aspen Title & Escrow, Inc., an Oregon Corporation

OFFICIAL SEAL
LEIGH A. ANDREWS
NOTARY PUBLIC-OREGON
COMMISSION NO. 062469
MY COMMISSION EXPIRES MAR. 3, 2001

Leigh A. Andrews

Notary Public for Oregon

My commission expires March 3, 2001

STATE OF OREGON
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number: 1936

Local File Number: 420

1. DECEDENT'S NAME: First: Jessie; Middle: Ruth; Last: SMITH
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 11, 1997
4. SOCIAL SECURITY NUMBER: 559-48-1251
5a. AGE-Last Birthday (Years): 60
5b. If Under 1 Year: Months / Days / Hours / Minutes
5c. If Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Harrison, Arkansas
7. DATE OF BIRTH (Month, Day, Year): May 24, 1937
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 356 Day School Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Chiloquin
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): Arthur
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Chiloquin
13d. STREET AND NUMBER: 356 Day School Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97624
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE (American Indian, Black, White, etc. (Specify)): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):
17. FATHER - NAME: First: Gile; Middle: Rubin; Last: Leach
18. MOTHER - NAME: First: Myrtle; Middle: Spain; Maiden: Majors
19. INFORMANT - NAME and relationship to deceased: Arthur Smith - husband
20a. METHOD OF DISPOSITION: ☐ Interment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Simonsen Crematory
20c. LOCATION - City or Town, State: Ashland, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (If Licensed): 3607
21c. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
22. DATE FILED (Month, Day, Year): AUG 12 1997
23. REGISTRAR'S SIGNATURE: [signature]
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ NA
25. WAS GIFT MADE? ☐ YES ☐ NO ☒ NA

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1645 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): [signature]
30. DATE SIGNED (Month, Day, Year): August 11, 1997
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): Robert F. Behnen, MD 2610 Uhrmann Road, Klamath Falls, OR 97601
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

33a. TIME OF DEATH: M
33b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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):

COUNTY

34. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST:

35. 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) Adeno carcinoma — Interval between onset and death: 5 years
(b) DUE TO, OR AS A CONSEQUENCE OF: 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 resulting in the underlying cause given in PART I.

36. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
39. AUTOPSY? ☐ Yes ☐ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ NA

40. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined ☐ Could not be determined
41a. DATE OF INJURY (Month, Day, Year):
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED:
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

RESERVED FOR REGISTRAR'S USE:

ORIGINAL VITAL STATISTICS COPY

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

DATE ISSUED: AUG 12 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Arthur Smith the 19th day of Aug A.D., 19 97 at 1:08 o'clock P M., and duly recorded in Vol. M97 of Deeds on Page 27177.

Bernetha G. Letsch, County Clerk
By [signature]

FEE $10.00