

55313

98 MAR 26 P3:13

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525 Main Street  
Klamath Falls, Oregon 97601  
(503) 884-5137

ATC #02047289

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**DEED OF FULL RECONVEYANCE**

The undersigned as Trustee or Successor Trustee under that certain Trust Deed described as follows:

Dated : August 5, 1996 Recorded : August 5, 1996  
 Fee Number : 22629 Book : M96 Page : 23815  
 County Of : Klamath  
 State Of : Oregon  
 Trustor : Bill E. Hobson and Rhonda L. Hobson, husband and wife  
 Trustee : ASPEN TITLE & ESCROW, INC.  
 Beneficiary : William M. Zwer and Iluminada M. Zwer, husband and wife

having received from the Beneficiary under said Trust Deed, a written request to reconvey, reciting that the obligations secured by the Trust Deed have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the parties entitled thereto all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed of Trust.

Date : March 26, 1998

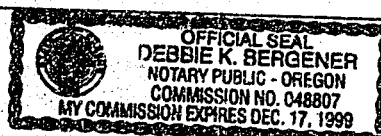
ASPEN TITLE &amp; ESCROW, INC.

BY Ray Addington  
 Ray Addington

State Of Oregon

County Of Klamath

ss

March 26, 19 98.

Personally appeared Ray Addington, who being duly sworn did say that he is the Assistant Secretary of Aspen Title & Escrow, Inc., a Corporation and that said instrument was signed on behalf of said corporation by authority of its Board of Directors and he acknowledged said instrument to be its voluntary act and deed.

AND WHEN RECORDED MAIL TO

Bill E. & Rhonda L. Hobson  
1610 Gary St.  
Klamath Falls, Or. 97603

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Before Me:

Debbie K. Bergener  
 Notary Public for Oregon  
 My Commission Expires: 12/17/99

Filed for record at request of Aspen Title & Escrow the 26th day of March A.D., 19 98 at 3:13 o'clock p M., and duly recorded in Vol. M98 of Mortgages on Page 9775.

FEE \$10.00

By Bernetha G. Letsch County Clerk  
Kathleen Rose

1. DECEASED'S NAME <b>Alvin William Nelson</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>September 3, 1997</b>	
4. SOCIAL SECURITY NUMBER <b>503-12-7264</b>		5. BIRTHPLACE (City and State or Foreign) <b>Geddes, SD</b>		7. DATE OF BIRTH (Month, Day, Year) <b>December 2, 1914</b>	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Specify only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Prison <input type="checkbox"/> Other (Specify) <b>Son's Home</b>		9. COUNTY OF DEATH <b>Klamath</b>	
10. FACILITY NAME (If not institution, give street and number) <b>6547 Patterson Street</b>		11. CITY/TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		12. COUNTY OF DEATH <b>Klamath</b>	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Millwright</b>		14. KIND OF BUSINESS/INDUSTRY <b>Jeld-Gen Company</b>		15. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) <b>Widowed</b>	
16. RESIDENCE - STATE <b>Oregon</b>		17. CITY/TOWN OR LOCATION <b>Klamath Falls</b>		18. STREET AND NUMBER <b>1106 Kane Street</b>	
19. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20. ZIP CODE <b>97603</b>		21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify: Yes, No, or Specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22. RACE <b>White</b>		23. DECEASED'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary 8-12 College (1-4 or 5-6)</b>		24. DECEASED'S EDUCATION <b>8</b>	
25. FATHER - NAME (first, middle, last) <b>Christopher Nelson</b>		26. MOTHER - NAME (first, middle, last) <b>Anna Caroline Anderson</b>		27. INFORMANT - NAME and relationship to deceased <b>Beverly A. Baker, daughter</b>	
28. METHOD OF DISPOSITION <input type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <b>Donation</b>		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Memorial Gardens</b>		30. LOCATION - City or Town, State <b>Klamath Falls, Oregon 97603</b>	
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Christensen</i>		32. LICENSE NUMBER <b>FS-0124</b>		33. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>	
34. DATE FILED (Month, Day, Year) <b>SEP 08 1997</b>		35. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
37. TIME OF DEATH <b>06:40 AM</b>		38. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE OF DEATH <b>September 5, 1997</b>	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Charles Christensen, MD, 1900 Main Street, Klamath Falls, Oregon 97601</b>		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		42. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 42a, 42b, AND 42c. Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) <b>metastatic Prostate Cancer</b>	
43. DATE SIGNED (Month, Day, Year) <b>September 5, 1997</b>		44. COUNTY <b>Klamath</b>		45. INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS.</b>	
46. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART I) <b>Anemia</b>		47. Did toxicologic tests contribute to the result? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		48. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
49. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		50. DATE OF INJURY (Month, Day, Year)		51. TIME OF INJURY	
52. PLACE OF INJURY (At Home, at Work, at School, at Recreation, etc.) <b>At Home</b>		53. LOCATION (Street and Number or Rural Route Number, City or Town, State)		54. DESCRIBE HOW INJURY OCCURRED	

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 **SEP 08 1997**  
REGISTERED AT **1106 Kane Street, Klamath Falls, OR 97601**  
Marlene E. Blum  
MARLENE BLUM  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON