

ON 12625

K-42056
ASSIGNMENT OF CONTRACT

Vol. m90 Page - 5264



KNOW ALL MEN BY THESE PRESENTS, That the undersigned, hereinafter called the assignor, for the consideration hereinafter stated, has sold and assigned and hereby does grant, bargain, sell, assign and set over unto TOM DEJONG AND NELLIE A. DEJONG, husband and wife

hereinafter called the assignee, and to assignee's heirs, successors and assigns, all of the vendee's right, title and interest in and to that certain contract for the sale of real estate dated March 11 1985, between ADELE M. YOUNG

as seller and MARVIN L. MILLER, II as buyer, which contract is recorded in the Deed* Miscellaneous* Records of Klamath County, Oregon, in book/reel/volume No. M85 at page 4199 thereof, or as fee/file/instrument/microfilm/reception No. (indicate which), (reference to said recorded contract hereby being expressly made), together

with all of the right, title and interest of the undersigned in and to the real estate described therein; the undersigned hereby expressly covenants with and warrants to the assignee above named that the undersigned is the owner of the vendee's interest in the real estate described in said contract of sale and that the unpaid balance of the purchase price thereof is not more than \$ with interest paid thereon to 19

further, upon compliance by said assignee with the terms of said contract, the undersigned directs that conveyance of said real estate be made and delivered to the order of said assignee.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 37,500.00
However, the consideration for this transfer is not the full value of the property, but is only a portion of the value of the property. (Indicate which) ①

In construing this assignment, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this assignment shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the undersigned assignor has hereunto executed this assignment; if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by an officer duly authorized thereto by order of its board of directors.

DATED: 3/19/1990

X Marvin L. Miller II
MARVIN L. MILLER, II

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

(If the signer of the above is a corporation, use the form of acknowledgment below.)

STATE OF OREGON, } ss.
County of Multnomah }

STATE OF OREGON, } ss.
County of _____ }

This instrument was acknowledged before me on March 19 1990, by MARVIN L. MILLER, II

This instrument was acknowledged before me on 19____, by _____ is of _____

Notary Public for Oregon
(SEAL) My commission expires: 1/24/93

Notary Public for Oregon (SEAL)
My commission expires:

*Strike the inapplicable word. NOTE—If not applicable, delete the sentence between the symbols ①. If the contract is not already of record, it should be recorded.

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to (Name, Address, Zip): KCTC

Until requested otherwise send all tax statements to (Name, Address, Zip): Mr. & Mrs. Tom DeJong 21821 N Poe Valley Rd. Klamath Falls, Oregon 97603

STATE OF OREGON, } ss.
County of Klamath }

I certify that the within instrument was received for record on the 22nd day of March, 1990, at 9:50 o'clock AM., and recorded in book/reel/volume No. M90 on page 5264 or as fee/file/instrument/microfilm/reception No. 12625 Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE
By [Signature] Deputy

Fee \$28.00

90 MAR 22 AM 9 50

OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION

15-42026

07758

ID TAG NO.

187

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

86-1109096

State File Number

| | | | |
|--|--|---|--|
| DECEASED - NAME First Middle Last Cordelia Mary LEAVITT | | DATE OF DEATH (month, day, year) 2 May 19, 1986 | |
| RACE (Specify) White | | DATE OF BIRTH (month, day, year) August 10, 1905 | |
| SEX Female | | AGE - Last birthday (years) 80 | |
| CITY, TOWN OR LOCATION OF DEATH Klamath Falls | | HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Mt. View Care Center | |
| STATE OF BIRTH (If not in U.S., name country) California | | CITIZEN OF WHAT COUNTRY U.S.A. | |
| SOCIAL SECURITY NUMBER 542-46-5583 | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | |
| RESIDENCE - STATE Oregon | | COUNTY Klamath | |
| CITY, TOWN OR LOCATION Bonanza | | STREET AND NUMBER OR R.F.D. Rt. 1, Box 146 | |
| FATHER - NAME first middle last Luther H. Dearborn | | MOTHER - first middle last Mary - Johnson | |
| BUREL CEMETERY OR CREMATORY - NAME Lost River Cemetery | | LOCATION city or town state Bonanza, Oregon | |
| FURNERAL SERVICE (Specify) McDonald's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or. | | NAME AND ADDRESS OF FACILITY | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Year) May 19, 1986 | | REGISTRAR Edward J. Johnson | |
| IMMEDIATE CAUSE Cardiac arrest | | Interval between onset and death Minutes | |
| DUE TO OR AS A CONSEQUENCE OF Cardiac failure | | Interval between onset and death Hours | |
| OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Obesity | | AUTOPSY (Specify Yes or No) No | |
| ACCIDENT (Specify Yes or No) No | | DATE OF INJURY (Mo., Day, Year) May 19, 1986 | |
| PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home | | STREET OR R.F.D. NO Box 146 | |
| CITY OR TOWN Bonanza | | STATE Oregon | |
| DEATH CERTIFICATE REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? NO | | WAS GIFT MADE? NO | |
| RESERVED FOR REGISTRAR USE | | | |

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 1-86

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED **MAR 16 1990**

EDWARD J. JOHNSON II
STATE REGISTRAR

STATES OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Klamath County Title Co.** the **22nd** day of **March** A.D., 19 **90** at **9:52** o'clock **AM**, and duly recorded in Vol. **M90** of **Deeds** on Page **5265**

FEE \$8.00

Evelyn Biehn County Clerk
By **Pauline M. Mullen**

Return: K.C.T.C.