

Return to: PACIFIC POWER & LIGHT COMPANY
Attn: Lisa Watkins
920 SW SIXTH AVENUE, 440 PFFC
PORTLAND, OR 97204

Vol. Mag Page 35409

91256

HOME INSULATION PROMISSORY NOTE AND MORTGAGE

Borrower(s) (Names and Address)
Jim + Barbara Golden
4829 Memorial Ln
Klamath Falls OR 97603

Date: 8/29/94
Social Security Number: 557-66-0519
Acct. # 13620058179
Work Order Number: 40108

41360-12434-40108

DISCLOSURE STATEMENT

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE: The dollar amount the credit will cost you.	Amount Financed: The amount of credit provided to you or on your behalf.	Total of Payments: The amount you will have paid after you have made all payments as scheduled.
<u>1.10</u> %	<u>\$ 19.22</u>	<u>\$ 684.00</u>	<u>\$ 703.22</u>

You have the right to receive an itemization of the Amount Financed. ☐ I want an itemization. ☐ I do not want an itemization.

Your payment schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
<u>1</u>	<u>20.00</u>	First Installment Due Date: <u>Oct 1, 1994</u>
<u>33</u>	<u>20.00</u>	Due on the <u>1st</u> day of each month.
<u>1</u>	<u>23.22</u>	Final Installment Due Date: <u>Aug 1, 1997</u>

Late Charge: If a payment is late, you will be charged 4% of the payment.
Sale, Transfer or Refinance: If you sell, transfer or refinance your real property, you will have to pay all of the unpaid balance.

Prepayment: If you pay off early, you will not have to pay a penalty.

Security Interest: You are giving us a security interest in the goods being purchased and in your real property.
See your contract document below for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

LOAN PROCEEDS

- We will loan you the Amount Financed described above so that you can buy insulation goods and services from independent contractors chosen by you.
- You agree to use the insulation goods or services on property that you own or are buying ("Insulated Property"). The Insulated Property has the following Legal Description and Assessor's Tax Lot Number: Lot 11, Block 3, Tract No. 1025, Winchester, in the County of Klamath, State of Oregon
- We will give you the loan proceeds after we determine that the installed insulation goods and services comply with our standards.

PAYMENTS

- You promise to pay the Total of Payments described above to Pacific Power & Light Company at One Utah Center, Salt Lake City, Utah 84140-0007.
- You agree to pay us in monthly installments beginning on the First Installment Due Date and continuing on the same day of each succeeding month through the Final Installment Due Date.
- You may pay us any amount in advance without any penalty.

FAILURE TO MAKE PAYMENTS

- If you fail to make a payment on time, the full unpaid balance will become due even if we do not demand payment.
- If you fail to pay an amount due under any mortgage, land sale contract, or other encumbrance on the Insulated Property, the full unpaid balance will become due.
- If you fail to make a payment within fifteen days of the due date, you also agree to pay us a late charge equal to four percent of the late payment.
- If we use a lawyer to collect this promissory note, you agree to pay us reasonable costs and attorneys' fees (including trial and appellate fees) whether or not county proceedings are necessary.

SALE, TRANSFER OR REFINANCE OF YOUR PROPERTY

- If any interest or part of the Insulated Property is sold, transferred or refinanced, you agree to pay us the full unpaid balance.
- You agree to notify us in writing of any sale or transfer of the Insulated Property, whether the sale is voluntary or involuntary. You must send us this notice as soon as you know that the sale or transfer will occur and not later than one week before the expected sale or transfer.
- The notice must include your name(s), the address of the property, the name(s) of the person(s) to whom the property is being sold or transferred, and the name of any person who is acting as a closing agent for the sale or transfer.
- You are authorizing us to contact any person named in the notice and to require the person to pay us the full unpaid balance of this note. You also are authorizing us to tell that person that he may deduct the amount paid to us from the amount he owes you.

SECURITY INTEREST AND MORTGAGE

- To secure your obligations, you mortgage to us the Insulated Property and the buildings on it.
- We may record this mortgage with the county to place a mortgage lien on the Insulated Property.

MISCELLANEOUS

- Each person who signs this note will be responsible for performing all the obligations in it, even if another person who signs the note does not perform these obligations.

11-17-94P02:56 RCVD

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

NOTICE TO BORROWER: (1) DO NOT SIGN THIS PROMISSORY NOTE BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES TO BE FILLED IN. (2) YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS PROMISSORY NOTE. (3) YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE, IF ANY. (4) IF YOU DESIRE TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE, THE AMOUNT OF THE REFUND YOU ARE ENTITLED TO, IF ANY, WILL BE FURNISHED UPON REQUEST.

YOU, THE BORROWER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.

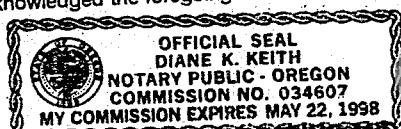
Barbara A. Golden
BORROWER

x James R. Nell
BORROWER

STATE OF Oregon)
COUNTY OF Klamath) ss.

Aug 29, 19 94

Personally appeared the above-named Barbara Golden and
acknowledged the foregoing instrument to be her voluntary act and deed.



Before me: Diane K. Keith
Notary Public for State of Oregon
My Commission Expires: 5-22-98

I (WE) ACKNOWLEDGE READING AND RECEIVING A COMPLETELY FILLED IN AND EXECUTED COPY OF THIS PROMISSORY NOTE AT THE TIME I (WE) SIGNED IT.

Borrower(s) Initials: Bo. x J.R.

CONTRACT OF SALE GUARANTEE

I am selling the Insulated Property to the Borrower(s) under a contract of sale. In consideration for the weatherization materials that will be installed on the property, I guarantee payment of the note if I reacquire the property and the Borrower(s) fail to pay Pacific. In addition, to secure this guaranty, I mortgage any interest I have in the property to Pacific.

OWNER

OWNER

STATE OF _____)
COUNTY OF _____) ss.

, 19 _____

Personally appeared the above-named _____ and
acknowledged the foregoing instrument to be _____ voluntary act and deed.

Before me: _____
Notary Public for State of _____
My Commission Expires: _____

I (WE) ACKNOWLEDGE READING AND RECEIVING A COMPLETELY FILLED IN AND EXECUTED COPY OF THIS PROMISSORY NOTE AND THE "NOTICE TO COSIGNER" AT THE TIME I (WE) SIGNED IT.

Owner(s) Initials: _____

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Pacific Power & Light Co. the 17th day
of November A.D., 19 94 at 2:56 o'clock p M.. and duly recorded in Vol. M94
of Mortgages on Page 35409

EVELYN BYRN County Clerk
By [Signature]

094485
I.D. TAG NO.448
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First Leona Middle A. Last HAYES		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) October 16, 1994		
4. SOCIAL SECURITY NUMBER 540-54-4884		5a. AGE-Last Birthday (Years) 83	5b. Under 1 Year Mos. Days Hours	6. BIRTHPLACE (City and State or Foreign) Kerby, Oregon	7. DATE OF BIRTH (Month, Day, Year) November 20, 1910
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> IDOA <input checked="" 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) 406 West 3rd. Street		9c. CITY, TOWN, OR LOCATION OF DEATH Merrill		9d. COUNTY (If different from residence) Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Bookkeeper		10b. KIND OF BUSINESS/INDUSTRY Potato Packing		11. MARITAL STATUS (Married, Never Married, Widowed, Divorced, (Specify)) Married	
12. SPOUSE (If married, give name) Jack C. Hayes					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Merrill	
13d. STREET AND NUMBER 406 West 3rd. Street (P.O. Box 493					
14a. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14b. ZIP CODE 97633		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College/Graduate 1					
17. FATHER - NAME first middle last Carl Johnson		18. MOTHER - NAME first middle maiden Viola Kitterman		19. INFORMANT - NAME and relationship to decedent Jack C. Hayes Spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Merrill I.O.O.F. Cemetery		20c. LOCATION - City or Town, State Merrill, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael H.</i>		21b. LICENSE NUMBER (Of Licensee) CO-3287		22. NAME, ADDRESS AND ZIP OF FACILITY O'Haire Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) OCT 17 1994		24. REGISTRAR'S SIGNATURE <i>Janet Bailey</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 2:00 P.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <i>David D. Reeder</i> M.D.					
30. DATE SIGNED (Month, Day, Year)					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) David D. Reeder M.D. 2301 Mountain View Blvd. Klamath Falls, Oregon 97601					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR ONE TEST RESULT AND DO NOT enter more than one cause. Do not use "Respiratory Failure") PART I (a) Cancer of Colon DUE TO, OR AS A CONSEQUENCE OF: (b) 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.					
34. 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 <input type="checkbox"/> Homicide		35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
35c. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		35d. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
36. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown					
37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. IF YES, was autopsy helpful in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. DESCRIBE HOW INJURY OCCURRED					
40. 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.
ORIGINAL VITAL STATISTICS COPYDATE ISSUED: **NOV 14 1994***Janet Bailey*
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day
of November A.D., 19 94 at 3:00 o'clock P.M., and duly recorded in Vol. M94
of Deeds on Page 35411

FEE \$10.00

Evelyn Brenn County Clerk
By *Sydney Chelley*