

NL

66727

ASSIGNMENT OF CONTRACT

Vol. m93 Page 21206

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 DONALD E. STONER, JILL STONER

hereinafter called the assignee, and to assignee's heirs, successors and assigns, all of the vendor's right, title and interest in and to that certain contract for the sale of real estate dated 01 NOV. 1992, between MICHAEL B. JAGER & MARGARET H. JAGER TRUSTEES OF JAGER FAMILY TRUST OCT 15 91 + CLARK J. KENYON as seller and

ALBERT L. SLAYTON as buyer, which contract is recorded in the Deed* Miscellaneous* Records of KLAMATH County, Oregon, in book/reel/volume No. M-92 at page 245.19 and/or as fee/file/instrument/microfilm/reception No. (indicate which), reference to that recorded contract hereby being expressly made, together with all the right, title and interest of the assignor in and to all moneys due and to become due thereon. The assignor also hereby conveys to the assignee the property described in the contract and the legal title thereto which is held to secure performance of the vendee's obligation created thereby. The assignor hereby expressly covenants and warrants to the above-named assignee that the assignor is the owner of the vendor's interest in the real estate described in the contract of sale and that the unpaid principal balance of the purchase price thereof is not less than \$ 10,869.03 with interest paid thereon to \$ 629.93, 19.....

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 1.00

① However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which) ① the whole

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, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

DATED: August 19, 1993

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.

STATE OF OREGON, County of Deschutes

This instrument was acknowledged before me on August 19, 1993, by

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

as _____ of _____



OFFICIAL SEAL
DARLENE JOHANNESSEN
NOTARY PUBLIC-OREGON
COMMISSION NO. 005731
MY COMMISSION EXPIRES MAR. 28, 1995

Darlene Johannesen
Notary Public for Oregon
My commission expires 3.28.95

* Strike 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.

ALBERT L. SLAYTON

P.O. BOX 701

GILCHRIST OR 97737

Grantor's Name and Address

DONALD E. STONER, JILL STONER

1222 CHAMBERS ST

STEILACOOM WA 98388

Grantee's Name and Address

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

DONALD E. STONER, JILL STONER

1222 CHAMBERS ST

STEILACOOM, WA. 98388

Until requested otherwise send all tax statements to (Name, Address, Zip):

DONALD E. STONER, JILL STONER

1222 CHAMBERS ST

STEILACOOM, WA. 98388

SPACE RESERVED
FOR
RECORDER'S USE

Fee \$30.00

STATE OF OREGON,
County of Klamath } ss.

I certify that the within instrument was received for record on the 24th day of Aug., 1993, at 11:58 o'clock A.M., and recorded in book/reel/volume No. M93 on page 21206 and/or as fee/file/instrument/microfilm/reception No. 66727, Record of Deeds of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Ruthene Mullender, Deputy

08-24-93A11:58

10. TAG NO. **786** 7
Local File Number
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136
State File Number

1. DECEDENT'S NAME
First **Shirley** Middle **Ann** Last **PATTERSON**

2. SEX **Female**

3. DATE OF DEATH (Month, Day, Year)
June 18, 1993

4. SOCIAL SECURITY NUMBER **558-32-5343**

5a. AGE Last Birthday (Years) **66**

5b. Under 1 Year
Mos. **66** Days **0** Hours **0** Mins. **0**

6. BIRTHPLACE (City and State or Foreign Country)
Martinez, CA.

7. DATE OF BIRTH (Month, Day, Year)
July 2, 1926

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one)
☒ Hospital ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ 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 OF DEATH
Klamath

10a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life Do not use retired)
Homemaker

10b. KIND OF BUSINESS/INDUSTRY
Own Home

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)
Married

12. SPOUSE (If Married, Widowed)
Ralph Patterson

13a. RESIDENCE - STATE
Oregon

13b. COUNTY
Klamath

13c. CITY, TOWN OR LOCATION
Klamath Falls

13d. STREET AND NUMBER
2007 Homedale Road

13e. INSIDE CITY LIMITS?
☐ Yes ☒ No

13f. ZIP CODE
97603

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)
☒ No ☐ Yes

15. RACE American Indian, Black, White, etc. (Specify)
White

16. DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12) **12** College (13 or 14 or 15)

17. FATHER - NAME first middle last
William - Filmer

18. MOTHER - NAME first middle maiden
Hazel - Johnson

19. INFORMANT - NAME and relationship to decedent
Ralph Patterson - Spouse

20a. METHOD OF DISPOSITION ☒ 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
Charles Barcus

21b. LICENSE NUMBER (Of Licensee)
93-49-1363

22. NAME, ADDRESS AND ZIP OF FACILITY
**Eternal Hills Funeral Home
4711 Hwy. 39, Klamath Falls, OR. 97603**

23. DATE FILED (Month, Day, Year)
JUN 22 1993

24. REGISTRAR'S SIGNATURE
Charles Barcus

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

26. WAS GIFT MADE?
☐ YES ☒ NO ☐ N/A

27. TIME OF DEATH
M **11:58** AM **PM**

28. WAS MEDICAL EXAMINER NOTIFIED?
M ☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated.
(Signature) **Robert F. Bohner M.D.**

30. DATE SIGNED (Month, Day, Year)
June 18, 1993

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)
Robert F. Bohner M.D. 2610 Wynnwood Road Klamath Falls, Oregon 97601

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

33. DATE SIGNED (Month, Day, Year)

34. CRIMINITY

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) **Acute myocardial infarction**

DUE TO, OR AS A CONSEQUENCE OF

(b) **Pneumonia**

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I
Myeloproliferative Syndrome

37. Did tobacco use contribute to the death?
☒ No ☐ Probably ☐ Unknown

38. AUTOPSY
☐ Yes ☒ No ☐ Yes I don't know

39. If it was not possible to determine the cause of death?

40. MANNER OF DEATH
☒ Natural ☐ Pending investigation ☐ Accident ☐ Undetermined manner ☐ Suicide ☐ Legal intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY
M **11:58** AM **PM**

41c. INJURY AT WORK?
☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED

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

ORIGINAL - VITAL STATISTICS COPY

452 Rev 7/91

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

DATE ISSUED: **JUN 22 1993**

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of **Aug.** A.D., 19 **93** at **11:58** o'clock **AM.**, and duly recorded in Vol. **M93** the **24th** day of **Aug.** on Page **21207**

FEE \$10.00

Return: Ralph Patterson, 2007 Homedale, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk
By **Charles Barcus**