

10-03-94 P00023 RCVD

89110

After recording return to:

K-46895
MEMORANDUM OF CONTRACTSELLER: LEONA U. LENSMAN, trustee of the
LEONA U. LENSMAN Living Trust dated June 1, 1993PURCHASER: GARY BOSWELL and
DONNA BOSWELL, husband and wifeDATE OF CONTRACT: \$12,000.00
TRUE AND ACTUAL CONSIDERATION:
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.

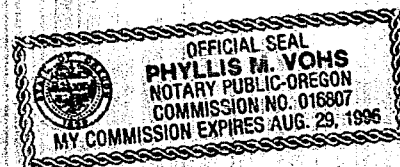
Leona U. Lensman Gary M. Boswell
Donna L. Boswell

STATE OF OREGON)
County of Marion) ss

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

PAGE 1 - MEMORANDUM OF CONTRACT



30854

STATE OF OREGON)

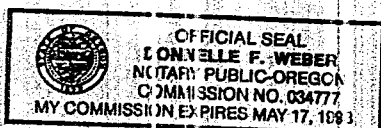
) ss

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



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 Michelle M. Mendenhall

CERTIFICATION OF VITAL RECORD

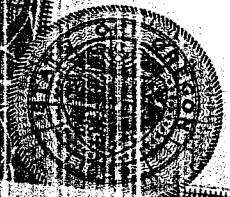
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

101075
1.3. TAG NO.
1507
Local File Number

1. DECEDENT'S NAME: **Louis Lopez**
2. SEX: **Male**
3. DATE OF DEATH (Month, Day, Year): **September 22, 1992**
4. SOCIAL SECURITY NUMBER: **148-18-7320**
5. AGE (Last Birth Year): **67**
6. BIRTHPLACE (City and State or Foreign Country): **Washington, D.C.**
7. DATE OF BIRTH (Month, Day, Year): **March 2, 1925**
8. PLACE OF DEATH (Check only one): ☒ Hospital ☐ Outpatient ☐ Nursing Home ☐ Decedent's Home ☐ Other
9. CITY, TOWN, OR LOCATION OF DEATH: **Portland, Oregon**
10. KIND OF BUSINESS/INDUSTRY: **U.S. Air Force**
11. MARITAL STATUS: **Married**
12. SPOUSE (If Married, Widowed, Divorced (Specify)): **Teresita Otero**
13. STREET AND NUMBER: **5909 Cheyne Ave.**
14. RACE: **White**
15. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elementary/Secondary (9-12) College (1-4 or 5-)**
16. DECEDENT'S OCCUPATION (If kind of work to which engaged during most of working life): **Field Maintenance**
17. FATHER - NAME: **Juan N. Otero**
18. MOTHER - NAME: **Marie Lopez**
19. INFORMANT - NAME and relationship to decedent: **Teresita Otero (Spouse)**
20. LOCATION - City or Town, State: **Klamath Falls, Oregon**
21. SIGNATURE OF PERSON ACTING AS REGISTRAR: **Janice E. Barnett**
22. NAME, ADDRESS AND ZIP OF FACILITY: **Deerport's Chapel of the Good Shepherd, 612 South Sixth Street, Klamath Falls, Oregon 97603-7194**
23. DATE FILED (Month, Day, Year): **SEP 28 1992**
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
25. TO BE COMPLETED BY CERTIFYING PHYSICIAN
26. TIME OF DEATH: **0418 A**
27. WAS MEDICAL EXAMINER NOTIFIED? ☒ YES ☐ NO
28. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and manner stated.
29. DATE SIGNED (Month, Day, Year): **Sept 24, 1992**
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: **H. Flaten MD - 9155 SW Barnes Rd. - Portland, Oregon 97225**
31. NAME OF ATTENDING PHYSICIAN (If other than certifying physician):
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE) (A, B, AND (C) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)
33. DUE TO, OR AS A CONSEQUENCE OF:
(a) **Cardiac Failure & Ventricular Tachycardia**
(b) **long standing myocardial dysfunction**
(c) **Alcoholic heart failure and this was heart surgery**
34. OTHER SIGNIFICANT CONTRIBUTION: Conditions contributing to death but not resulting in the underlying cause given in PART I:
Anti-stress
35. MANNER OF DEATH:
☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention
36. DATE OF INJURY (Month, Day, Year):
37. TIME OF INJURY:
38. INJURY AT WORK? ☐ YES ☒ NO
39. PLACE OF INJURY - All or farm, street, factory, office, building etc. (Specify):
40. LOCATION (Street and Number or Rural Route Number, City or Town, State):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____

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



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**

Janice E. Barnett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

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 **Dec** on Page **30855**
FEE \$10.00
By **Evelyn Biehn** County Clerk
Daphne Miller