

3330

SATISFACTION OF MORTGAGE

Vol. 31 Page 14669

KNOW ALL MEN BY THESE PRESENTS, That LAURA B. MYERS

owner and holder of the Mortgage and the obligation hereinafter described, do hereby certify and declare that a certain mortgage, bearing date the 15th day of February, 1974, made and executed by PACIFIC WEST MORTGAGE CO., an Oregon corporation the mortgagor therein, to L. F. MYERS or LAURA B. MYERS the mortgagee therein and recorded in the office of the _____ of the County of Klamath, State of Oregon, in book M-74 Record of Mortgages on page 3091 or as file/reel number _____ (indicate which) on March 5, 1974 ;

together with the debt thereby secured, is fully paid, satisfied and discharged.

In construing this satisfaction of mortgage, where the context so requires, singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the undersigned has executed this instrument this 4th day of June, 1981; if the undersigned is a corporation, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

Laura B. Myers
Laura B. Myers

(If executed by a corporation,
affix corporate seal)

STATE OF OREGON,
County of Marion

} ss.

June 4, 1981

Personally appeared the above named

Laura B. Myers

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

Before me:

(OFFICIAL
SEAL)

Carmela K. Johnson

Notary Public for Oregon

My commission expires: May 11, 1985

STATE OF OREGON, County of _____) ss.

19____

Personally appeared _____ and

each for himself and not one for the other, did say that the former is the _____ who, being duly sworn, president and that the latter is the _____ secretary of _____

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 each of them acknowledged said instrument to be its voluntary act and deed.

Before me:

Notary Public for Oregon

My commission expires: _____

(OFFICIAL
SEAL)

Satisfaction of
MORTGAGE

LAURA B. MYERS

TO

PACIFIC WEST MORTGAGE CO.,
an Oregon corporation

AFTER RECORDING RETURN TO

TA / Marylou

(DON'T USE THIS
SPACE; RESERVED
FOR RECORDING
LABEL IN COUN.
TIES WHERE
USED.)

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/reel/volume No. _____ on page _____ or as document/fee/file/instrument/microfilm No. _____ Record of Mortgages of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____

Deputy

14670

80-008446

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
RECORDS
SEE
INDEXBOOK
01

CEDEMENT
IF DEATH
OCCURRED IN
STATION,
HANDBOOK
REGARDING
FILLING OF
ANCE ITEMS

POSITION

22/80

CONDITIONS
IF ANY
FCH GAVE
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WELFARE
CAUSE
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DEPLYING
USE LAST

USE OF
EATH

4151

5. 05

6

DECEASED—NAME		First	Middle	Last	State File Number
1 LOUIS				F. MYERS	2 May 21, 1980
3 RACE White, Black, American Indian, etc. (specify)		4 Male	AGE—Last birthday (years)	5a 80	DATE OF BIRTH (month, day, year)
6 COUNTY OF DEATH		7a Marion		7b Salem	DATE OF DEATH (month, day, year)
8 STATE OF BIRTH (If not in U.S.A., name country)		9 U.S.A.		10 Married	11 Laura
13 542-07-3999		14a Logger		12 inpatient	
15a Oregon		15b Marion		15c Lyons	
16 Anthony Y. Myers		17 Luanne Cole		18 Laura Myers	
19a Cremation		19b Mt. Crest Abbey		19c Weddle Funeral Home Inc. 1777 Third Ave. Stayton, Ore. 97383	
20a Robert C. Beckman M.D.		20b 680 Winter St SE Salem, OR 97301		20c 7:31 A.	
21d Robert C. Beckman M.D.		21e 680 Winter St SE Salem, OR 97301		21f 5-28-80	
22a June 2, 1980		22b Trace Tamm		22c 7:31 A.	
23 IMMEDIATE CAUSE		23a (a) Cerebral aneurysm		23b (b) Shock	
23c (c) Pulmonary embolism		23d (d) On prostate with enlarged prostate		23e (e) No	
24a INJURY AT WORK		24b PLACE OF INJURY		24c HOUR OF INJURY	
24d DESCRIBE HOW INJURY OCCURRED		24e LOCATION		24f STREET OR R.F.D. NO	
24g CITY OR TOWN		24h STATE		24i ZIP	

VS-2 Rev-8-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED MAY 14 1981

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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION
State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 17th day of August A.D., 1981 at 3:54 o'clock P.M., and duly recorded in Vol. M81 of Mortgages on page 14669.

Fee \$ 7.00

EVELYN BIEHN
COUNTY CLERK
deputy