

NL

46050

DEED OF RECONVEYANCE Vol. M97 Page 31821

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated November 24, 1972, executed and delivered by Alvin M. Senior and Bertha B. Senior, husband & wife as grantor and recorded on November 24, 1972, in the Mortgage Records of Klamath County, Oregon, in book/reel/volume No. M72 at page 13600, and/or as fee/file/instrument/microfilm/reception No. _____ (indicate which), conveying real property situated in that county described as follows:

The $\frac{1}{2}$ of Tract 48 of LEWIS TRACTS, 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 September 29, 1997

Robert D. Boivin
Robert D. Boivin, Trustee

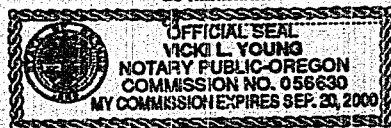
Trustee

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on September 29, 1997,
by Robert D. Boivin

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

as _____



Duck. A. Young
Notary Public for Oregon
My commission expires 9-20-2000

Robert D. Boivin
110 North 6th Street
Klamath Falls, OR 97601

Trustee's Name and Address
TO:

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

Western Bank, ATTN: Carolyn Shellhafer
P.O. Box 869
Coos Bay, OR 97420

Until requested otherwise send all tax statements to (Name, Address, Zip):

SPACE RESERVED
FOR
RECORDER'S USE

fee \$10.00

STATE OF OREGON,) ss.
County of Klamath

I certify that the within instrument was received for record on the 30th day of Sept, 1997, at 9:11 o'clock A.M., and recorded in book/reel/volume No. M97 on page 31821 and/or as fee/file/instrument/microfilm/reception No. 46050 Record of Mortgages of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk

NAME TITLE
By Kathleen Ross, Deputy

97 SEP 30 A9:11

106

199378
D. TAG NO.
233

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER OF HEALTH STATISTICS
CERTIFICATE OF DEATH

Local File Number: _____ State File Number: _____

1. DECEDENT'S NAME: First Judith Middle Roanne Last SMITH

2. SEX: F

3. DATE OF DEATH (Month, Day, Year): May 17, 1993

4. SOCIAL SECURITY NUMBER: 562-52-0070

5a. AGE-Last Birthday (Years): 53

5b. Under 1 Year: Mo Days

5c. Under 1 Day: Hours Mins

6. BIRTH PLACE (City and State or Foreign Country): Taft, CA

7. DATE OF BIRTH (Month, Day, Year): July 20, 1939

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No

9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ Outpatient ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify): _____

9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9c. COUNTY OF DEATH: Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife

10b. KIND OF BUSINESS/INDUSTRY: Homemaking

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed, Divorced) (Specify): James L.

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN, OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 4816 Climax Avenue

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No ☐ Yes ☐ No

15. RACE American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): 12

17. FATHER - NAME first middle last: Wilson D. Parker

18. MOTHER - NAME first middle maiden: Vivian B. Jordan

19. INFORMANT - NAME and relationship to decedent: James L. Smith, husband

20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): _____

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens

20c. LOCATION - City or Town, State: Klamath Falls, OR 97603

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

21b. LICENSE NUMBER (Of Licensee): 53-0124

22. NAME, ADDRESS, AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

23. DATE FILED (Month, Day, Year): MAY 18 1993

24. REGISTRAR'S SIGNATURE: [Signature]

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? No ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? No ☐ YES ☐ NO ☒ N/A

27. TIME OF DEATH: 11:00 AM

28. WAS MEDICAL EXAMINER NOTIFIED? Yes ☐ 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): May 17, 1993

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James F. Novak, MD, 1905 Main Street, Klamath Falls, Oregon 97601

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

33. 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 (a) Multiple Sclerosis

PART (b) _____

PART (c) _____

34. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal intervention ☐ Homicide

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

36. TIME OF INJURY: _____

37. INJURY AT WORK? ☐ Yes ☒ No

38. AUTOPSY: ☐ Yes ☒ No

39. IF YES were findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A

40. DESCRIBE HOW INJURY OCCURRED: _____

41. LOCATION (Street and Number or Rural Route Number, City or Town, State): _____

42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): _____

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

45-2 Rev 7/91

DATE ISSUED: MAY 18 1993

Charlene Bergus
CHARLENE BERGUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of James Smith the 30th day
of Sept A.D., 19 97 at 9:11 o'clock A M., and duly recorded in Vol. M97
of Deeds on Page 31822

FEE \$10.00

By Bernetha G. Letsch, County Clerk
[Signature]