

38011

UPON recording return to: Mountain Title Company

MTC 26127

Vol. M91 Page 25011

ASSIGNMENT OF VENDEE'S INTEREST IN LAND SALE CONTRACT

FOR THE CONSIDERATION stated below, BARNEY R. HILL and DIANA L. HILL (Assignor), hereby assigns and transfers to PHILIP S. DENNEY and MARILYN K. DENNEY (Assignee), all of Assignor's right and interest in and to that certain Land Sale Contract dated January 15, 1979, between Eugene A. Powell and Jean E. Powell as Vendor, and Assignor as Vendee, which Contract was recorded February 17, 1979, in Volume M79, Page 1417, in Klamath County, Oregon, hereinafter referred to as "the Contract", together with all of Assignor's right and interest in and to the real property described in the Contract.

Assignor hereby expressly covenants and warrants to Assignee that Assignor is the owner of the Vendee's interest in the Contract, and that the unpaid balance of the purchase price is \$14,835.56, as of the effective date of this Assignment, which is August 1, 1991.

The true and actual consideration paid for this assignment, stated in terms of dollars, is \$20,835.56.

Assignee hereby assumes the obligations of the Vendee under the Contract, and agrees to defend, indemnify and hold Assignor harmless from and against such obligations.

This Assignment is conditioned upon the written consent of Eugene A. Powell and Jean E. Powell, and David L. Walker and Helma E. Walker, Vendor under the Contract.

Assignees accept the real property and 1974 Golden West Mobile Home, 24' by 60', Serial No. 11263, AS IS, with no warranties.

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Assignor has been represented in this transaction by Jerry M. Molatore, Attorney at Law. Assignee acknowledges that Jerry M. Molatore does not represent Assignee and that Assignee has the right to have all documents regarding this transaction reviewed by an attorney of Assignee's choice.

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.

DATED this 18th day of October, 1991.

Barney R. Hill
BARNEY R. HILL, Assignor

Diana L. Hill
DIANA L. HILL, Assignor

Philip S. Denney
PHILIP S. DENNEY, Assignee

Marilyn K. Denney
MARILYN K. DENNEY, Assignee

25013

State of Oregon

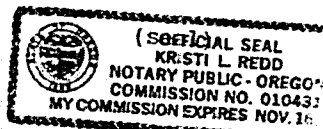
County of Klamath

October 18, 1991

Personally appeared the above named BARNEY R. HILL and DIANA L. HILL
and acknowledged the foregoing instrument to be their voluntary act and
deed.

WITNESS My hand and official seal.

Kristi L. Redd
Notary Public for Oregon
My Commission expires: 11/16/91



State of Oregon

County of Klamath

November 20, 1991

Personally appeared the above named PHILIP S. DENNEY and MARILYN K. DENNEY,
and acknowledged the foregoing instrument to be their voluntary act and
deed.

WITNESS My hand and official seal.

Kristi L. Redd
Notary Public for Oregon
My Commission expires: 11/16/95

(seal)

Forward tax statements to:
Philip S. Denney & Marilyn K. Denney
P.O. Box 114
Sprague River, OR 97639



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of MTC
of November A.D., 19 91 at 11:13 o'clock A. M., and duly recorded in Vol. M91 day
of Deeds on Page 25011

FEE \$38.00

Evelyn Blehn
By Berntha Scholtz County Clerk

F-4033
I.D. TAG NO.

442

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First: Thelma Middle: Jane Last: CLUGSTON		2. SEX F	3. DATE OF DEATH (Month, Day, Year) November 25, 1991
4. SOCIAL SECURITY NUMBER 543-46-6885	5a. AGE Last Birthday (Years) 80	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Lake City, CA
7. DATE OF BIRTH (Month, Day, Year) May 30, 1911			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY (If DEATH) Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife		10b. KIND OF BUSINESS/INDUSTRY Homemaking	
11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Harvey	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5442 Shasta Way	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 15+)		17. DATE FILED (Month, Day, Year) NOV 26 1991	
17. FATHER - NAME first middle last James Arthur Blunt		18. MOTHER - NAME first middle maiden Luetta - Stiner	
19. INFORMANT NAME and relationship to decedent Donna Smith, daughter		20. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory		22. LOCATION - City or Town, State Klamath Falls, OR 97603	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donna C. Smith</i>		24. LICENSE NUMBER (OF Licensee) 53-0124	
25. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		26. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		28. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
29. TIME OF DEATH 22:15 P.M.		30. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>F. Geoffrey Marx</i>			
32. DATE SIGNED (Month, Day, Year) November 26, 1991			
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601			
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
35. 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			
PART I (a) Septic Shock		Interval between onset and death 12 hrs	
(b) Pneumonia		Interval between onset and death 3 ds	
(c) COPD		Interval between onset and death	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40a. DATE OF INJURY (Month, Day, Year)		40b. TIME OF INJURY	
40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d. DESCRIBE HOW INJURY OCCURRED	
41a. PLACE OF INJURY - A) home, farm, street, factory, office building etc. (Specify)		41b. 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.

DATE ISSUED **NOV 27 1991**

Donna C. Verling

DONNA C. VERLING

COUNTY REGISTRAR

KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Donna C. Smith** the **29th** day of **November** A.D., 19 **91** at **1:39** o'clock **P.** M., and duly recorded in Vol. **M91** of **Deeds** on Page **25014**

FEE \$8.00

Evelyn Biehn, County Clerk
By *Donna C. Verling*