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PARTIAL RECONVEYANCE

Alfred L. and Judy A. Edgar

Trustor's Name and Address

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, 1997, 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-Mrge Records of said County.

Witness my hand and seal of County affixed.

Bernatha G. Letsch, Co. Clerk

NAME

TITLE

By Diane M. Anderson 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

recorded August 23, 1996, in book/reel/volume No. M-96 at page 26143, and/or as fee/

instrument/reel/volume 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, 1997.

ASPEN TITLE & ESCROW, INC.

Margene T. Addington

TRUSTEE

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on _____, 19____,

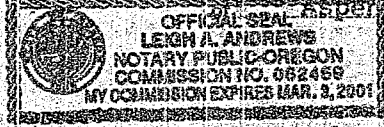
by _____

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

by MARGENE T. ADDINGTON

as Authorized Officer

as _____ Title & Escrow, Inc., an Oregon Corporation



Leigh A. Andrews

Notary Public for Oregon

My commission expires

March 3, 2001

CENTRAL OFFICE OF HEALTH STATISTICS
STATE OF OREGON
COUNTY OF KLAMATH
CERTIFICATE OF DEATH

State File Number _____

1. DECEDENT'S NAME: **Jessie Ruth SMITH**

2. SEX: **Female**

3. DATE OF DEATH (Month, Day, Year): **August 11, 1997**

4. SOCIAL SECURITY NUMBER: **559-48-1251**

5. AGE (Years, Months, Days): **60**

6. PLACE OF BIRTH (City, State, Country): **Harrison, Arkansas**

7. DATE OF BIRTH (Month, Day, Year): **May 24, 1937**

8. PLACE OF DEATH (Check only one):
☐ HOME ☐ OCCIDENT'S HOME ☐ OTHER (Specify):
356 Day School Road

9. COUNTY OF DEATH: **Klamath**

10. DECEASED'S USUAL OCCUPATION (Specify No. or Yes - If yes, specify Code):
Homemaker

11. KIND OF BUSINESS/INDUSTRY:
Own Home

12. MARITAL STATUS - **Married**
 12. SPOUSE (If Married, Widowed, Divorced, Separated)
Arthur

13. RESIDENCE - STATE: **Oregon** COUNTY: **Klamath** CITY, TOWN OR LOCATION: **Chiloquin**

14. STREET AND NUMBER: **356 Day School Road**

15. INSIDE CITY LIMITS: **Yes** ZIP CODE: **97624**

16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No. or Yes - If yes, specify Code: Mexican, Puerto Rican, etc.) **No**

17. RACE: **White**

18. DECEASED'S EDUCATION (Specify only highest grade completed):
 Elementary/Secondary (5-12) College (14 or 15+) **10**

19. FATHER - NAME, first, middle, last: **Gile Rubin Leach**

20. MOTHER - NAME, first, middle, last: **Mirtie Spain Majors**

21. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Home or Non-Bio ☐ Donation ☐ Other (Specify):

22. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): **Simonsen Crematory**

23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *[Signature]*

24. LICENSE NUMBER (Of Licensee): **3607**

25. NAME, ADDRESS AND ZIP OF FACILITY: **Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601**

26. REGISTRAR'S SIGNATURE: *[Signature]*

27. DATE FILED (Month, Day, Year): **AUG 12 1997**

28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? (YES ☐ NO ☒ NA)

29. WAS GIFT MALEY? (YES ☐ NO ☒ NA)

30. TO BE COMPLETED BY CERTIFYING PHYSICIAN:
 30a. TIME OF DEATH: **1645** 30b. WAS MEDICAL EXAMINER NOTIFIED? **Yes**
 30c. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated on this certificate.
 (Signature) *[Signature]*
 30d. DATE SIGNED (Month, Day, Year): **August 12, 1997**

31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER:
 31a. TIME OF DEATH: **1645** 31b. DATE PRONOUNCED DEAD (Month, Day, Year): **Aug 12 1997**
 31c. 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) _____
 31d. DATE SIGNED (Month, Day, Year): _____ COUNTY: _____

32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print):
Robert F. Behnen, MD 2610 Uhrmann Road, Klamath Falls, OR 97601

33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): _____

34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b). Do not enter mode of dying, i.e., Cardiac or Respiratory Arrest.)
 (a) **Adverse reaction of reaction with medication**
 DUE TO, OR AS A CONSEQUENCE OF:
 (b) _____
 DUE TO, OR AS A CONSEQUENCE OF:
 (c) _____
 OTHER SIGNIFICANT CONDITIONS:
 Conditions contributing to death but not resulting in the underlying cause given in PART I:
Microfibrinosis

35. Did tobacco use contribute to this death?
☐ Yes ☐ Probably ☒ No ☐ Unknown

36. AUTOPSY: ☐ Yes ☒ No

37. If YES, what procedure was followed in determining cause of death?
☐ Yes ☒ No ☐ NA

38. MANNER OF DEATH:
☒ Natural ☐ Poisoning ☐ Accidental ☐ Unintentional ☐ Suicide ☐ Homicide ☐ Local ☐ Other

39. DATE OF INJURY (Month, Day, Year): _____

40. TIME OF INJURY: _____

41. INJURY AT WORK: ☐ Yes ☒ No

42. PLACE OF INJURY: All other than street, factory, office, building, etc. (Specify): _____

43. LOCATION (Street and Number or Postal 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**

[Signature]
 MARLENE BLEVINS
 COUNTY REGISTRAR
 KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: 55.

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 **Deed** on Page **27177**.
 By *[Signature]* Bernetha G. Letsch, County Clerk

FEE \$10.00