LIST PRICE	982.00

DELIVERY DATE	☐ CASH ☐ 3-PAY ☐ BUDGET

9. TOTAL OF PAYMENTS (7 + 8)	$ 1,315.20
10. DEFERRED PAYMENT PRICE (4 + 8)	$ 1,332.20

PAYABLE IN 120 EQUAL MONTHLY PAYMENTS $ 10.96 EACH, PLUS A FINAL $ -0- PAYMENT.

FIRST PAYMENT DUE ON OR ABOUT 30 DAYS AFTER DELIVERY AND MONTHLY THEREAFTER.

FINANCE CHARGE APPLIES FROM 30 DAYS PRIOR TO FIRST PAYMENT DUE DATE.

Purchaser agrees to pay a delinquency charge of 1 1/4% of the unpaid amount of any installment when any such installment is unpaid for 10 days or more after its due date.

NOTICE TO CUSTOMER: (1) Do not sign this before you read it or if it contains any blank spaces. (2) You are entitled to an exact copy of any agreement you sign. (3) You have the right at any time to pay in advance the unpaid balance due under this agreement and you may be entitled to a partial refund of the finance charge computed as of the installment date nearest the date of prepayment based upon the Rule of 78. No refund of less than $1.00 will be made. (4) You, the buyer, may cancel this transaction at any time prior to midnight of the fourth business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right. (5) This contract is also a notice of intent to lien at any time CP national should deem necessary.

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME R. P. Hoesman

I (we) have read this contract and hereby acknowledge receipt of 2 fully completed copies and 2 detachable notices of cancellation. I (we) warrant that all information supplied are complete and accurate.

Purchaser's Signature Thomas L. Dorow

Spouse's Signature Mary L. Dorow

Co-Signer's

ACCEPTED & EXECUTED FOR CP national

BY: [signature] DATE: 10/21/80

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 12th day of January A.D., 19 81 at 2:44 O'clock P M., and duly recorded in Vol M81 of Mortgages on Page 535.

Fee $ 7.00

EVELYN BIEHN
ACTING COUNTY CLERK

by Bernethan Aldrich deputy

94646

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol M81 Page 537

F 475

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1.	First: Mark	Middle: Farnheart	Last: Evans		DATE OF DEATH (month, day, year) 2. December 27, 1980	
RACE White, Black, American Indian, etc. (specify) 3. White	SEX 4. Male	AGE—Last Birthday (years) 5a. 76	Under 1 year: mos. 5b.	Under 1 day: hours 5c.	min	DATE OF BIRTH (month, day, year) 6. August 30, 1904
CITY, TOWN OR LOCATION OF DEATH 7a. Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b. Merle West Med. Center	IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) 7c. Inpatient				COUNTY OF DEATH 7d. Klamath
STATE OF BIRTH (If not in U.S.A., name country) 8a.	CITIZEN OF WHAT COUNTRY 8b.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9.	SPOUSE (IF MARRIED, WIDOWED, OR DIVORCED)—NAME 10.			WAS DECEDENT EVER IN U.S. ARMED FORCES? 11.