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for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto.

, hereinafter called grantor,

JAMES TERRANCÉ BIRD

hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath ......, State of Oregon, described as follows, to-wit:

> LOT 6, BLOCK 36, FIRST ADDITION to the City of Klamath Falls, Oregon, according to the official plat recorded with the office of the County Clerk of Klamath County, Oregon.

The consideration would include \$12,000.00 release of equity from Grantor to Grantee.

(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.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ ... 3,000.00...... OHowever, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which). (The sentence between the symbols o, it not applicable, should be deleted. See ORS 93.030.) In construing this deed and where the context so requires, the singular includes the plural and all grammatical

changes shall be implied to make the provisions hereof apply equally to corporations and to individuals. In Witness Whereof, the grantor has executed this instrument this.... day of September

if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors

OFFICIAL SEAL BUFORD A. L. NELSON NOTARY PUBLIC — CALIFORNIA NCIPAL OFFICE IN NTA CLARA COUNTY

STARE OF OREGON, County of County of 50th deptembe Personally appeared

.who, being duly sworn, each for himself and not one for the other, did say that the former is the Personally appeared the above named president and that the latter is the Jacklyn Mary Bird ....secretary of ....

and acknowledged the foregoing instrua corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed. ... a corporation. her voluntary act and deed.

Before ma: (OFFICIAL SEAL)

(OFFICIAL SEAL) **IFORNIA** Notary Public for Oregon

My commission expires:

SPACE RESERVED

RECORDER'S USE

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

ding return to: inco lamath Dr egon

Until a change is requested all tax statem

NAME, ADDRESS, ZI

STATE OF OREGON

County of Klamath

I certify that the within instrument was received for record on 17th day of March ,19 81 at 1:31 o'clock P.M., and recorded in book M81 on page 4844 or as file/reel number 97259

SS.

Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Beihn County Clerk

Recording Officer anign Deputy

Fee\$3.50

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State File Number
                                                      Michigan
                                                                                                 DATE OF DEATH (month, day, year)
                           DORTS
                                                 MAR
                                                                     ARMOTA
                                                                                                  February 13, 1981
                                                                     Under I year Under 1 day
                                                                                                 DATE OF BIRTH (month, day, year)
                                        Female
          CITY, TOWN OR LOCATION OF DEATH
                                                                                                May 30, 1923
                                        HOSPITAL OR OTHER INSTITUTION NAME
                                                                         F HOSP OR INST. Indicate DOA
OP/Egner, Rn. Inpatient (Specify)
7c Inpatient
                                                                                                COUNTY OF DEATH
           Klamath Falls
                                        , West Medical Center
          STATE OF MERTIN (Minot in U.S.A.
                                                                                                 Klamath
                                    CITIZEN OF WHAT COUNTRY
 DENT
                                                           MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)
          Minnesota
                                                                                  SPOUSE (IF MARRIED, WIDOWED)
                                                                                                           WAS DECEDENT EVER IN U.S.
ARMED FORCES? [Specify Yes or Ab]
                                                          10 Married
 ALC: N
          SOCIAL ESCURITY MU
                                                                                     Wm. L. F. Arnold 12 Yes
                                         UBLIAL OCCUPATION (give kind of work done during most
 UTION
VORCOK
TONG
           477-12-1197
                                                                                     KIND OF BUSINESS OR INDUSTRY
                                         Redstered Nurse
 TION OF
                                                                                     146 Medical Profession
                                                    GITY TOWN, OR LOCATION STREET AND NUMBER OR R.F.D. ZIE 97601 | Vide City Limits
          Oregon
                                 Klamath
                                                    <sub>isa</sub> Klamath Falls
                                                                          2136 Darrow Street
                                                                                     INFORMANT_NAME and relationship to deceased
                                              Laura
                                                           ---- McKenzie
                                                                                     William L. F. Arnold, husband
                                  CEMETERY OR CREMATORY-NAME
                                                                                     LOCATION City or town
          Burial
                                  insEternal Hills Memorial Gardens is Klamath Falls, Oregon 97601
 NOITE
                            B. Of Person Ading As plots: NAME AND ADDRESS OF FACILITY Davenport !s Chapel of the Good Shepherd;
                          5. Klauser 200 6420 South Sixth Street, Klamath Falls, Oregon 97601
                              rige death pictured at the firm date and picks and
                                                                         DATE SIGNED [AG. Day, Yr.]
                                                                  210 FSh / C C/ 210 1:00 A
              HAME AND ADDRESS OF CERTIFIER (1/00 OF PIN)
FIER
              21 Earle M. Levernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601
              NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Print)
AMV
H GAVE
          DATE RECEIVED BY REGISTRAR IAC CON 1/2
ETO-
EDIATE
LISSE
NG THE
                                                                                                            Khonu 5 mon
                                                                                                           interval between onset and death
           COTHER SIGNAFICANT, CONDITIONS—Conditions contributing to death, but not related to cause given in PART ( (a)
                                                                                                           Kunna
                                                                                                                         5
                                                                                       AUTOPSY [Specify Yes]
                                                                                                        WAS MEDICAL EXAMINER NOTIFIED
                                                                                                        WAS MEDICAL
(Specify Yes or Ab) NO
        ACCIDENT (Specify, No or AD) | DATE OF MURY (AND DO) (N) | HOUR OF INJURY
                                                                     DESCRIBE HOW INJURY OCCURRED
        . No
         MANUAL MORK
                                                                  LOCATION
           Manual Control
                                                                                                                       HS-2 Rev-1-80
                 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 Services.
                                                       MARIAN ACKERMAN, Registrar Vital Statistics
                          SEALTS
                                                                               , Deputy Registrar
                                                  VOID OF ALTERED
                 OTEN AT A DE VESTIMET DA SEN CEN
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State of ORECON: COUNTY OF KLAN I hereby certify that the with:	MTH: as: in instrument was received and filed for record on the
17th day of March A.D.,	9 <u>81</u> at <u>2:32</u> o'clock <u>p</u> M., and duly recorded in
Vol <u>M81</u> of <u>Deeds</u> on p	By Debral Ganzle deputy
90	
	(O <sub>24</sub> V (o)
97261 In consideration of	Vol.ms/ Prov. 4846
. midnight, March /7 ; 19 8 \$ 13,560.00 include	, the exclusive option to purchase for the total sum of
Lots 1, 2, 3, 4, 5,	1d sum paid herewith, those certain premises situated in, State of Oregon, described as follows:  6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
	described as
This option shall be period or any extension thereof	deemed duly exercised if Grantee shall within said option give written notice of Grantee's election to exercise
Within fifteen (15) d	ays after exercising this option, Grantee shall deposit
there has been duly recorded a simple, marketable title to suc real property taxes, which shall	good and sufficient deed conveying to Grantee the fee h property free and clear of all encumbrances except curren l be prorated, the usual printed exceptions and
and when said title company is insurance in the amount of said Concurrently, Grantee shall give	prepared to issue to Grantee an owner's policy of title purchase price insuring title to be so vested in Grantee. Grantor notice of said deposit.
Within thirty(30) days deposit with Agent such deed du said title policy at Grantor's e other than as above mentioned ar of not more than thirty(30) days If for any reason Grantor shall such title to said premises with its said deposit together with a or Grantee may, by written notic deposit such deed or remove said have the right at its election t for the purpose of removing any shall be held for the account of said extension shall not impair to any defects or encumbrances	eafter notice of Grantee's said deposit, Grantor shall y executed and acknowledged with instructions to issue expense. If, upon examination, any defects or encumbrances a found in said title, then Grantor shall have a period from the deposit of said deed in which to remove the same fail to so deposit said deed or shall be unable to so convein said period, then Grantee at its election may reclaim may sums paid for this option and any extensions thereof; eto Grantor, extend the time in which Grantor may so defects or encumbrances, in which case Grantee shall o cause said funds deposited with agent to be expanded such defects or encumbrances, and the remaining balance Grantor when such title is so conveyed. The grant of any the right of Grantee at its election to accept title subject to compel Grantor to furnish marketable title as aforesand deposited by Grantee hereunder.
Grantee may, at its own option period or any extension the fails to exercise this option with hereunder shall terminate and Grantee and shall reimburse Grantee or to any crops growing thereon in	a risk, enter upon said premises at all times during this ereof for any purpose; provided, however that if Grantee thin said option period, then all of Grantee's rights entee shall remove all of its personal property from said tor for any damages caused by Grantee to said premises in excess of the sum paid herewith.
	John Clivet By en Of Plant
_by	John M. Elliott  Attornegla for  Klamath
Personally appeared the	Cec. I.E. Elliott Attorne
and acknowledged the foregoing in Before me:	strument to be his voluntary act and deed.
O D. O TARY.	Notary Public for Oregon My Commission Expires: January 11, 1984
PUBLICE POPION Manuscom Return P. A PU PU PO	194. J. Dept blee Serv. Bldg nttland, On 97204

n%K