

RETURN TO: Abiqua Company

PO Box 680, Mt. Angel, SATISFACTION OF MORTGAGE

TAX STATEMENTS: NO CHANGE

Oregon 97362

Vol M00 Page 25003

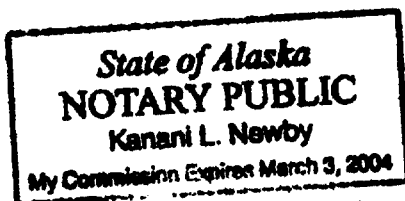
KNOW ALL MEN BY THESE PRESENTS, That Billie Scott, survivor

owner and holder of the Mortgage and the obligation hereinafter described, do hereby certify and declare that a certain mortgage, bearing date the 14th day of November, 1996, made and executed by Abiqua Company, an Oregon corporation, by Secretary James D. Fournier the mortgagor therein, to Billie Scott and Howard Carlson, or the survivor thereof the mortgagee therein and recorded in the office of the Recorder of the County of Klamath, State of Oregon, in book/roll/volume No. M96 Record of Mortgages on page 37141 or as fee/file/instrument/microfilm/reception No. (indicate which) on November 26, 1996;

together with the debt thereby secured, is fully paid, satisfied and discharged.

In construing this satisfaction of mortgage, where the context so requires, singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the undersigned has executed this instrument this 21 day of June, 2000, if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.



*Billie P. Scott*  
Billie Scott

Alaska  
STATE OF ~~OREGON~~, County of *Soldotna* ss.

This instrument was acknowledged before me on June 21, 2000,  
by Billie Scott

This instrument was acknowledged before me on June 21, 2000,  
by *Kanani Newby*  
as  
of

Notary Public for ~~Oregon~~ Alaska  
My commission expires 03-03-04

## Satisfaction of MORTGAGE

Billie Scott

VS

Abiqua Company, an  
Oregon corporation

AFTER RECORDING RETURN TO

Abiqua Company

PO Box 680

Mt. Angel, OR 97362

(DON'T USE THIS  
SPACE; RESERVED  
FOR RECORDING  
LABEL IN COUNTIES  
WHERE USED.)

State of Oregon, County of Klamath  
Recorded 07/10/00, at 9:17 a. m.  
In Vol. M00 Page 25003  
Linda Smith,  
County Clerk Fee\$ 26<sup>00</sup>

# CERTIFICATION OF VITAL RECORD

25004

PERMANENT  
BLACK INK

315435  
I.D. TAG NO.

197  
Local File Number

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

136-

State File Number

### DECEDENT

1  
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3  
4  
5  
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### PARENTS

### DISPOSITION

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### REGISTRAR

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### CERTIFIER

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1. DECEDENT'S NAME First: Howard Middle: Dean Last: CARLSON			2. SEX M	3. DATE OF DEATH (Month, Day, Year) April 18, 2000
4. SOCIAL SECURITY NUMBER 532-44-2866	5a. AGE Last Birthday (Years) 57	5b. Under 1 Year Mos Days	5c. Under 1 Day Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Seattle, Washington
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) 5946 Sea Gull Drive		9c. CITY, TOWN, OR LOCATION OF DEATH Bonanza		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Roofer		10b. KIND OF BUSINESS/INDUSTRY Construction		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Billie Ruth				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Bonanza	13d. STREET AND NUMBER 5946 Sea Gull Drive	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97623	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	15. RACE American Indian, Black, White etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 12
17. FATHER - NAME first middle last Ernest Carlson		18. MOTHER - NAME first middle maiden Irma Holt		19. INFORMANT - NAME and relationship to deceased Billie Ruth Scott - wife
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory		20c. LOCATION - City or Town State Klamath Falls, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Arnold J. Clark</i>		21b. OREGON LICENSE NO. (Of Licensee) 1614		22. NAME, ADDRESS AND ZIP OF FACILITY. Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR. 97603
23. DATE FILED (Month, Day, Year) APR 25 2000		24. REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>		

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 9:05 A.M.	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>Sean Dow</i>		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) <i>Sean Dow</i>	
30. DATE SIGNED (Month, Day, Year) April 19 2000		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER MEDICAL EXAMINER (Type or Print) Sean Dow MD., 1900 Main Street, Klamath Falls, OR. 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

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)		Interval between onset and death 1 hr
PART I (a) DUE TO, OR AS A CONSEQUENCE OF <i>Lymphoma</i>		Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF		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? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. 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	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

APR 25 2000

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

EVELYN SIMONSON  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

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