

Until a change is requested, all tax statements shall be sent to the following address: Mrs. Michael Mohn

56008

337 1/2 East Main #5, Klamath Falls

A-29925

MEMORANDUM OF CONTRACT

Vol. 78

Page 21950

KNOW ALL MEN BY THESE PRESENTS, That on the 26 day of September, 1978, CLARE RICHARD and ESTHER FERLAND, appearing therein as Sellers, entered into a contract to sell real property with MICHAEL MOHN and TONI MOHN, husband and wife, appearing therein as Buyers, for the sale of the following described real estate situated in the County of Klamath, State of Oregon:

Lots 9, 10 and 11, Block 18, INDUSTRIAL ADDITION to the City of Klamath Falls, Oregon according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

That the Buyers in said contract agreed to pay Sellers the sum of \$57,000.00 for said real property, and said sum is the true and actual consideration for said sale.

SELLERS:

Clare A. Richard

Esther L. Ferland

BUYERS:

Michael Mohn

Toni Mohn

STATE OF OREGON

County of Klamath) ss.

Before me this 26 day of September, 1978, personally appeared the above-named CLARE RICHARD, and acknowledged the foregoing instrument to be his voluntary act and deed.

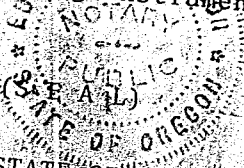
(S E A L)

Deanne J. [Signature]
Notary Public for Oregon
My Commission Expires 8-5-79

STATE OF OREGON

County of Klamath) ss.

Before me this 29th day of September, 1978, personally appeared the above-named ESTHER FERLAND, and acknowledged the foregoing instrument to be her voluntary act and deed.



STATE OF OREGON

County of Klamath) ss.

Before me this 26 day of September, 1978, personally appeared the above-named MICHAEL MOHN and TONI MOHN, husband and wife, and acknowledged the foregoing instrument to be their voluntary act and deed.

(S E A L)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of October A.D., 19 78 at 10:40 o'clock A M., and duly recorded in Vol. M78 of Deeds on Page 21950.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernice [Signature] Deputy

978 OCT 3 AM 10 40

KCTC

Return to

1559

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

75-004742

Local File Number: 1559

DECEASED NAME: First Middle Last
Lawrence Theodore FERLAND

RACE: White
SEX: Male
AGE - Last birthday (years): 62 yrs.
DATE OF DEATH (month, day, year): March 17, 1975
DATE OF BIRTH (month, day, year): Dec. 15, 1912

COUNTY OF DEATH: Multnomah
CITY, TOWN, OR LOCATION OF DEATH: Portland
CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
HOSPITAL OR OTHER INSTITUTION - NAME: Providence Hospital
NAME OF SPOUSE: Esther L.

STATE OF BIRTH: Oregon
SOCIAL SECURITY NUMBER: 540-07-5361
USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Shop Foreman
KIND OF BUSINESS OR INDUSTRY: Fabrication

RESIDENCE - STATE: Oregon
COUNTY: Mult.
CITY, TOWN, OR LOCATION: Portland
STREET AND NUMBER OR P.O. BOX: 11335 S.E. Pine St.

FATHER - NAME: Theodore Ferland
MOTHER - Maiden Name: Sophia Westerlund
INFORMANT - NAME and relationship to deceased: Mrs. Esther L. Ferland / wife

PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
18a. *Malnutrition and dehydration*
18b. *Carcinomatosis*
18c. *Adenocarcinoma of prostate gland*

PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I to:

ACCIDENT (specify yes or no): 20a. *NO*
DATE OF INJURY (month, day, year): 20b. *NO*
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20c. *NO*
INJURY AT WORK (specify yes or no): 20d. *NO*
PLACE OF INJURY (office, bldg., etc. (specify)): 20e. *NO*
LOCATION (street or R.F.D. No., city or town, county, state): 20f. *NO*

CERTIFICATION - PHYSICIAN: 21. *Joseph P. Ariate, M.D.*
DATE SIGNED (month, day, year): 21c. *Mar 26, 1975*
MARKING ADDRESS - PHYSICIAN: 22. *2208 Hoyt Center*
CITY OR TOWN: 22b. *Portland*
STATE: 22c. *Oregon*

BURIAL, CREMATION, REMOVAL (specify): 23a. *Burial*
CEMETERY OR CREMATORY - NAME: 23b. *Lincoln Mem. Park*
LOCATION (city or town, state): 23c. *Portland, Oregon*
FUNERAL HOME - NAME AND ADDRESS: 23d. *Gable Funeral Home*
DATE RECEIVED BY LOCAL REGISTRAR: 23e. *MAR 24 1975*
DATE RECEIVED BY STATE REGISTRAR: 23f. *MAR 31 1975*

Return to Mrs. Esther Ferland
11335 SE Pine, Portland, OR 97216

DATE ISSUED

Sep. 29

1978

STATE OF OREGON, COUNTY OF MULTNOMAH)ss.

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

STATE OF OREGON, COUNTY OF KLAMATH, ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of October A.D., 19 78 at 10:40 o'clock A M., and duly recorded in Vol. M78 of Deeds on Page 21951.

FEE \$3.00

WM. D. MILNE, County Clerk
By: *Bonetha M. Schuch*

Dentist