56395 '98 APR 15 A10:28 Vol M98 Page 12328

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.

OFFICIAL SEAL
MARIE I. GANONG
NOTARY PUBLIC - OREGON
COMMISSION NO. 045561
MY COMMISSION EXPIRES AUG. 13, 1999

Marie I. 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. Letsch, County Clerk
Kathleen Reed

STC # 01047528

PLEASE PRINT IN BLACK INK

194838 I.D. TAG NO.

435 Local File Number

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Aria; Middle: Thelma; Last: TODD
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 15, 1996
4. SOCIAL SECURITY NUMBER: 585-20-1459
5a. AGE Last Birthday (Years): 62
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Octavia, Oklahoma
7. DATE OF BIRTH (Month, Day, Year): March 17, 1934
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☑ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☑ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Clerk
10b. KIND OF BUSINESS/INDUSTRY: Woolworths
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Grover Todd
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3528 Crest Street
13e. INSIDE CITY LIMITS? ☐ Yes ☑ No
13f. ZIP CODE: 97603
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: James Hamby Kelsinger
18. MOTHER - NAME first middle maiden: Josie [illegible] Hatter
19. INFORMANT - NAME and relationship to deceased: Grover Todd - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☑ 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, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Wendy N. Pottorff
21b. LICENSE NUMBER (Of Licensee): AE - 2778
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 HWY 39 Klamath Falls, OR 97603
23. DATE FILED (Month, Day, Year): SEP 18 1996
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☑ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0345 M
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): Paul Gregory Amstutz M.D.
30. DATE SIGNED (Month, Day, Year): Sept. 16 1996
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Paul Amstutz, M.D. 3800 Daggett Avenue Klamath Falls, Oregon 97601
35. 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):
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:

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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 I (a) Inter ventricular Hemorrhage — Interval between onset and death: 6 hou
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(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 ☐ Probably ☐ No ☑ Unknown
38. AUTOPSY ☐ Yes ☑ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☑ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year):
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☑ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. 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
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

Return To: Carlene Todd 3528 Homedale Site 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

Bernetha G. Letsch, County Clerk
By Kathleen Rose