

1967 / SQ

KNOW ALL MEN BY THESE PRESENTS, That Roy Inness and Rosemary Inness,  
husband and wife,

KNOW ALL men by these presents, that \_\_\_\_\_  
husband and wife,  
hereinafter called the grantor, for the consideration hereinafter stated,  
to grantor paid by \_\_\_\_\_ Joel DeAvilla and Victoria DeAvilla, husband and wife,

does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lots 8 and 9 in Block 14, FAIRVIEW ADDITION #2, in the City of  
Klamath Falls, Oregon

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.  
And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances, restrictions and rights-of-way of

Subject to easements, reservations, restrictions and rights-of-way of record and those apparent on the land

grantor will warrant and forever defend the above granted premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$3,000.00

~~The consideration consists of or includes other property or value given or promised which is~~  
~~the whole consideration (indicate which)~~

as requires the singular includes the plural.

In construing this deed and where the context so requires, the singular includes the plural.

WITNESS grantor's hand this \_\_\_\_\_ day of October, 1973.

TE OF OREGON, County of Klamath ss. October  
Personally appeared the above named Roy Inness and Rosemary Inness

and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me: Maryann Cusard  
Notary Public for Oregon  
My commission expires 11-20-73

(OFFICIAL SEAL)

NOTE—The sentence between the symbols ①, if not applicable, should be deleted. See Chapter 462, Oregon Laws 1967, as amended by the 1967 Special Session.

# WARRANTY DEED

Roy Inness  
Rosemary Inness  
TO  
Joel DeAvilla  
Victoria DeAvil

AFTER RECORDING RETURN TO  
Crane & Bailey  
325 Main Street  
Klamath Falls, Oregon 97601

(DON'T USE THIS SPACE; RESERVED FOR RECORDING LABEL IN COUNTRIES WHERE USED.)

FEE \$ 2 00

## STATE OF OREGON

County of .....**KLAMATH**.....

I certify that the within instrument was received for record on the 10th day of OCTOBER, 1973, at 11:03 o'clock P.M., and recorded in book M. 73 on page 13662 or as file number 82392, Record of Deeds of said County.

Witness my hand and seal of  
County affixed.

WM. D. MILNE

COUNTY CLERK

COUNTY CLERK Title  
By Hazel Hazel Deputy



82393

This is to certify that, if bearing the signatures of the Local and Deputy Registrar,  
and the SEAL of this office, that this is a true copy of the document filed with the  
SACRAMENTO COUNTY HEALTH DEPARTMENT.

Local Registrar

Deputy Registrar

Date:

STATE OF ORE

Filed for record  
this 10th

Vol. M 73

Rev. Gary  
538 m  
15

STATE FILE NUMBER	
1A. NAME OF DECEASED <b>JOHN</b>	
3. SEX	4.
<b>male</b>	
8. NAME AND BIRTH <b>Henry N.</b>	
12. LAST OCCUPATION <b>A/C Mech</b>	
16. IF DECEASED WAS FORCES GIVE WAR <b>WW II</b>	
19A. PLACE OF DEATH <b>Mercy H</b>	
19c. CITY OR TOWN <b>Sacrame</b>	
20A. LAST USUAL RESIDENCE OR LOCALITY <b>2525 Ke</b>	
20c. CITY OR TOWN <b>Sacrame</b>	
22A. PHYSICIAN ABOVE FROM THE DATE TO <b>12-8-</b>	
22b. CORONER	
23. SPECIFY BURIAL OR CREMATION <b>Burial</b>	
27. NAME OF FUNERAL HOME <b>LOMBARD</b>	
30. CAUSE OF DEATH PART I DEATH IMMEDIATE CONDITIONS ANY WHICH CONTRIBUTE TO ABOVE CAUSE (A) STATING UNDEATHLY CAUSE LAST PART II OTHER	
31. OPERATION <input checked="" type="checkbox"/> NO OPERATION PERFORMED	
34A. SPECIFY	
35A. TIME OF INJURY	
35b. INJURY <input type="checkbox"/> WHILE AT WORK	