ASSIGNMENT OF MEMORANDUM OF OPTION

KENNETH S. GORDEN, Grantor, hereby assigns that certain Memorandum of Option dated March 14, 1990, an exclusive, irrevocable option to purchase real property situated in Klamath County, Oregon, recorded in Volume M-90, Page 22750, Document No. 22601, of Klamath County records, to KENNETH S. GORDEN, TRUSTEE, KENNETH S. GORDEN LIVING TRUST, U.D.D. June 10, 1991.

_____
KENNETH S. GORDEN

STATE OF OREGON   )
)ss.
County of Jackson)

Personally appeared KENNETH S. GORDEN who, being duly sworn, acknowledged the foregoing instrument to be his voluntary act and deed.   Before me signed this 10th day of June, 1991.

_____
Notary Public for Oregon
My Commission Expires:_____

VOLNEY F. MORIN, JR.
NOTARY PUBLIC - OREGON
My Commission Expires 6-77-94

STATE OF OREGON,   ss.
   County of Klamath

Filed for record at request of:

_____Volney F. Morin Jr._____
on this __26th__ day of __June__ A.D., 19 _91_
at __9:42__ o'clock __a__ M. and duly recorded
in Vol. __M91__ of __Deeds__ Page __12187__.
     Evelyn Biehn   County Clerk
        By _____
                              Deputy.

Fee, $8.00
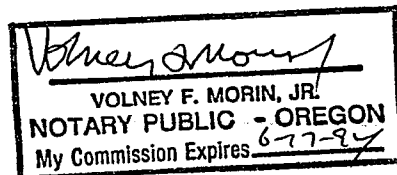
Return: Kenneth S. Gorden
         Rt. 1, Box 238
         Bonanza, Or. 97623

ASSIGNMENT OF MEMORANDUM OF OPTION - 1

103129

I.D. TAG NO.

213
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-
State File Number

1. DECENDENT'S NAME — First / Middle / Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Hazel Ninon NYBACK	F	June 15, 1991

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. Under 1 Year Mos. / Days	5c. Under 1 Day Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
540/44/2851	76			Klamath Falls, Or.	July 12, 1914

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
9a. PLACE OF DEATH (Check only one)
OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
2001 Park Avenue	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Owner	Flower Shop	Married	Alrick

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	2001 Park Avenue

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
☒ Yes ☐ No	97601		White	12

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Walter J. Helfer	Lucille - Lord	Al Nyback - Husband

20a. METHOD OF DISPOSITION ☒ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
James K. Ward	3409	Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601

23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
JUN 18 1991	*Nancy Kennedy*

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27. TIME OF DEATH 1400 M	**31a. TIME OF DEATH** M / **31b. DATE PRONOUNCED DEAD** (Month, Day, Year, Hour) M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) *[signature]*	**32.** On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
30. DATE SIGNED (Month, Day, Year) 6/17/91	**33. DATE SIGNED** (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
F. Geoffrey Marx, MD / 2614 Clover / Klamath Falls, Oregon / 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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.

	Interval between onset and death
PART I (a) Metastatic Breast Carcinoma	6 mo
DUE TO, OR AS A CONSEQUENCE OF: (b)	
DUE TO, OR AS A CONSEQUENCE OF: (c)	

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. IF YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH
☒ Natural ☐ Pending Investigation
☐ Accident ☐ Undetermined Manner
☐ Suicide
☐ Homicide ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
	M	☐ Yes ☐ No	

41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

ORIGINAL — VITAL STATISTICS COPY
452 REV. 1

DATE ISSUED   JUN 18 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ Al Nyback _____ the ___ 26th ___ day
of ___ June ___ A.D., 19 _91_ at _ 9:58 _ o'clock _ A.M., and duly recorded in Vol. _ M91 _,
of ___ Deeds ___ on Page ___ 12188 ___.

Evelyn Biehn , County Clerk
By *Pauline Mullendore*

FEE $8.00
Return: Al Nyback
2001 Park Ave., Klamath Falls, Or. 97601