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ASDA 33103

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STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR. 97204

SATISFACTION OF MORTGAGE

Vol. m89 Page 2172

KNOW ALL MEN BY THESE PRESENTS, That MARGARET KREMER

owner and holder of the Mortgage and the obligation hereinafter described, do hereby certify and declare that a certain mortgage, bearing date the 5th day of June, 1978, made and executed by WILLIAM T. CONLEY and WANDA J. CONLEY, husband and wife, the mortgagor therein, to CERTIFIED MORTGAGE COMPANY, an Oregon Corporation***, the mortgagee therein and recorded in the office of the Clerk of the County of Klamath, State of Oregon, in book M78, or as file/reel number 49589 (indicate which) on June 6, 1978; RE-RECORDED on December 28, 1978, in Vol. M-78, Page 28843 #28845, Mortgage Records.

SUBSEQUENTLY Assigned to: PETER KREMER or MARGARET KREMER, husband and wife by instrument recorded: July 6, 1978, in Book M78, Page 14505, File #51250, Mortgage Records of Klamath County, State of Oregon.

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 6th day of February, 1980; 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.

Margaret Kremer

(If executed by a corporation, affix corporate seal)

STATE OF OREGON,

County of Marion

February 6, 1980

Personally appeared the above named Margaret Kremer

STATE OF OREGON, County of

Personally appeared

each for himself and not one for the other, did say that the former is the 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.

Notary Public for Oregon

My commission expires:

(OFFICIAL SEAL)

and acknowledged the foregoing instrument to be his/her voluntary act and deed. Before me, Notary Public for Oregon My commission expires: 1-16-84

Satisfaction of MORTGAGE

MARGARET KREMER

TO

WILLIAM T. CONLEY and

WANDA J. CONLEY

AFTER RECORDING RETURN TO

A.T.C.

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

STATE OF OREGON, 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.

By NAME TITLE Deputy

09 FEB 3 AM 11 13

CERTIFIED COPY OF DEATH RECORD

2173

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number **1047** State File Number

DECEASED—NAME First Middle Last
PETER JOSEPH KREMER, JR.

RACE White, Black, American Indian, etc. (specify) **White** SEX **Male** AGE—Last birthday (years) **73** Under 1 year mos. days Under 1 day hours min.
DATE OF DEATH (month, day, year) **2 September 11, 1979**
DATE OF BIRTH (month, day, year) **6 January 8, 1906**

COUNTY OF DEATH **Marion** CITY, TOWN OR LOCATION OF DEATH **Salem** HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) **7c Salem Memorial**
STATE OF BIRTH (if not in U.S.A., name country) **South Dakota** CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **10 Married** SPOUSE (IF MARRIED, WIDOWED) **11 Margaret**
SOCIAL SECURITY NUMBER **13 543-05-9948** USUAL OCCUPATION (give kind of work done during most of working life, even if retired) **14a Farmer** KIND OF BUSINESS OR INDUSTRY **14b Farming**
RESIDENCE—STATE **15a Oregon** COUNTY **15b Marion** CITY, TOWN, OR LOCATION **15c Stayton** STREET AND NUMBER OR R.F.D. NO. **15d 1359 N. 6th Ave.** ZIP **97383**
FATHER—NAME first middle last **16 Peter J. Kremer, Sr.** MOTHER—Maiden Name first middle last **17 Margaret Kirsch** INFORMANT—NAME and relationship to deceased **18 Margaret Kremer, Wife**
BURIAL, CREMATION, REMOVAL, MAUS. (specify) **19a Burial** CEMETERY OR CREMATORY—NAME **19b St. Mary's** LOCATION city or town state **19c Stayton, Oregon**
FUNERAL SERVICE LICENSEE OR ACTING AS SUCH (Name and address of facility) **20a Weddle Funeral Home Inc. 1777 Third Ave. Stayton, Ore. 97388**
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, **21a [Signature]** DATE SIGNED (Mo., Day, Yr.) **21b 9-14-79** HOUR OF DEATH **21c 8:50 A. M.**
CERTIFIER—NAME AND TITLE (Type or print) **21d Donald D. Sanders, M.D.** MAILING ADDRESS (Street, city or town, state, zip) **374 Owens St. S.E. Salem, Ore 97302**
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **22a Sept. 18, 1979** REGISTRAR **22b [Signature]**
PART I IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
(a) **Chronic Nonlymphocytic leukemia** Interval between onset and death **15 Months**
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
ACCIDENT [Specify Yes or No] DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED
26a **26b** **26c** **26d**
INJURY AT WORK [Specify Yes or No] PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
26e **26f** **26g**
RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

STATE OF OREGON
COUNTY OF MARION

SEAL
VOID IF ALTERED
DATE SEP 18 1979

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS

Trace Tomlin DEPUTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 3rd day of Feb. A.D., 19 89 at 11:13 o'clock A.M., and duly recorded in Vol. M89 of Mortgages on Page 2172

FEE \$13.00

County Clerk

By *Pauline Muehlenberg*