



2009-002705

Klamath County, Oregon



00061304200900027050030032

02/23/2009 11:34:22 AM

Fee: \$31.00

THIS S

After recording return to:
First American Title
404 Main Street, Ste1
Klamath Falls, OR 97601

File No.: 7021-1352700 (DMC)
Date: February 17, 2009

APPOINTMENT OF SUCCESSOR TRUSTEE

The undersigned hereby state that they are the owner and holder of the beneficial interest in that certain trust deed:

Grantor: **Rod L. Slade**
Trustee: **William P. Brandness**
Beneficiary: **Marie R. Webb-Bowen**
Dated: **December 31, 1990**
Recorded: **January 4, 1991**
Recorder's Number: **M91 Page 216**
Records of **Klamath County**

That the undersigned hereby appoints **First American Title Insurance Company of Oregon** as Successor Trustee with all rights, interest and power, including, without limitation, the right to reconvey our interest, as granted the original Trustee in the above referenced trust deed.

Dated this 17th day of February, 2009

Marie R. Webb-Bowen
Marie R. Webb-Bowen

APN: R526470

Appointment of Successor Trustee
- continued

File No.: 7021-1352700 (DMC)
Date: February 17, 2009

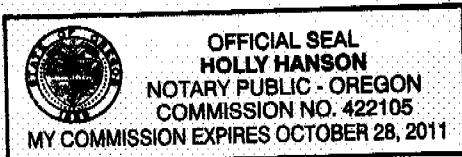
STATE OF Oregon)
County of ~~Klamath~~ ^{Ht} Linn) ss.

This instrument was acknowledged before me on this 17th day of February, 2009
by Marie R. Webb-Bowen as of , on behalf of the .

Holly Hanson

Notary Public for Oregon

My commission expires: 10/28/11



CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

511597

ID. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Orren Middle: Congdon Last: Webb-Bowen Suffix:		2. Death Date May 28, 2008	
3. Sex Male	4. Age 84 years	5. Social Security Number 544-18-9732	
6. County of Death Linn		7. Decedent's Education Some college	
8. Birthdate June 05, 1923		9. Birthplace St. Helens, Oregon	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? Yes		13. Residence: Number and Street 2445 Geary Street SE Apt 1	
14. City/Town Albany		15. Residence County Linn	
16. State or Foreign Country Oregon		17. Zip Code + 4 97322	
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married	
20. Spouse's Name Prior to First Marriage Marie Rita Clare		21. Usual Occupation Petroleum Distributor	
22. Kind of Business/Industry Petroleum		23. Father's Name Edward Edmond Webb-Bowen	
24. Mother's Name Prior to First Marriage Ida Mae Congdon		25. Informant's Name Marie Rita Webb-Bowen	
26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Mailing Address 2445 Geary Street SE Apt 1, Albany, OR 97321		29. Place of Death Hospital-Inpatient	
30. Facility Name Samaritan Albany General Hospital		31. Location of Death 1046 SW 6th Avenue	
32. City/Town or Location of Death Albany		33. State Oregon	
34. Zip Code + 4 97321		35. Method of Disposition Cremation	
36. Place of Disposition Oakleaf Crematory		37. Location Salem, Oregon	
38. Name and Complete Address of Funeral Facility Aasum-Dufour Funeral Home		39. Date of Disposition TBD	
40. Funeral Director's Signature Kristal R Dufour Electronically Signed		41. OR License Number FS-0530	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received June 04, 2008	
44. Local File Number 356		45. Amendment	

97508

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 3:40 PM	
CAUSE OF DEATH							
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate Interval Onset to Death	
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓					
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		a. undetermined natural causes					
Due to (or as a consequence of) ↓		b.					
Due to (or as a consequence of) ↓		c.					
Due to (or as a consequence of) ↓		d.					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: acute renal failure, severe cellulitis, heart failure, metabolic acids							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
55. Date of Injury (month day year)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Dr. Timothy Ueng M.D. 3517 NW Samaritan Dr, Corvallis, OR 97330							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier Physician		65. License Number MD 27454		66. Date Signed (month day year) 5/29/2008			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>Tim Ueng</i>				68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
69. Amendment							

45-2DP (01)

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

DATE ISSUED:

JUN 04 2008

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

SUSAN NEWCOMB, M.D.
COUNTY REGISTRAR
LINN COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE