

The undersigned, CHARLES R. STROHKIRCH and SANDRA M. STROHKIRCH, Husband and Wife does hereby grant, bargain, sell, assign and set over to LEE MICHAEL CHEYNE and MARY EDNA CHEYNE,

Husband and Wife, all of the vendee's right, title and interest in and to that certain contract for the sale of real estate dated the 31st day of

December, 19 80, between DON JOHN KARR and JEAN T. KARR, Husband and Wife, as seller, and CHARLES R. STROHKIRCH and SANDRA M. STROHKIRCH, H. & W.

as buyer, which contract was recorded on the 31st day of December, 1975, in Book M-75, Page 16343, Deed records of

Klamath County, Oregon, together with all of the right, title and interest of the undersigned in and to the real estate described therein. The undersigned hereby covenants with and warrants to the assignee above named that the undersigned is the owner of the vendee's interest in the real estate described in said contract of sale and the unpaid balance of the purchase price is not more than \$ 7,455.37, with interest thereon to July 1, 19 80.

The true and actual consideration for this transfer is \$ 110,000.00 (the consideration set out herein includes other real property)

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

Dated this 25th day of July, 19 80.
(Corporate Seal)

Charles R. Strohkirch and Sandra M. Strohkirch his
CHARLES R. STROHKIRCH
Sandra M. Strohkirch
SANDRA M. STROHKIRCH

STATE OF OREGON,)
) ss.
County of Klamath)
July 25, 19 80
Personally appeared the above named
Charles R. Strohkirch and
Sandra M. Strohkirch
and acknowledged the foregoing instrument to be
their voluntary act and deed.

Before me,
(SEAL) W. Arline I. Addington
Notary Public for Oregon
My commission expires 3-22-81

CORPORATE ACKNOWLEDGMENT

STATE OF OREGON, County of _____) ss.
_____, 19 ____.

Personally appeared _____
who being duly sworn, did say that he is the _____ of

a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors; and he acknowledged said instrument to be its voluntary act and deed.

Before me:

Notary Public for Oregon
My commission expires: _____

(SEAL)

If consideration includes other property or value; add the following: "However, the actual consideration consists of or includes other property or value given or promised which is part of the/the whole consideration."
(Indicate which)

VENDEE-BUYER'S ASSIGNMENT
OF CONTRACT

TO

After Recording Return to:

T/A-South Sixth Office

STATE OF OREGON,)
) ss.

County of _____)

I certify that the within instrument was received for record
on the _____ day of _____, 19____,
at _____ o'clock _____ M. and recorded in book _____
on page _____ Record of Deeds of said County.

Witness my hand and seal of County affixed.

By _____

Title

Deputy

14753

88-2-88

14754

14754

FORM No. 159—ACKNOWLEDGMENT BY ATTORNEY-IN-FACT

STATE OF OREGON,

County of KLAMATH

ss.

On this the 25th day of JULY, 1980 personally appeared

SANDRA M. STROHKIRCH

who, being duly sworn (or affirmed), did say that s/he is the attorney in fact for CHARLES R. STROHKIRCH and

that she executed the foregoing instrument by authority of and in behalf of said principal; and s/he acknowledged said instrument to be the act and deed of said principal.

(Official Seal)

Before me,

W. Darlene V. Addington
(Signature)

My Commission Expires 3-22-81
(Title of Officer)

02

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Transamerica Title Co.

and for record at request of

this 7th day of August, A. D. 1980 at 3:49 o'clock P.M. or

fully recorded in Vol. M80 of Deeds on Page 14753

Wm D. MILNE, County Clk

By Bernetha J. Hetch

Fee \$7.00

CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)
Abe		Nordahl	Hoss	June 25, 1978	
RACE (White, Black, American Indian, etc.) (Specify)	SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
White	Male	71	mos. days	hours min.	July 31, 1906
COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		
Multnomah	Portland		Portland Adventist Hospital		
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (IF MARRIED, WIDOWED)	
Montana	USA	Married		Thelma A. Hoss	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY			
541-01-8200A	Marketing Consultant	Portland General Electric			
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		
Oregon	Multnomah	Portland	2329 S.E. 57th 97215		
FATHER—NAME (first, middle, last)	MOTHER—Maiden Name (first, middle, last)	INFORMANT—NAME and relationship to deceased			
Lon R. Hoss	Georgia Kelley	Kristine Bailey - Daughter			
BURIAL, CREMATION, REMOVAL, MAUS (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION—city or town state			
Cremation	Portland Memorial	Portland, Oregon			
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature)	NAME AND ADDRESS OF FACILITY		6631 S.E. 14th Ave.		
Walter C. Reiner	205 Portland Memorial Funeral Home		Portland, Oregon 97202		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
(Signature) Walter C. Reiner		6/28/78		5 P. M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
Walter C. Reiner, M.D., 10000 S.E. Main - Portland, Oregon 97216					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
JUL 6 1978		(Signature)			
PART I (IMMEDIATE CAUSE) (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		Interval between onset and death			
(a) Bronchopneumonia					
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(b) Squamous cell carcinoma of larynx		1 year			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c)					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?	
		no		no	
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE

STATE OF OREGON)

Date JUL 6 1978

COUNTY OF MULTNOMAH)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

Registrar of Vital Statistics

(Seal)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of August, A.D., 1980 at 4:04 o'clock P.M., and duly recorded in Vol. M80 of Deeds on Page 14755.

FEE \$3.50

WM. D. MILNE, County Clerk

By Berntha Helbo Deputy