91153

TA-38-19532-6

SATISFACTION OF MORTGAGE Vol. M80 Page 19819

KNOW ALL MEN BY THESE PRESENTS, that ADLORE LOUIS BOUCHER and ADELLE BOUCHER, Husband and Wife, the owner and holder of that certain mortgage dated the 26th day of November, 1974, made and executed by ROBERT L. HOOKER and DOREEN HOOKER, Husband and Wife as mortgagor, to ADLORE LOUIS BOUCHER and ADELLE BOUCHER, Husband Wife as mortgagee, and recorded on the 13th day of January, 19 75, in Book M-75, at Page 514, Mortgage Records of Klamath County, Oregon

'80 OCT 10 PM 3 44

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.

Not Attached
ADLORE LOUIS BOUCHER

Adelle Boucher
ADELLE BOUCHER

STATE OF ~~OREGON~~ California)
) ss.
County of Los Angeles)

Oct 6, 19 80

Personally appeared the above-named Adelle Boucher

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

Official Seal

OFFICIAL SEAL
ANTONIO VILLANUEVA
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires March 25, 1983

Before me:
Notary Public for ~~Oregon~~ California
My commission expires: March 25, 1983

SATISFACTION OF MORTGAGE

TO

After Recording Return to:

Robert L. Hooker
6632 E. Centralia St.
Lakewood, Calif
90713

FORM TA-13 (6-71)

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 Mortgages of said County.

Witness my hand and seal of County affixed.

Title

By ____ Deputy

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 19820

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ADLORE	LOUIS	BOUCHER

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
January 5, 1980	0800

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE
Male	White	American	November 3, 1911	68 years

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Kansas

9. NAME AND BIRTHPLACE OF FATHER: Edward Boucher: Illinois

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Blanche Filieatreault:Kansas

11. CITIZEN OF WHAT COUNTRY: USA

12. SOCIAL SECURITY NUMBER: 498 10 8636

13. MARITAL STATUS: Married

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Adelle Northcutt

15. PRIMARY OCCUPATION: Medical Doctor

16. NUMBER OF YEARS THIS OCCUPATION: 35

17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Veterans Administration

18. KIND OF INDUSTRY OR BUSINESS: Veterans Hospital

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 8151-4 Canby

19B.

19C. CITY OR TOWN: Reseda

19D. COUNTY: Los Angeles

19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: Veterans Admin Medical Center

21B. COUNTY: Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 16111 Plummer Street

21D. CITY OR TOWN: Sepulveda

20. NAME AND ADDRESS OF INFORMANT — RELATIONSHIP: Mrs. Adelle Boucher (Wife)
8151-4 Canby
Reseda, California 91335

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Organic brain syndrome — yrs

DUE TO, OR AS A CONSEQUENCE OF

(B) Cerebral arteriosclerosis — yrs

DUE TO, OR AS A CONSEQUENCE OF

(C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Arteriosclerotic heart disease

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No — TYPE OF OPERATION — DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 8-29-79. LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 1-5-80

28B. PHYSICIAN — SIGNATURE AND DEGREE OR TITLE: [signature] M.D.

28C. DATE SIGNED: 1/7/80

28D. PHYSICIAN'S LICENSE NUMBER: A020479

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Lawrence L. Levy VA Med Ctr, Sepulveda, CA 91343

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.

30. PLACE OF INJURY

31. INJURY AT WORK

32A. DATE OF INJURY (MONTH, DAY, YEAR)

32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

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 DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION: Burial

37. DATE (MONTH, DAY, YEAR): 1/9/80

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Riverside National Cemetery, 22495 Van Buren Ave. Riverside, Ca.

39. EMBALMER'S LICENSE NUMBER (TYPE OR PRINT NAME): 4517 [signature]

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): BASTIAN & PERROTT MORTUARY

41. LOCAL REGISTRAR: [signature]

42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN 08 1980

STATE REGISTRAR: A. B. C. D. E. F.

VS-11 (5-77)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEE $3.00

JAN 8 1980

Director of Health Services and Registrar

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. Deweld Deputy