

28-423

VOL 47 7612

Loan No. 68562

### Satisfaction of Mortgage

The STATE OF OREGON, acting by the Director of Veterans' Affairs, certifies that the mortgage executed by James A. Skelton and Patricia A. Skelton, husband and wife recorded on the 2nd day of July, 1969, in the Klamath County, Oregon, Mortgage Records Book M-69, on pages 5761-5762

~~together with the debt is paid, satisfied and discharged.~~

WITNESS the STATE OF OREGON has caused these presents to be executed this 8th day of July, 1971, at Salem, Oregon.

STATE OF OREGON

ADDITIONAL LOAN  
To be transferred to:

L-83040  
SKELTON, James Arthur

By: H. C. Cooper  
Director of Veterans' Affairs

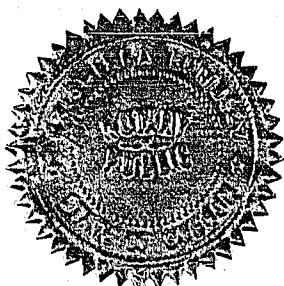
STATE OF OREGON,  
County of Marion

SS

Before me, a Notary Public, personally appeared the above-named H. C. Saalfeld

....., the duly appointed and acting Director of Veterans' Affairs for the STATE OF OREGON and acknowledged the foregoing instrument to be his voluntary act and deed.

WITNESS my hand and seal the day and year last above written.



*Miscella Lumbley*  
Notary Public for Oregon

My Commission expires: 9-12-71

When recorded please return to:

Mr. James A. Skelton  
4347 Onyx  
Klamath Falls, Oregon 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of \_\_\_\_\_ Transamerica Title Co.

this 20th day of July, A. D., 1971 at 3:45 o'clock P. M., and duly recorded in  
Vol. M 71, of Mortgages on Page 7612

Fee \$1.50

WM. D. MILNE, County Clerk

By Alice C. Keger

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section

**CERTIFICATE OF DEATH**

State File Number **71-003669**

DATE OF DEATH (month, day, year)  
**July 20 4:15 P.M. 1971**

TRANSFER OR DISCHARGE DATA

SELECTIVE SERVICE DATA	PERSONAL DATA
1. SELECTIVE SERVICE DATA <b>35</b>	1. LAST NAME <b>BENNETT</b> 2. DEPARTMENT <b>ARMY RA-U</b> 3. U.S. CITIZEN <input checked="" type="checkbox"/> YES
11. TYPE OF TRANSFER OR DISCHARGE <b>Retired</b>	10. SELECTIVE SERVICE DATA <b>35</b> <b>18</b>
12. LAST DUTY ASSIGNMENT <b>Title 10 US</b>	
14. DISTRICT, AREA CODE <b>247 Med Det</b>	
16. TERMINAL DATA OF U.S. ARMY DAY MONTH	
18. PRIOR REGULAR ENLISTMENT <b>NA</b>	
20. HOME OF RECORD AT TIME OF DEATH (Street, RFD, City, County) <b>340 N. 11th St Klamath, Oregon</b>	
22. SPECIALTY NUMBER & TITLE <b>67N20 S/R TBUTIL Hel Med</b>	
24. DECORATIONS, MEDALS <b>NA</b>	

STATE OF OREGON; COUNTY OF CLATSOP  
Filed for record at request of \_\_\_\_\_  
this 20th \_\_\_\_\_