

91153

SATISFACTION OF MORTGAGE

Vol. 178 Page 19819

19819

KNOW ALL MEN BY THESE PRESENTS, that

ADLORE LOUIS BOUCHER and ADELLE BOUCHER, Husband and Wifethe owner and holder of that certain mortgage dated the 26th day of November 1974, made and executed byROBERT L. HOOKER and DOREEN HOOKER, Husband and Wife

as mortgagor,

to ADLORE LOUIS BOUCHER and ADELLE BOUCHER, Husband and Wife

as mortgagee,

and recorded on the 13th day of January, 19 75, in Book M-75, atPage 514, Mortgage Records of Klamath County, Oregon

do hereby certify and declare that said mortgage, together with the debt secured thereby, has been FULLY PAID, SATISFIED and DISCHARGED, and the County Clerk or Recorder of said County is hereby authorized and directed to enter full satisfaction of record.

DATED this 6th day of October, 19 80.See Attached  
ADLORE LOUIS BOUCHERAdelle Boucher  
ADELLE BOUCHERSTATE OF OREGON CaliforniaCounty of Los Angeles

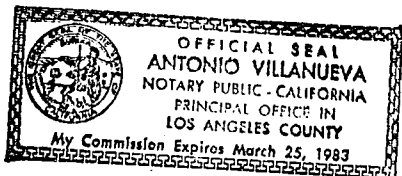
) ss.

Oct 6, 1980

Personally appeared the above-named

Adelle Boucherand acknowledged the foregoing instrument to be her voluntary act and deed.

Official Seal



Before me:

Notary Public  
Notary Public for Oregon CaliforniaMy commission expires: March 25, 1980

## SATISFACTION OF MORTGAGE

TO

After Recording Return to:

Robert L. Hooker  
6632 E. Centralia St.  
San Jose, Calif  
95123

STATE OF OREGON,

County of \_\_\_\_\_

) ss.

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 Mortgages of said County.

Witness my hand and seal of County affixed.

By \_\_\_\_\_

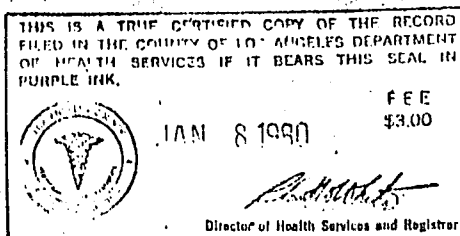
Title

Deputy

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

**19820**

|                                                         |                                                                                                                                                         |                                      |                                                                    |                                              |                                         |                                                         |                                      |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------------------------|--------------------------------------|
| STATE FILE NUMBER                                       |                                                                                                                                                         | 1A. NAME OF DECEDENT—FIRST           |                                                                    | 1B. MIDDLE                                   | 1C. LAST                                | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER      |                                      |
|                                                         |                                                                                                                                                         | ADLORE                               |                                                                    | LOUIS                                        | BOUCHER                                 | 2A. DATE OF DEATH (MONTH, DAY, YEAR)<br>January 5, 1980 |                                      |
| DECEDENT<br>PERSONAL<br>DATA                            | 3. SEX                                                                                                                                                  | 4. RACE                              | 5. ETHNICITY                                                       |                                              | 6. DATE OF BIRTH                        | 7. AGE                                                  | 2B. HOUR                             |
|                                                         | Male                                                                                                                                                    | White                                | American                                                           |                                              | November 3, 1911                        | 68                                                      | 0800                                 |
|                                                         | 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)                                                                                                    |                                      | 9. NAME AND BIRTHPLACE OF FATHER                                   |                                              | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER |                                                         |                                      |
|                                                         | Kansas                                                                                                                                                  |                                      | Edward Boucher: Illinois                                           |                                              | Blanche Filieatreault: Kansas           |                                                         |                                      |
|                                                         | 11. CITIZEN OF WHAT COUNTRY                                                                                                                             |                                      | 12. SOCIAL SECURITY NUMBER                                         |                                              | 13. MARITAL STATUS                      | 14. NAME OF SURVIVING SPOUSE (IF WIFE ENTER BIRTH NAME) |                                      |
|                                                         | USA                                                                                                                                                     |                                      | 498 10 8636                                                        |                                              | Married                                 | Adelle Northcutt                                        |                                      |
|                                                         | 15. PRIMARY OCCUPATION                                                                                                                                  | 16. NUMBER OF YEARS THIS OCCUPATION  | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)                          |                                              | 18. KIND OF INDUSTRY OR BUSINESS        |                                                         |                                      |
|                                                         | Medical Doctor                                                                                                                                          | 35                                   | Veterans Administration                                            |                                              | Veterans Hospital                       |                                                         |                                      |
| USUAL<br>RESIDENCE                                      | 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)                                                                                     |                                      |                                                                    |                                              | 19B.                                    | 19C. CITY OR TOWN                                       |                                      |
|                                                         | 8151-4 Canby                                                                                                                                            |                                      |                                                                    |                                              |                                         | Reseda                                                  |                                      |
| PLACE<br>OF<br>DEATH                                    | 19D. COUNTY                                                                                                                                             |                                      |                                                                    |                                              | 19E. STATE                              | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP          |                                      |
|                                                         | Los Angeles                                                                                                                                             |                                      |                                                                    |                                              | California                              | Mrs. Adelle Boucher (Wife)                              |                                      |
|                                                         | 21A. PLACE OF DEATH                                                                                                                                     |                                      |                                                                    |                                              | 21B. COUNTY                             | 8151-4, Canby                                           |                                      |
|                                                         | Veterans Admin Medical Center                                                                                                                           |                                      |                                                                    |                                              | Los Angeles                             | Reseda, California 91335                                |                                      |
|                                                         | 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)                                                                                                     |                                      |                                                                    |                                              | 21D. CITY OR TOWN                       |                                                         |                                      |
|                                                         | 16111 Plymmer Street                                                                                                                                    |                                      |                                                                    |                                              | Sepulveda                               |                                                         |                                      |
| CAUSE<br>OF<br>DEATH                                    | 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)                                                                                |                                      |                                                                    |                                              |                                         |                                                         |                                      |
|                                                         | (A) Organic brain syndrome                                                                                                                              |                                      |                                                                    |                                              |                                         |                                                         |                                      |
|                                                         | (B) Cerebral arteriosclerosis                                                                                                                           |                                      |                                                                    |                                              |                                         |                                                         |                                      |
|                                                         | (C) Arteriosclerotic heart disease                                                                                                                      |                                      |                                                                    |                                              |                                         |                                                         |                                      |
| PHYSICIAN'S<br>CERTIFICATION                            | 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH                                                                       |                                      | 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23    |                                              | 24. WAS DEATH REPORTED TO CORONER?      |                                                         |                                      |
|                                                         |                                                                                                                                                         |                                      | No                                                                 |                                              | No                                      |                                                         |                                      |
|                                                         | 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ON THE CAUSES STATED                                                              |                                      | 28B. PHYSICIAN—SIGNATURE AND LICENSE NUMBER                        |                                              | 25. WAS DISPOST PERFORMED?              |                                                         |                                      |
|                                                         | V. A. MEDICAL CENTER, SEPULVEDA, CA                                                                                                                     |                                      | Lawrence L. Levy                                                   |                                              | No                                      |                                                         |                                      |
| INJURY<br>INFORMATION<br>CORONER'S<br>USE ONLY          | 29. SPECIFY ACCIDENT: MURDER, ETC.                                                                                                                      |                                      | 30. PLACE OF INJURY                                                |                                              | 31. INJURY AT WORK                      |                                                         | 32A. DATE OF INJURY—MONTH, DAY, YEAR |
|                                                         |                                                                                                                                                         |                                      |                                                                    |                                              |                                         |                                                         | 1/7/80                               |
|                                                         | 33. LOCATION—STREET AND NUMBER OR LOCATION AND CITY OR TOWN                                                                                             |                                      | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) |                                              | 32B. HOUR                               |                                                         |                                      |
|                                                         | 35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST INVESTIGATION) |                                      | 35B. CORONER—SIGNATURE AND LICENSE OR TITLE                        |                                              | 35C. DATE SIGNED                        |                                                         |                                      |
| 36. DISPOSITION                                         |                                                                                                                                                         | 37. DATE—MONTH, DAY, YEAR            |                                                                    | 38. NAME AND ADDRESS OF CEMETERY OR CREMATOR |                                         | 39. EMBALMER'S LICENSE NUMBER AND TITLE                 |                                      |
| Burial                                                  |                                                                                                                                                         | 1/9/80                               |                                                                    | Riverside National Cemetery, Riverside, Ca.  |                                         | 4517                                                    |                                      |
| 40. NAME OF FUNERAL DIRECTOR FOR PERSON ALIVING AS SUCH |                                                                                                                                                         | 41. LOCAL HEALTH OFFICER'S SIGNATURE |                                                                    | 42. DATE SIGNED BY LOCAL REGISTRAR           |                                         |                                                         |                                      |
| BASTIAN & PERROTT MORTUARY                              |                                                                                                                                                         | [Signature]                          |                                                                    | JAN 08 1980                                  |                                         |                                                         |                                      |
| STATE REGISTRAR                                         |                                                                                                                                                         | A.                                   |                                                                    | B.                                           |                                         | C.                                                      |                                      |
| D.                                                      |                                                                                                                                                         | E.                                   |                                                                    | F.                                           |                                         |                                                         |                                      |



STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 10th day of October A.D., 19 80 at 3:44 o'clock P M., and duly recorded in Vol M80 of Mortgages on Page 19819.

FEE \$7.00

WM. D. MILNE, County Clerk  
By Bernetha A. Detrich Deputy