Vol. m94 Page 30853

10-03-94PO 2:23 RCVD

89110

After recording return to:

K-46895

MEMORANDUM OF CONTRACT

SELLER: LEONA U. LENSMAN, trustee of the LEONA U. LENSMAN Living Trust dated June 1, 1993

PURCHASER: GARY BOSWELL and DONNA BOSWELL, husband and wife

DATE OF CONTRACT:
TRUE AND ACTUAL CONSIDERATION: $12,000.00
EQUITABLE INTEREST CONVEYED:

NE 1/4 NE 1/4 of Section 35, Township 37 South, Range 15 East of the Willamette Meridian, Klamath County, Oregon.

Send Tax Statements to: Gary Boswell
Donna Boswell
293 Eola Drive NW
Salem, OR 97304

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. THE PROPERTY DESCRIBED IN THIS INSTRUMENT MAY NOT BE WITHIN FIRE PROTECTION DISTRICT PROTECTING STRUCTURES. THE PROPERTY IS SUBJECT TO LAND USE LAWS AND REGULATIONS, WHICH, IN FARM OR FOREST ZONES, MAY NOT AUTHORIZE CONSTRUCTION OR SITING OF A RESIDENCE. BEFORE SIGNING OR ACCEPTING THE INSTRUMENT, A PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND EXISTENCE OF FIRE PROTECTION FOR STRUCTURES.

Leona U. Lensman Gary M. Boswell Donna L. Boswell

STATE OF OREGON)
)ss
County of Marion)

Personally appeared LEONA U. LENSMAN and acknowledged the foregoing instrument to be her voluntary act and deed.
Before me this 21 day of September, 1994.

Phyllis M. Vohs
NOTARY PUBLIC FOR OREGON

OFFICIAL SEAL
PHYLLIS M. VOHS
NOTARY PUBLIC-OREGON
COMMISSION NO. 016807
MY COMMISSION EXPIRES AUG. 29, 1996

STATE OF OREGON)
)ss
County of Marion)

Personally appeared GARY BOSWELL and DONNA BOSWELL, husband and wife, and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me this 29th day of September, 1994.

Donnelle F. Weber
NOTARY PUBLIC FOR OREGON

OFFICIAL SEAL
DONNELLE F. WEBER
NOTARY PUBLIC-OREGON
COMMISSION NO. 034777
MY COMMISSION EXPIRES MAY 17, 1998

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 3rd day of Oct A.D., 19 94 at 3:23 o'clock P M., and duly recorded in Vol. M94, of Deeds on Page 30853.

FEE $35.00

Evelyn Biehn County Clerk
By Darlene Mellendorf

CERTIFICATION OF VITAL RECORD

10H0075 I.D. TAG NO.

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

Local File Number 1507

State File Number 136-

DECEDENT

1. DECEDENT'S NAME: First: Louis; Middle: Lopez; Last: OTERO SR.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 22, 1992
4. SOCIAL SECURITY NUMBER: 146-18-7320
5a. AGE-Last Birthday (Years): 67
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Washington, D.C.
7. DATE OF BIRTH (Month, Day, Year): March 2, 1925
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes
9a. FACILITY NAME (If not institution, give street & number): St. Vincent Hospital
9b. PLACE OF DEATH (Check only one): HOSPITAL (Inpatient / ER/Outpatient) DOA OTHER (Nursing Home / Decedent's Home / Other (Specify))
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland, Oregon
9d. COUNTY OF DEATH: Washington
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Field Maintenance
10b. KIND OF BUSINESS/INDUSTRY: U.S. Air Force
11. MARITAL STATUS (Never Married, Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widowed): Teresita Otero
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5909 Cheyne Ave.
13e. INSIDE CITY LIMITS? No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4

PARENTS

17. FATHER - NAME: first: Juan N.; middle: ; last: Otero
18. MOTHER - NAME: first: Maria; middle: Lopez; maiden:

DISPOSITION

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
19. INFORMANT - NAME and relationship to deceased: Teresita Otero (Spouse)
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Robert A. Ramey Jr.
21b. LICENSE NUMBER (Of Licensee): 47 3328
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): SEP 29 1992
24. REGISTRAR'S SIGNATURE: Jonnie L. Bennett
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? NO
26. WAS GIFT MADE? NO N/A

EITHER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0416 A
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): H. Storm Flaten
30. DATE SIGNED (Month, Day, Year): Sept. 28, 1992
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): H. Flaten MD — 9155 SW Barnes Rd. — Portland, Oregon 97225

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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)
33. DATE SIGNED (Month, Day, Year)
COUNTY

CAUSE OF DEATH

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

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

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

PART I
(a) Cardiac Failure
DUE TO, OR AS A CONSEQUENCE OF:
(b) Long standing myocardial dysfunction
DUE TO, OR AS A CONSEQUENCE OF:
(c) Rheumatic Heart Disease and three open heart surgeries
Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I: Aortic stenosis
Interval between onset and death

37. Did tobacco use contribute to the death? Yes Probably Unknown No
38. AUTOPSY: Yes No
39. If YES were findings considered in determining cause of death? Yes No N/A

40. MANNER OF DEATH: Natural, Accident, Suicide, Homicide, Pending Investigation, Undetermined Manner, Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
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

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE WASHINGTON COUNTY REGISTRAR.

DATE ISSUED SEP 30 1992

Jonnie L. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

45-2 Rev.

After Recording Return to:
Teresita M. Otero
5909 Cheyne Ave.
Klamath Falls, Or. 97603

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co
of Oct A.D., 19 94 at 3:29 o'clock P M., and duly recorded in Vol. M94 day of Deeds the 3rd day
on Page 30855.

FEE $10.00

Evelyn Biehn County Clerk
By Darlene Mullendore