

809

KNOW ALL MEN BY THESE PRESENTS, That First Rediscount Corporation

owner and holder of the Mortgage and the obligation hereinafter described, do hereby certify and declare that a certain Mortgage, bearing date the 27th day of August, 1962, made and executed by Robert E. and Earlene H. Rhinevault

mortgagor therein, to Institute for Essential Housing, Inc.

mortgagee therein and recorded in the office of the County Clerk

of the County of Klamath State of Oregon

in Mortgage book 212 of Mortgages on page 365 on the 28th day of August, 1962

Plesant Homes Tracts #2, Tract 123.

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

IN WITNESS WHEREOF, we have hereunto set our hand and seal this 13th day of December, 1974

Executed in the presence of

Lucia O. Marie
Rosemarie L. Luzzo

FIRST REDISCOUNT CORPORATION

A. J. Ferguson Vice Pres (SEAL)

Walter W. Secretary (SEAL)

ch 400

5355

STATE OF NEW YORK

County of NEW YORK

ss.

BE IT REMEMBERED, That on this 13th day of December, 1974, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named A. T. Ferngren and R. W. Tucker

known to me to be the identical individuals described in and who executed the within instrument and acknowledged to me that they executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Mary C. Carney
Notary Public for New York
My commission expires

MARY C. CARNEY
Notary Public, State of New York
My Commission Expires
March 30, 1975
Commission Expires March 30, 1975

Satisfaction of MORTGAGE

(FORM No. 10)

TO

STATE OF OREGON,

County of KLANATH

I certify that the within instrument was received for record on the 16th day of MAY, 1975, at 4:20 o'clock P. M., and recorded in book N. 75 on page 5354. Record of Mortgages of said County.

Witness my hand and seal of County affixed.

WM. D. MILNE

County Clerk—Recorder.

W. D. Milne

Deputy.

STEVENSON LAW FIRM, P.C., PORTLAND, ORE.

FEE \$ 4.00

W. D. Milne
5306 Cottage
Klanath 97601

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH SERVICES DIVISION BUREAU OF VITAL STATISTICS
OLYMPIA, WASHINGTON

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **267**
Registrar's No.

1. PLACE OF DEATH: (a) County <u>Clark</u> (b) City or town <u>Camas Rural</u> (c) Name of hospital or institution: (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or institution In this community (Years, months or days) <u>1 yr</u> Specify whether		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Wash.</u> (b) County <u>Clark</u> (c) City or town <u>Camas Rural</u> (d) Street No. <u>1st 1st 101</u> (e) If foreign born, how long in U. S. A.?	
3. (a) FULL NAME <u>WILLIAM K. SCHOLTEN</u> (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? <u>No</u> Name of organization in which such service was rendered: Rank: Period of service:		3. (c) Social Security Number <u>543-12-2698</u>	
4. Sex <u>M</u> 5. Color or race <u>W</u> 6(a) Single, widowed, married, divorced <u>Married</u> 6(b) Name of husband or wife <u>Jennie</u> 6(c) Age of husband or wife if alive <u>44</u> years 7. Birth date of deceased <u>Mar 1 1893</u> (Month) (Day) (Year)		MEDICAL CERTIFICATION 20. Date of death: Month <u>October</u> day <u>14</u> year <u>1943</u> hour minute 21. I hereby certify that I attended the deceased from <u>10/14</u> , 19 <u>43</u> , to <u>10/15</u> , 19 <u>43</u> that I last saw him alive on <u>10/15</u> , 19 <u>43</u> and that death occurred on the date and hour stated above. Immediate cause of death: <u>Coronary Embolus</u> <u>g4A</u> Due to: <u>Coronary thrombosis</u> 2 days Due to: <u>Coronary sclerosis</u> Other conditions: <u>g4A</u> (Include pregnancy within 3 months of death) Major findings: Of operations: Of autopsy:	
8. AGE: Years <u>50</u> Months <u>7</u> Days <u>13</u> If less than one day hr. min. 9. Birthplace <u>Orange City, Iowa</u> (City, town or county) (State or foreign country) 10. Usual occupation <u>Carpenter</u> 11. Industry or business: 12. Name <u>W. K. Scholten</u> 13. Birthplace <u>Orange City, Iowa</u> (City, town or county) (State or foreign country) 14. Maiden name <u>Walter Scholten</u> 15. Birthplace <u>Orange City, Iowa</u> (City, town or county) (State or foreign country)		22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify): (b) Date of occurrence: (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (e) Means of injury: Signature <u>W. K. Scholten</u> (M. D. or other) Address <u>Camas</u> Date signed <u>10/15/43</u>	
16. (a) Informant's own signature <u>Jennie Scholten</u> (b) Address <u>111 1st St. Camas</u> 17. (a) <u>Removal</u> (b) Date thereof <u>10-16-43</u> (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation: 18. (a) Signature of funeral director <u>Fred C. Staller</u> (b) Address <u>Camas, Wash.</u> 19. (a) <u>10/15/43</u> (b) <u>D. P. Lehman</u> (Date received for registration) (Registrar's signature)			

RECEIVED
MAY 19 1974
4-20-43

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY
(PHOTOGRAPHIC) OF THE RECORD ON FILE WITH THE WASHINGTON
STATE BUREAU OF VITAL STATISTICS, OLYMPIA, WASHINGTON.



HEA 270-10-1
DSHS 8-123

Fred W. Goodrich
FRED W. GOODRICH
State Registrar of Vital Statistics
By

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GERALD SCHOLTEN

this 19th day of May A. D., 1975 at 9:30 o'clock A.M., and duly recorded in

Vol. M. 75, of DEEDS on Page 5356

FEE \$ 2.00

WM. D. MILNE, County Clerk
By Hazel Drayton Deputy