Until a change is requested, all tax statements shall be sent to the following address: Mr. & Mrs. Michael Mohn
337 1/2 East Main # 5, Klamath Falls

56008

A-29925

MEMORANDUM OF CONTRACT Vol. M78 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 P. Mohn
Toni F. Mohn

'78 OCT 3 AM 10 40

STATE OF OREGON)
) ss.
County of Klamath)

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)

Notary Public for Oregon
My Commission Expires: 8-5-79

STATE OF OREGON)
) ss.
County of Multnomah)

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.

(S E A L)

Notary Public for Oregon
My Commission Expires: 7/13/79

STATE OF OREGON)
) ss.
County of Klamath)

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)

Notary Public for Oregon
My Commission Expires: 8-5-79

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., 1978 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 Bernetha Hetsch Deputy

STATE OF OREGON — HEALTH DVISION
Vital Statistics Section

1559 — Local File Number

CERTIFICATE OF DEATH

'75-004742 State File Number

1 DECEASED—NAME: First: Lawrence	Middle: Theodore	Last: FERLAND			2 DATE OF DEATH (month, day, year): March 17, 1975
3 RACE (White, Negro, American Indian, etc.—specify): White	4 SEX: Male	5a AGE—Last birthday (years): 62 yrs.	5b Under 1 year: mos. / days	5c Under 1 day: hours / min.	6 DATE OF BIRTH (month, day, year): Dec. 15, 1912
7a COUNTY OF DEATH: Multnomah	7b CITY, TOWN, OR LOCATION OF DEATH: Portland	7c Inside City Limits (specify yes or no): yes	7d HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Providence Hospital		
8 STATE OF BIRTH (If not in U.S.A. name country): Oregon	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 NAME OF SPOUSE: Esther L.		
12 SOCIAL SECURITY NUMBER: 540-07-5361	13a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Shop Foreman		13b KIND OF BUSINESS OR INDUSTRY: Fabrication		
14a RESIDENCE—STATE: Oregon	14b COUNTY: Mult.	14c CITY, TOWN, OR LOCATION: Portland	14d Inside City Limits (specify yes or no): no	14e STREET AND NUMBER OR R.F.D.: 11335 S.E. Pine St.	
15 FATHER—NAME first middle last: Theodore Ferland	16 MOTHER—Maiden Name first middle last: Sophia Westerlund		17 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).)

18 Immediate cause (a): Malnutrition and dehydration — approximate interval between onset and death
due to, or as a consequence of
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b): Carcinomatosis
due to, or as a consequence of
(c): Adenocarcinoma of prostate gland

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

20a ACCIDENT (specify yes or no)	20b DATE OF INJURY (month, day, year)	20c HOUR	20d HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	19a AUTOPSY (yes or no): no	19b IF YES were findings considered in determining cause of death
20e INJURY AT WORK (specify yes or no)	20f PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g LOCATION (street or R.F.D. No., city or town, county, state)			

21 CERTIFICATION—PHYSICIAN: I attended the deceased from: Nov 11, 1960 to Mar 17, 1975 — And Last Saw Him/Her Alive on: Mar 16, 1975 — I Did/Did Not view the body after death (specify): did not — DEATH OCCURRED (hour): 2:05 A M — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a PHYSICIAN—SIGNATURE: Joseph P. Amato, MD — 22b NAME (type or print): JOSEPH P. AMATO degree or title: MD — 22c DATE SIGNED (month, day, year): Mar 20, 1975

23 MAILING ADDRESS—PHYSICIAN (street): 2208 Lloyd Center — (city or town): Portland — (state): Oregon — (zip): 97232

24a BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial — 24b CEMETERY OR CREMATORY—NAME: Lincoln Mem. Park — 24c LOCATION (city or town, state): Portland, Oregon — 24d DATE (mo., day, year): Mar.19,1975

25a FUNERAL DIRECTOR—SIGNATURE: [signature] — 25b FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Gable Funeral Home 225 N.E. 80th. Portland, Ore. 97213

26a REGISTRAR—SIGNATURE: [signature] — 26b DATE RECEIVED BY LOCAL REGISTRAR: MAR 24 1975 — 27 DATE RECEIVED BY STATE REGISTRAR: MAR 31 1975

RESERVED FOR REGISTRAR'S USE

28

VS-2 9-69

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

STATE OF OREGON, COUNTY OF MULTNOMAH) ss.

DATE ISSUED: Sep. 29 1978

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 Danetha D. Leach Deputy