

15939

MEMORANDUM OF AGREEMENT

Vol. M82 Page 12906

KNOW ALL MEN BY THESE PRESENTS, That KEITH W. DODD and LILA M. DODD, husband and wife, as sellers, and ALEX A. MASLOFF, now deceased, and MARIA M. MASLOFF, husband and wife, as buyers, entered into an agreement in writing under date of June 21, 1973, wherein sellers agreed to sell to buyers and buyers agreed to buy from sellers the following-described real property, situated in Klamath County, Oregon, to-wit:

That portion of the S $\frac{1}{2}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ , Section 16, Township 31 S., R. 7 E.W.M., lying West of State Highway 232; The East 50 feet of the SE $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ , Section 16, Township 31 S., R. 7 E.W.M.; and a 1/50th undivided interest in the N $\frac{1}{2}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ , NW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$ , N $\frac{1}{2}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$ , SW $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$ , Section 16, Township 31 S., R. 7 E.W.M., and the NE $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$ , Section 17, Township 31 S., R. 7 E.W.M.

The consideration recited in said contract is the sum of \$19,000.00.

IN WITNESS WHEREOF, the parties hereto have executed this Memorandum of Agreement this 27th day of July, ~~1981~~ 1982.

Maria M. Masloff

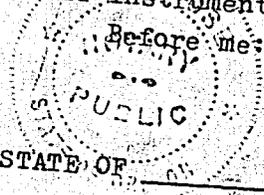
Lila M. Dodd  
Keith W. and Lila M. Dodd

STATE OF OREGON

County of Washington }

ss. July 27, 1981-1982 nr

Personally appeared the above-named KEITH W. DODD and LILA M. DODD, husband and wife, known to me to be the identical persons described in said instrument to be their voluntary act and deed, and acknowledged said instrument to be their voluntary act and deed.



NRise  
NOTARY PUBLIC FOR OREGON  
My commission expires 5-6-83

STATE OF \_\_\_\_\_

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

ss. \_\_\_\_\_, 1981

Personally appeared the above-named MARIA M. MASLOFF, known to me to be the identical person described in and who executed the foregoing Memorandum of Agreement, and acknowledged said instrument to be her voluntary act and deed.

Before me:

Notary Public in and for said County and State  
My commission expires \_\_\_\_\_

After recording, return to:  
H. F. Smith  
540 Main Street  
Klamath Falls, Oregon 97601

UNTIL CHANGE IS REQUESTED, SEND TAX STATEMENTS TO:

MARIA M. MASLOFF  
1860 Rose Avenue  
San Marino, California 91108

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 28 day of Sept A.D., 1982 at 3:56 o'clock P M., and duly recorded in

Vol M82 of Deeds on page 12906.

Fee \$ 4.00

EVELYN BIEHN  
COUNTY CLERK

By [Signature] deputy

902 331 28 PH 3 56

1 STATE OF BIRTH (If not in U.S.A. name country) Canada		9 CITIZENSHIP OF WHAT COUNTRY U.S.A.		10 MARRIAGE, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 EMPLOYER (If self-employed, widow/widower) Winona M.		12 ARMED FORCE/VEST (Specify Yes or No) Yes		
13 SOCIAL SECURITY NUMBER 518-05-9582			14a USUAL OCCUPATIONS (give kind of work done during most of working life, even if retired) Lay Meat Inspector			14b KIND OF BUSINESS OR INDUSTRY U.S. Government			15 Inside City Limits (specify yes or no) Yes	
15a RESIDENCE—STATE Oregon		15b COUNTY Klamath		15c CITY, TOWN, OR LOCATION Klamath Falls		15d STREET AND NUMBER OR R.F.D., ZIP 4787 Onyx Drive 97601		15e		
16 FATHER—NAME first middle last Henry E. Erickson			17 MOTHER—Maiden Name first middle last Anna Olson			18 DECEASED—NAME and relationship to deceased Winona M. Erickson - wife y				
19a BURIAL (specify) Burial			19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens			19c LOCATION city or town state Klamath Falls, Oregon				
20a GENERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>Marcell Reitz</i>				20b NAME AND ADDRESS OF FACILITY O'Mahony's Funeral Chapel, 515 Pine St., Klamath Falls, Ore.						
21 To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.						21b DATE SIGNED (Mo., Day, Yr.) Sept 23, 1982		21c HOUR OF DEATH 8:30 P. M.		
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Dr. George Zupan						21b NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 1905 Main Street Klamath Falls, Oregon 97601				
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 23 1982				22b REGISTRAR (Signature) <i>Claudia Francis</i>						
23a IMMEDIATE CAUSE (a) <u>TOXEMIA</u>		23b INTERVAL BETWEEN ONSET AND DEATH <u>HOURS</u>								
(b) <u>ACUTE GENERALIZED PERITONITIS</u>		23c INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>								
(c) <u>ACUTE MESENTERIC THROMBOSIS &amp; INFARCTION SMALL BOWEL</u>		23d INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>								
24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), and (c).						24a AUTOPSY (Specify Yes or No) Yes		24b WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes		
25a ACCIDENT (Specify Yes or No) No		25b DATE OF INJURY (Mo., Day, Yr.)		25c HOUR OF INJURY M 25d		25e DESCRIBE HOW INJURY OCCURRED				
26a INJURY AT WORK (Specify Yes or No) No		26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			26c LOCATION		26d STREET OR R.F.D. NO.		26e CITY OR TOWN	
26f STATE		RESERVED FOR REGISTRAR'S USE								

STATE OF OREGON  
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By *Claudia Francis*, Deputy Registrar  
Date SEP 23 1982

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

State of OREGON: COUNTY OF KLAMATH: ss.  
I hereby certify that the within instrument was received and filed for record on the

28 day of Sept A.D., 1982 at 3:56 o'clock p M., and duly recorded in

Vol M82 of Deeds on page 12907.

Fee \$4.00

EVELYN BIEHN  
COUNTY CLERK

By *Joyce M. Davis* deputy

DEATH CURVED IN INSTITUTION HYPOSPADIC BIRTH DEFECTS PLETON OF FACE ITEMS  
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