

54965

Vol. 185 Page 17695SATISFACTION OF MORTGAGE

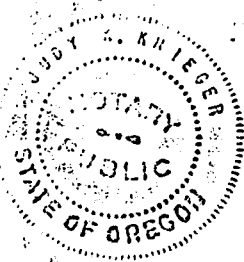
THIS INDENTURE WITNESSETH, that the undersigned hereby certifies that I have received full and complete satisfaction of a certain mortgage executed by RONALD L. GRIFFITH to PACIFIC WEST MORTGAGE CO., an Oregon corporation, for the sum of Eleven Thousand Eight Hundred Dollars (\$11,800) and recorded on December 10, 1980, at Book M80, page 23955, file/reel 93573, Records of Mortgages for Klamath County, Oregon. Said mortgage was assumed by PHILLIP W. BURTON and HELEN J. BURTON, and I hereby acknowledge satisfaction of said mortgage in full. The mortgagee's interest in said mortgage was assigned by Elenor R. Riley to Elaine Riley Pacheco, Trustee, by assignment recorded February 19, 1985, in Book M85, page 2492, file/reel 46035, Records of Mortgages for Klamath County, Oregon, and also mistakenly assigned to Elenor R. Riley or Elaine Riley Pacheco as joint tenants with right of survivorship by assignment recorded March 26, 1985, in Book M85, page 4412, Mortgage Records for Klamath County, Oregon.

IN WITNESS WHEREOF, I have hereunto set my hand this 24 day of October, 1985.

Elaine Riley Pacheco
Elaine Riley Pacheco, Individually
and as Trustee of the Elenor R. Riley
Trust

STATE OF OREGON)
County of Marion) ss.

On this 24th day of October, 1985, personally appeared the above named ELAINE RILEY PACHECO, Individually and as Trustee of the Elenor R. Riley Trust, and acknowledged the foregoing instrument to be her voluntary act and deed. Before me:



Judy A. Krieger
Notary Public for Oregon
My commission expires: Aug 27, 1989

After recording return to:

Regional Investment Mortgage Services
P. O. Box 13850
Salem, OR 97309

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of _____ October _____ A.D., 19 85 at 11:48 o'clock A M., and duly recorded in Vol. M85 day
of Mortgages on Page 17695.

FEE \$5.00

Evelyn Biehn
By _____

County Clerk
Phyllis Smith

CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

DECEASED - NAME OLAN		Middle BOYD		Last BOYD		STATE FILE NO.	
RACE - White, Negro, American Indian, Etc. WHITE		AGE - Last Birthday 52		EDUCATION - Years 12		DATE OF DEATH (Month, Day, Year) 8-23-83	
CITY, TOWN, OR LOCATION OF DEATH TULSA		INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		HOSPITAL OR OTHER INSTITUTION - NAME (If not in other, give Street and Number) ST. FRANCIS HOSPITAL		COUNTY OF DEATH TULSA	
STATE OF BIRTH (If not in U.S.A., Name Country) New Mexico		CITIZEN OF WHAT COUNTRY USA		MARRIAGE - <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		SURVIVING SPOUSE (If Wife, Give Maiden Name) Leona Reynolds	
SOCIAL SECURITY NUMBER 525-54-1551		USUAL OCCUPATION (Give kind of work done during most of working life) Consultant Engineer		KIND OF BUSINESS OR INDUSTRY John M. Campbell & Co.		ZIP CODE 73071	
RESIDENCE - STATE Oklahoma		COUNTY Cleveland		CITY, TOWN, OR LOCATION Norman		STREET AND NUMBER 3703 Stonewood Rd.	
FATHER - NAME Olan M. Boyd		MOTHER - MAIDEN NAME Erma Jean Bower		MAILING ADDRESS 3703 Stonewood Rd. Norman, Ok. 73071		DATE SIGNED (Month, Day, Year) 8-24-83	
INFORMANT - NAME OR SOURCE OF INFORMATION Leona Boyd		MIDDLE NAME M.		LAST NAME Boyd		DATE RECEIVED BY STATE REGISTRAR SEP - 6 1983	
PART I. CAUSE OF DEATH IMMEDIATE CAUSE HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO OR AS A CONSEQUENCE OF 8309847							
PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in Part I (a)) AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No AUTOPSY AUTHORIZED BY:							
Manner: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poison <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown DATE OF INJURY (Month, Day, Year) _____ HOUR OF INJURY _____ HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 12b) _____ INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PLACE OF INJURY (At Home, Farm, Street, Factory, Office Bldg., Etc.) _____ LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) _____							
CERTIFICATION - MEDICAL EXAMINER: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the _____ day and due to the cause stated as verified by my signature in item 22a. CERTIFIER - NAME (Type or Print) M.F. MERCHANT, M.D. SIGNATURE OF MEDICAL EXAMINER [Signature] MAILING ADDRESS - CERTIFIER 1115 W. 17th STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP TULSA, OKLA. 74107							
BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Aug. 26, 1983 LOCATION (Cemetery or Crematory) Norman FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) Mayer F.H. P.O. Box J.J. Norman FUNERAL DIRECTOR Jim Lovett							



State Department of Health

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

SEP 8 1983

[Signature]
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the _____ 31st day
of _____ October A.D., 19 85 at 11:59 o'clock A.M., and duly recorded in Vol. M85
of Deeds on Page 17696

FEE \$5.00

Evelyn Biehn,
By _____

County Clerk

[Signature]