

Vol. m89 Page 290

NOTE: The Trust Deed Act provides that the trustee hereunder must be either an attorney, who is an active member of the Oregon State Bar, a bank, trust company or savings and loan association authorized to do business under the laws of Oregon or the United States, a title insurance company authorized to insure title to real property of this state, its subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an escrow agent licensed under ORS 90A.025 to 90A.525.

The grantor covenants and agrees to and with the beneficiary and those claiming under him, that he is lawfully seized in fee simple of said described real property and has a valid, unencumbered title thereto

and that he will warrant and forever defend the same against all persons whomsoever.

The grantor warrants that the proceeds of the loan represented by the above described note and this trust deed are:  
(a)\* primarily for grantor's personal, family or household purposes (see Important Notice below).  
(b) for an organization, or (even if grantor is a natural person) are for business or commercial purposes.

This deed applies to, inures to the benefit of and binds all parties hereto, their heirs, legatees, devisees, administrators, executors, personal representatives, successors and assigns. The term beneficiary shall mean the holder and owner, including pledgee, of the contract secured hereby, whether or not named as a beneficiary herein. In construing this deed and whenever the context so requires, the masculine gender includes the feminine and the neuter, and the singular number includes the plural.

IN WITNESS WHEREOF, said grantor has hereunto set his hand the day and year first above written.

\* IMPORTANT NOTICE: Delete, by lining out, whichever warranty (a) or (b) is not applicable; if warranty (a) is applicable and the beneficiary is a creditor as such word is defined in the Truth-in-Lending Act and Regulation Z, the beneficiary MUST comply with the Act and Regulation by making required disclosures; for this purpose use Stevens-Ness Form No. 1319, or equivalent. If compliance with the Act is not required, disregard this notice.

(If the signer of the above is a corporation, use the form of acknowledgement opposite.)

STATE OF ~~OREGON~~ California )  
County of Alameda ) ss.  
This instrument was acknowledged before me on  
12-28, 1988, by  
John T. Dohallow & Sylvia J.  
Armtrout \*\*\*\*\*  
x [Signature]  
(SEAL) Notary Public for ~~Oregon~~ California  
My commission expires:

STATE OF OREGON, )  
County of ) ss.  
This instrument was acknowledged before me on  
19 by  
as  
of  
Notary Public for Oregon  
(SEAL) My commission expires:

#### REQUEST FOR FULL RECONVEYANCE

To be used only when obligations have been paid.

TO: \_\_\_\_\_, Trustee

The undersigned is the legal owner and holder of all indebtedness secured by the foregoing trust deed. All sums secured by said trust deed have been fully paid and satisfied. You hereby are directed, on payment to you of any sums owing to you under the terms of said trust deed or pursuant to statute, to cancel all evidences of indebtedness secured by said trust deed (which are delivered to you herewith together with said trust deed) and to reconvey, without warranty, to the parties designated by the terms of said trust deed the estate now held by you under the same. Mail reconveyance and documents to \_\_\_\_\_

DATED: \_\_\_\_\_, 19 \_\_\_\_\_

Beneficiary

Do not lose or destroy this Trust Deed OR THE NOTE which it secures. Both must be delivered to the trustee for cancellation before reconveyance will be made.

### TRUST DEED

(FORM No. 881)

STEVENS-NESS LAW PUB. CO., PORTLAND, ORE.

John T. Dohallow & Sylvia J.  
Armtrout  
7263 Emerald Ave  
Dublin, CA 94568 Grantor  
Vivian C. Foley  
6517 Wocus Rd.  
Klamath Falls, OR 97601  
Beneficiary

AFTER RECORDING RETURN TO

MOUNTAIN TITLE COMPANY  
OF KLAMATH COUNTY

SPACE RESERVED  
FOR  
RECORDER'S USE

STATE OF OREGON, )  
County of ) ss.

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 fee/file/instrument/microfilm/reception No. \_\_\_\_\_, Record of Mortgages of said County.

Witness my hand and seal of County affixed.

NAME TITLE  
By \_\_\_\_\_ Deputy

EXHIBIT "A"  
LEGAL DESCRIPTION

A tract of land situated in the N1/2 of Section 7, Township 38 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon being more particularly described as follows:

Beginning at the Northeast Corner of said Section 7; thence southerly on the East line of said Section 7, 1320 feet more or less to the Southeast corner of the N1/2 NE1/4 of said Section 7; thence Westerly on the South line of said N1/2 NE1/4, 2640 feet more or less to the Southwest corner thereof; thence Northerly on the West line of said N1/2 NE1/4, 727.53 feet more or less to a 5/8" iron pin; thence South 89 degrees 56' 41" West, 448.76 feet to a 5/8" iron pin on the East line of Wocus Road; thence Northerly on the East line of said Wocus Road; to its intersection with the North line of said Section 7; thence Easterly on the North line of said Section 7, 2970 feet more or less to the point of beginning.

Tax Account No: 3809 007B0 00100 (covers other property)  
3809 007A0 00100

GENERAL ACKNOWLEDGMENT

NO. 201

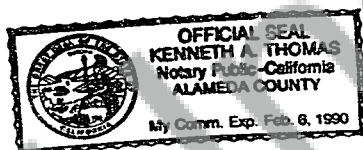
State of CALIFORNIA  
County of Alameda } ss.

On this the 28 day of Dec 1988, before me,

Kenneth A. Thomas.

the undersigned Notary Public, personally appeared

John T. Dohallow & Sylvia J. Armentrout



☐ personally known to me  
☒ proved to me on the basis of satisfactory evidence  
to be the person(s) whose name(s) they subscribed to the  
within instrument, and acknowledged that they executed it.  
WITNESS my hand and official seal.

[Signature]  
Notary's Signature

ATTENTION NOTARY: Although the information requested below is **OPTIONAL**, it could prevent fraudulent attachment of this certificate to another document.

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document TRUST DEED

Number of Pages 2 Date of Document 12-20-88

Signer(s) Other Than Named Above \_\_\_\_\_

NATIONAL NOTARY ASSOCIATION • 8236 Remmet Ave. • P.O. Box 7184 • Canoga Park, CA 91304-7184

7120 122

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 5th day  
of Jan. A.D., 19 89 at 3:30 o'clock P.M., and duly recorded in Vol. M89  
of Mortgages on Page 290

Evelyn Biehn County Clerk

FEE \$18.00

By Pauline Mullendore



## DEPARTMENT OF HUMAN RESOURCES

## Vital Records Unit

## CERTIFICATE OF DEATH

136-

State File Number

55213  
I.D. TAG NO491  
Local File Number3. DATE OF DEATH (Month, Day, Year)  
December 26, 1988

1. DECEDENT'S NAME First: <b>William</b> Middle: <b>Frederic</b> Last: <b>HOAGLAND</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>December 26, 1988</b>
4. SOCIAL SECURITY NUMBER <b>543-10-1985</b>	5a. AGE - Last Birthday (Years) <b>84</b>	5b. UNDER 1 YEAR Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Rapid City, S. Dakota</b>
7. DATE OF BIRTH (Month, Day, Year) <b>July 27, 1904</b>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) <b>West Care Home</b>		10. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed) <b>Eleanor</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>	
13c. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		13d. STREET AND NUMBER <b>2026 Portland St.</b>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify no or yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE (American Indian, Black, White, etc. (Specify)) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (11-4 or 5+) <b>1</b>		17. FATHER - NAME first middle last <b>William E. Hoagland</b>	
18. MOTHER - NAME first middle last <b>Jennie - Waugh</b>		19. INFORMANT - NAME and relationship to decedent <b>Eleanor Hoagland-Spouse</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Memorial Park</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Lancaster</i>		21b. LICENSE NUMBER (Of Licensee) <b>3224</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Funeral Home</b>		23. DATE SIGNED (Month, Day, Year) <b>12/27/88</b>	
24. TIME OF DEATH <b>0600</b>		25. DATE SIGNED (Month, Day, Year) <b>12/27/88</b>	
26. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>R. Rand Hale, MD 2584 Campus Drive Klamath Falls, Or. 97601</b>		27. DATE SIGNED (Month, Day, Year) <b>12/27/88</b>	
28. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. (a) <b>Myocardial infarction</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Atherosclerotic cardiovascular disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Brainstem tumor</b>		29. DATE SIGNED (Month, Day, Year) <b>12/27/88</b>	
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>R. Rand Hale, MD</b>		31. DATE SIGNED (Month, Day, Year) <b>12/27/88</b>	
32. DATE SIGNED (Month, Day, Year) <b>12/27/88</b>		33. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34. IF YES were findings considered in determining cause of death?		35. MANIFESTATION OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Undetermined Manner	
36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY	
36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36d. DESCRIBE HOW INJURY OCCURRED	
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
37. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		38. DATE FILED (Month, Day, Year) <b>DEC 29 1988</b>	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 11-88

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **JAN 5 1989**

2026 Portland KF 97601 \$5.00

Marian Ackerman  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Eleanor Hoagland** the **5th** day of **Jan.** A.D., 19 **89** at **3:42** o'clock **PM.**, and duly recorded in Vol. **M89** of **Deeds** on Page **293**

Evelyn Biehn - County Clerk

By *Pauline Mullendare*

FEE \$8.00

Return: Eleanor Hoagland  
2026 Portland, Klamath Falls, Or. 97601