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STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

First American Title

on this 11th day of March A.D., 1998
at 11:00 o'clock A.M. and duly recorded
in Vol. M98 of Mortgages Page 7830

Bernetha G. Letsch, County Clerk

By Kathleen Roca
Fee, \$10.00 Deputy

K-51153

In the Circuit Court of the State of Oregon

For the County of Klamath

Carter Jones Collection Service

vs.

Michael C. Matwich & Brenda C. Matwich

etal

, Defendant.

Case No. _____

RELEASE OF CERTAIN REAL PROPERTY
FROM JUDGMENT

For good and valuable consideration, the undersigned Carter Jones Collection Service, Inc.

does hereby release and discharge the following described real property, to-wit:

The E 1/2 of Lot 3 in Block 2 of FIRST ADDITION TO ALTAMONT ACRES,
according to the official plat thereof on file in the office of the
County Clerk of Klamath County, Oregon.
from the lien of that certain judgment entered in the above entitled cause on the 31 day of May
19 96, against MATWICH, Michael C. & Brenda C. etal
for the amount of \$_____. In all other respects, the judgment described shall remain in full force and effect as
though this release had not been executed.

Dated _____, 19____

Kent Pedersen PRESIDENT
SIGNATURE

TYPE C.A. PRINT NAME

ADDRESS

CITY STATE ZIP PHONE

STATE OF OREGON, County of Klamath

) ss.

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

by

This instrument was acknowledged before me on March 10, 19 98

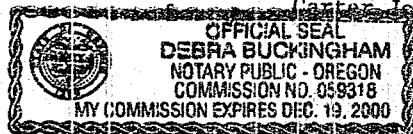
by

Kent Pedersen

as

President

Carter Jones Collection Service



Debora Buckingham
Notary Public for Oregon
My commission expires 12-19-2000

STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of First American Title the 12th day
of March A.D., 1998 at 1:44 o'clock P.M., and duly recorded in Vol. M98
of Deeds on Page 8094

FEE

Re-recorded to correct book

By Kathleen Roca Bernetha G. Letsch, County Clerk

257583

ID TAG NO.

72

Local File Number

OREGON HEALTH DIVISION CENTER OF HEALTH STATISTICS CERTIFICATE OF DEATH

135

State File Number

1. DECEASED'S NAME Lawrence Franklin GRAY		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 15, 1998	
4. SOCIAL SECURITY NUMBER 544-42-9658		5. BIRTH PLACE (City and State or Foreign) Klamath Falls, OR		7. DATE OF BIRTH (Month, Day, Year) July 26, 1922	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		9. POLICE OF DEATH (Check only one) <input type="checkbox"/> Medical <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) 5025 Villa Drive		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Farmer		14. KIND OF BUSINESS/INDUSTRY Agriculture		15. MARITAL STATUS (Married, Widowed, Divorced, Separated) Married	
16. RESIDENCE - STATE Oregon		17. COUNTY Klamath		18. CITY, TOWN, OR LOCATION Klamath Falls	
19. RESIDENCE - ZIP CODE 97603		20. STREET AND NUMBER 5025 Villa Drive		21. DECEASED'S EDUCATION (Specify only highest grade completed) High School	
22. FATHER - NAME (last, middle, first) Frank L. Gray		23. MOTHER - NAME (last, middle, first) Veda Belle Potter		24. INFORMANT - NAME and relationship to deceased Lois E. Gray, wife	
25. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.) St. Luke's Cemetery		27. LOCATION - City or Town, State Klamath Falls, Oregon	
28. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Edward J. Johnson</i>		29. DECEASED'S LICENSE NO. T462		30. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601	
31. DATE FILED (Month, Day, Year) FEB 19 1998		32. REGISTRAR'S SIGNATURE <i>Edward J. Johnson</i>		33. REGISTRAR'S TITLE State Registrar	

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

34. TIME OF DEATH 13:10		35. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		36. TIME OF DEATH 13:10		37. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) Feb 15, 1998	
38. To the best of my knowledge, death occurred at the time and place stated due to the cause(s) and manner stated. (Signature) <i>Lowell Smith</i>				39. 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) <i>Lowell Smith</i>			
40. DATE SIGNED (Month, Day, Year) Feb 18, 1998				41. DATE SIGNED (Month, Day, Year) Feb 18, 1998			
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIED MEDICAL EXAMINER (Type of Print) Lowell Smith, M.D., 2610 Uhlmann Rd., Klamath Falls, Oregon 97601				43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Print) Lowell Smith, M.D., 2610 Uhlmann Rd., Klamath Falls, Oregon 97601			
44. PART I: Abdominal relapse of carcinoma DUE TO, OR AS A CONSEQUENCE OF: Cancer of cervix DUE TO, OR AS A CONSEQUENCE OF: Cancer of cervix				45. PART II: OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART I.)			
46. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other				47. DATE OF INJURY (Month, Day, Year) Feb 15, 1998			
48. TIME OF INJURY 13:10				49. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) At home			
50. DESCRIBE HOW INJURY OCCURRED Heart attack				51. LOCATION (Street and Number or Rural Route Number, City or Town, State) Klamath Falls, Oregon			

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.

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: FEB 19 1998

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH

Filed for record at request of March A.D., 19 98 at 1:44 o'clock P.M., and duly recorded in Vol. M98 day 12th of Deeds on Page 8095.
FEE \$10.00
By Bernetha G. Letsch, County Clerk