

After Recording Return To: William M. Ganong, Attorney at Law, 514 Walnut Avenue, Klamath Falls, OR 97601

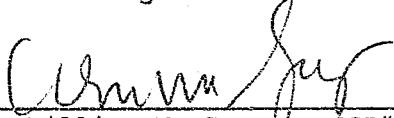
LIEN RELEASE

Klamath Irrigation District hereby acknowledges payment in full of all obligations described in the NOTICE OF CLAIM OF LIEN ORS 545.494 recorded on May 15, 1997 in Vol M97 at page 14867 of the records of the Clerk of Klamath County, Oregon, describing all or a portion of Klamath County Assessor's Lot No. 3909-11DC-7000, John D. & Peggy Dalton.

Klamath Irrigation District does hereby release the Lien on the real property described in said Notice.

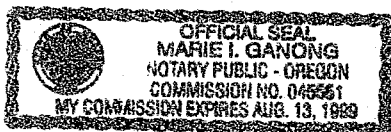
Dated April 13, 1998.

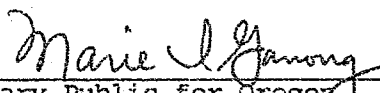
Klamath Irrigation District

by 
William M. Ganong, OSB#78213
General Counsel for
Klamath Irrigation District
514 Walnut Avenue
Klamath Falls, OR 97601

STATE OF OREGON)
) ss.
County of Klamath)

The foregoing instrument was acknowledged before me this 13th day of April, 1998, by William M. Ganong.

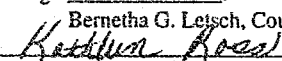



Notary Public for Oregon
My Commission Expires: 8-13-99

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath Irrigation District the 15th day
of April A.D., 19 98 at 10:28 o'clock A. M., and duly recorded in Vol. M98
of County Lien Docket on Page 12328.

FEE \$5.00

By  Bernetha G. Leisch, County Clerk

PERMANENT
BLACK INK

194836

ID. TAG NO.

435

Local File Number

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

136

State File Number

1. DECEDENT'S NAME First: <u>Aria</u> Middle: <u>Thelma</u> Last: <u>TODD</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>September 15, 1996</u>		
4. SOCIAL SECURITY NUMBER <u>585-20-1459</u>		5a. AGE Last Birthday (Years) <u>62</u>	5b. Under 1 Year Mos: _____ Days: _____	5c. Under 1 Day Hours: _____ Mins: _____	6. BIRTHPLACE (City and State or Foreign Country) <u>Octavia, Oklahoma</u>	7. DATE OF BIRTH (Month, Day, Year) <u>March 17, 1934</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			9a. PLACE OF DEATH (Check only one) ☐ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DDA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify): _____			
9b. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>			9c. CITY, TOWN, OR LOCATION OF DEATH: <u>Klamath Falls</u>		9d. COUNTY OF DEATH <u>Klamath</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Clerk</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Woolworths</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Grover Todd</u>
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>3528 Crest Street</u>
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No		13f. ZIP CODE <u>97603</u>		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) <u>White</u>
17. FATHER - NAME first middle last <u>James Hamby Felstinger</u>			18. MOTHER - NAME first middle maiden <u>Joan Marie Hatter</u>			19. INFORMANT - NAME and relationship to decedent <u>Grover Todd - Spouse</u>
20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): _____			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>			20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Dwight N. Patten</u>			21b. LICENSE NUMBER (Of Licensee) <u>AE - 2776</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 HWY 39 Klamath Falls, OR 97603</u>	
23. DATE FILED (Month, Day, Year) <u>SEP 18 1996</u>			24. REGISTRAR'S SIGNATURE <u>Lucy Simon</u>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A						
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A						
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH <u>0245</u> M ☐ Yes ☒ No		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) <u>Paul Gregory Amstutz, M.D.</u>						
30. DATE SIGNED (Month, Day, Year) <u>Sept. 16, 1996</u>						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Paul Amstutz, M.D. 2800 Daggett Avenue Klamath Falls, Oregon 97601</u>						
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
TO BE COMPLETED ONLY BY MEDICAL EXAMINER						
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M				
32. 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) _____						
33. DATE SIGNED (Month, Day, Year) _____ COUNTY _____						
PART I: 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)						
(a) <u>Inter-ventricular Hemorrhage</u>		Interval between onset and death <u>6 hours</u>				
(b) _____		Interval between onset and death				
(c) _____		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.						
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Unknown						
38. AUTOPSY ☐ Yes ☒ No						
39. If YES were findings consistent with cause of death? ☐ Yes ☒ No ☐ N/A						
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐ Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M ☐ Yes ☒ No		41c. INJURY AT WORK? ☐ Yes ☒ No
41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED:

OCT 09 1996

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

Return To: Carlene Todd, 5540 Homedale, City 97603

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 15th day
of April A.D., 19 98 at 11:16 o'clock A.M., and duly recorded in Vol. M98
of Deeds on Page 12329

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Kathleen Rosa