

68827

WARRANTY DEED

Vol. M Page 11050

PATRICK L. KITTREDGE, hereinafter called grantor, conveys to RODNEY R. HANSEN and JACQUELINE D. HANSEN, husband and wife, all that real property situate in the County of Klamath, State of Oregon, described as:

Lot 8 in Block 41, HOT SPRINGS ADDITION to the City of Klamath Falls, Klamath County, Oregon

SUBJECT TO: That certain Trust Deed, including the terms and conditions thereof, dated August 28, 1967, recorded August 28, 1967 in M-67 at page 6727, given to secure the payment of \$16,700.00, with interest thereon and such future advances as may be provided therein, executed by Patrick L. Kittredge and Celeste L. Kittredge, husband and wife, to Oregon Title Insurance Co., trustee for beneficiary First National Bank of Oregon, which grantees herein assume and agree to pay.

and covenant that grantor is the owner of the above described property free of all encumbrances except reservations, restrictions, easements and rights of way of record and those apparent upon the land; 1972-73 taxes are now a lien but not yet payable; and will warrant and defend the same, against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is Eighteen Thousand Five Hundred and No/100ths (\$18,500.00) DOLLARS.

The foregoing recital of consideration is true as I verily believe.

Dated this 27th day of September, 1972.

STATE OF OREGON)
County of Klamath) ss.

Patrick L. Kittredge
Patrick L. Kittredge

September 27, 1972.

Personally appeared the above named PATRICK L. KITTREDGE and acknowledged the foregoing instrument to be his voluntary act. Before me:

JAMES W. WESLEY
Notary Public for Oregon
My commission expires _____

James W. Wesley
Notary Public for Oregon
My Commission expires: 1-20-76

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title Ins. Co.
this 28th day of Sept. A. D., 1972 at 3:58 o'clock P. M., and duly recorded in
Vol. M72, of Deeds on Page 11050

Fee \$2.00

WM. D. MILNE, County Clerk
By Lucia Quintana

SEP 20 3 15 PM 1972

88-3643

SEP 28 4 59 PM 1970

STATE OF OREGON—STATE BOARD OF HEALTH

36623

11051

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED

Usual residence where deceased resided prior to death. If deceased occurred in institution, give residence before institution.

1. RACE White, Negro, American Indian, etc. (specify)		2. SEX Male		3. AGE (last birthday) 82		4. DATE OF DEATH (month, day, year) July 26, 1970	
5. COUNTY OF DEATH Klamath		6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		7. CITIZEN OF WHAT COUNTRY USA		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
9. SOCIAL SECURITY NUMBER 701-10-7707		10. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) yardmaster - retired		11. NAME OF SPOUSE Anne O. Stephens		12. HOSPITAL OR OTHER INSTITUTION—NAME (if not in office, give street and number) Ponderosa Nursing Home	
13. RESIDENCE—STATE Oregon		14. COUNTY Klamath		15. CITY, TOWN, OR LOCATION Klamath Falls		16. KIND OF BUSINESS OR INDUSTRY Great Northern Railroad	
17. FATHER—NAME first middle last Jeremiah — Stephens		18. MOTHER—Maiden Name first middle last No record		19. STREET AND NUMBER OR R.F.D. 933 High Street		20. INFORMATION—NAME and relationship to deceased Anne O. Stephens (Wife)	
PART I. DEATH WAS CAUSED BY: (a) Immediate cause (b) Condition, if any, which gave rise to immediate cause (a), stating the underlying cause last							

CEREBRAL VASCULAR ACCIDENT 24 hours

CAUSE

Condition, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS, conditions contributing to death but not related to cause given in Part I (a)

1. ACCIDENT (specify yes or no)	2. DATE OF INJURY (month, day, year)	3. HOUR	4. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	5. AUTOPTIC (yes or no)	6. IF YES, were findings considered in determining cause of death
20a. INJURY AT WORK (specify yes or no)	20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20c. LOCATION (street or R.F.D. No., city or town, county, state)	20d. DEATH OCCURRED at the place or the place of death, due to the cause(s) stated	20e. DATE SIGNED (month, day, year)	20f. SIGNATURE

CERTIFIER

7/27/70

BURIAL

9

21. PHYSICIAN—SIGNATURE <i>Everett E. Howard</i>	22. NAME (type or print) Everett E. Howard, M.D.	23. ADDRESS (street, city or town, county, state) Medical Dental Building, Klamath Falls, Oregon 97601
24. FUNERAL CREATION, REMOVAL, CREMATION OR CREMATION—NAME Burial	25. FUNERAL HOME—NAME AND ADDRESS (street, city or town, county, state) Klamath Memorial Park, Klamath Falls, Oregon	26. DATE (month, day, year) 24 July 29, 1970
27. REGISTRAR—SIGNATURE <i>Neil Black</i>	28. DATE RECEIVED BY LOCAL REGISTRAR JUL 29 1970	29. DATE RECEIVED BY STATE REGISTRAR

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

NEIL BLACK, M.D., Registrar Vital Statistics

By *Marion Johnson*, Deputy Registrar
Date JUL 30 1970

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ralph Ovagrd

this 28th day of September A. D., 1972, at 4:59 o'clock P. M., and duly recorded in

Vol. M-72 of DEEDS on Page 11051

WM. D. MILNE, County Clerk

By *Neil Black*, Deputy

Fee \$2.00