4. T.	NI NI NO. 852—ASSIGNMENT OF REAL ESTATE	CONTRACT by Vendor-Seller	존목바다 그리다 아이들은 사람이 되는 것이다고 있는 요요
	^{NL} 66727		COPYRIGHT 1992 STRYRMS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204
	KNOW ALL MEN DA	ASSIGNMENT OF CONT	RACT VOLM93 Page 21206 @
			by does grant bardein called the assignor, for the
	hereinafter called the assignee,	and to assignee's heirs succession	and act over unto
	ALBERT L. SLAYTON	TRUSIEES OF JAGER FAMILY	and assigns, all of the vendor's right, title and inter- OLNOV., 1992, between Michael TRUST OCT 15, 91 + CLARK J, KENYON as seller and
	as buyer, which contract is recording book/reel/volume No. M. 9	ded in the Deed* Miscellaneous*	Records of KLAMATH County, Oregon,
	interest of the assistance in and	at recorded contract hereby being	expressly made together with 11.1
# 10 mm m m m m m m m m m m m m m m m m m	vendee's obligation created the	in the contract and the legal title	thereto which is held to secure
.58			
	thereon to 629.93	ce of the purchase price thereof i	is not less than \$.10.869-03 with interest
08-24-93A1	The true and actual consid	deration naid for this to the	ted in terms of dollars, is \$ 1.00
-2	consideration (indicate which).0	on consists of or moludes other pr	operty or value given or promised which is part of the
80	III COnstitute this seed -		
	cal changes shall be made so that	this assignment shall apply equal	the singular includes the plural and all grammati- ly to corporations and to individuals.
- 11			
	authorized to do a l	s name to be signed and its seal.	reunto executed this assignment; if the undersigned if any, affixed by an officer or other person duly
		S board of discours	by an officer or other person dute.
1	· ································		Wort I Starte
-	THIS INSTRUMENT WILL NOT ALLOW U SCRIBED IN THIS INSTRUMENT IN VIOLA USE LAWS AND REGULATIONS. BEFOR		Steffor
	THIS INSTRUMENT, THE REPSON ASSOCIATIONS. BEFORE	E SIGNING OR ACCEPTING	
	PROPERTY SHOULD CHECK WITH THE	IRING FEE TITLE TO THE	
- 11	SCRIBED IN THIS INSTRUMENT IN VIOLA USE LAWS AND REGULATIONS. BEFOR THIS INSTRUMENT, THE PERSON ACQUIROPERTY SHOULD CHECK WITH THIS COUNTY PLANNING DEPARTMENT TO VE	RIFY APPROVED USES.	
	STATEOR	FOREGON, County of Desch	.103
	This	s instrument was acknowledged be	fore me on August 19 , 19 (9 3
	by	s instrument	1076 Me on 140 ct 102 (d 100 3
		wish unlent was acknowledged to	£
The same of the sa	by		rore me on, 19,
	of		
	C-07-02 111-1	FICIAL SEAL	
) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PUULIC-OREGON	Jahan charaseers
. II	COMMIS	SSION NO. 005731	Notary Public to O
		PIRES MAR. 28, 1995 My comm	uission expires 3.28.95
	* Strike inapplicable word. NOTE—If not appli		
1	ALBERT L. SLAVT	CA/	ols ①. If the contract is not already of record, it should be recorded.
╢.	PO. Box 701	<u></u>	STATE OF OREGON,
Ⅱ.	GILCHRIST OR 97	737	County of Klamth ss.
	Grantor's Name and Address	· <u>······</u>	I certify that the within instrument
.	LONALD E. STONER J.	11 STONER	was received for record on the 24thday
11	1222 CHAMBERS ST		orAug. 10 93 at
	STEILACOOM, WA. 9	<i>2388</i>	Li. 20. o'clock .A., M. and recorded in
1 3	Grantee's Name and Address After recording return to (Name, Address, Zip):	SPACE RESERVE	b book/reel/volume No. M93 on node
1 7	DUALD E. STONER JIL	STONER RECORDER'S US	E
	222 CHAMBER'S ST.		ment/microfilm/reception No 66727
:	SIELLACOOM, WA. 983	388	Record of Deeds of said County
12	intil requested otherwise send all tax statements to [Ng	gme, Address, Zinh	Witness my hand and seel of
1 4	222 CHER, SINER, SILL	STOWER	County affixed.
1	STELL ACCOUNTS		Evelyn Biehn, County Clerk
	STEILACOOM, WA. 9	8388	NAME
, ,		Fee \$30.00	By Cauline Mullindel, Deputy

414 88	NAME Sh	u irleu	Aro	Viddle 1	DATT	ERSON	2. SEX	9 14 25 L. L. L	OF DEATH (Me	7.35
	4 SOCIAL SECURITY I	FUMBER 54 AGE L	ani Birthday	5b. Under 1 Year os Days	Sc. Under 1 Day	IS BUTHER ACE AC	Illy and State ou	Foreign 7 DATE	2 18, 19	nin, Day, tea
	558-32-534	PIN	- 00		Qa PIACE	Martinez OF DEATH (Check	only one)	Jul	Ly 2, 19	26
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	90. FACILITY NAME III not institution, give street and number) Merle West Medical Center Klamath Falls									Y OF DEATH
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	Homemakeri			Our Home		Diron	erd (Specify) Wried		h Patte	
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	DYes IXINO	97603	Mexican, Pu Specify	erto Rican, etc.) X	INO El Yes	White		Elementary/Secon	dary to 121 Col	completed) llear (1 4 or 5
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DISPOSITION	EXBuital ElGernation	n DRemoval from	State	Olner place)	Eternal Hill Memorial Gar	25			L.	2.2
77	218 SIGNATURE OF FIL PERSON ACTING		LICENS OR	216	LICENSE NUMBER	一声 网络人名英格兰		or facility	cs, oreg	30n
	1/2/	/////		9.	101 Licensee) 3-49-1363	Eternal	Hills 1	uneral H math Fal	ome on	07402
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1	in 10	BE COMPLETED B	Y CERTIFYING		4		1.00			
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	27 To the best of my bit the to the cause(s)	M Lives , nowintige, death oc	XINO	ime, date, place se	,	37 On the basis of a	M .	des la sancava		
CLATIFIER	(Signature)	and options stated		10	1	32 On the basis of at the time, date, (Signature)	place and du	e to the cause(s) a	in my opinion ind manner stat	death occure led
<u> 1864 - 1</u>	30 DATE SIGNED POR	Olly Day, Year)			M. V.	33 DATE SIGNED IM	onth Day Yes	101	COUR	110
		ine 18	1993						, tann	
	34 NAME, TITLE, PODE Robert F. E	iess and zip or i Bohnen M.D.				els, Oregon 9	7601			
	35 NAME OF ATTENDI	NO DAVEICIAN E	OTHER THAN							
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IF ANY WHICH GAVE NISE TO IMMEDIATE CAUSE ITAINING THE IMDERLYING CAUSE LAST	76 IMMEDIATE CAUSE PART (a) DUE TO, OR AS (IENTER ONLY ON	CAUSE PER	LINE FOR (a), (b).	AND (c)) Do not ente	r mode of dying, e.g.		spiratory Aust	Interval I and dear	to 15 Land Control
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