

FRONTIER
SUGAR & SUGAR CO.

926

QUITCLAIM DEED

Vol. M4 Page 10834



KNOW ALL MEN BY THESE PRESENTS, That Walter Clark

, hereinafter called grantor,

for the consideration hereinafter stated, does hereby remise, release and quitclaim unto

Jack N. Reeves

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

Lot 34 in Block 27, as shown on the map entitled "Fourth Addition to Nimrod River Park", filed February 17, 1967 in Book 16 at Page 354, in the office of the County Recorder of said Klamath County, Oregon.

JUN 17 AM 9 50

(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 \$ -0-

~~However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which).~~ (The sentence between the symbols Ⓞ, if 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 16th day of April, 1981; 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.

x Walter Clark

(If executed by a corporation, affix corporate seal)

STATE OF OREGON,

County of Klamath

April 16, 1981

Personally appeared the above named

Walter Clark

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

Before me:

E. J. Richard

Notary Public for Oregon

My commission expires:

Sept 9, 1984

STATE OF OREGON, County of Klamath ss.

April 16, 1981
Personally appeared Walter Clark and

who, being duly sworn,

each for himself and not one for the other, did say that the former is the president and that the latter is the secretary of

, a 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.

Before me:

(SEAL)

Notary Public for Oregon

My commission expires:

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Jack N. Reeves
4208 W. Arlington Apt. B
Yakima, WA 98908

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

same as above

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath ss.

I certify that the within instrument was received for record on the 17th day of June, 1981, at 9:50 o'clock A.M., and recorded in book/reel/volume No. M41 on page 10834 or as document/fee/file/instrument/microfilm No. 926, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn County Clerk

By Debra A. Jansz Deputy

Fee \$3.50

SPACE RESERVED
FOR
RECORDER'S USE

Vital Records Unit

TYPE
PRINT
IN
PERMANENT
BLACK
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FOR
FUNCTIONS
SEE
BOOK

IDENT
DEATH
OCCURRED IN
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POSITION

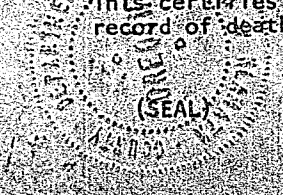
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Local File Number 231		State File Number	
DECEASED—NAME CHARLES HENRY WILCHER		DATE OF DEATH (month, day, year) June 9, 1981	
RACE White, Black, American Indian, etc. (specify) White	SEX Male	AGE—Last birthday (years) 77	DATE OF BIRTH (month, day, year) July 18, 1903
CITY, TOWN OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center	IF HCSP, OR INST. Indicate DOA, OP/Emet., Rm., Inpatient (Specify) Inpatient	COUNTY OF DEATH Klamath
STATE OF BIRTH (If not in U.S.A., name country) Missouri	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (IF MARRIED, WIDOWED) Annette (Cheney)
SOCIAL SECURITY NUMBER 543 - 10 - 0116	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Lumberman	KIND OF BUSINESS OR INDUSTRY Timber	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 307 Division 97601
FATHER—NAME first middle last George Wilcher	MOTHER—Maiden Name first middle last Lydia Tuter	INFORMANT—NAME and relationship to deceased Annette Wilcher (Wife)	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	LOCATION city or town state Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE by Person Acting As Such (Signature) <i>[Signature]</i>	NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97601	DATE SIGNED (Mo., Day, Yr.) 6/10/81	
NAME AND ADDRESS OF CERTIFIER (Type or Print) William A. Bartlett, MD / 2860 Daggett / Klamath Falls, Ore. / 97601		HOUR OF DEATH 6:35 P.M.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 11 1981		REGISTRAR <i>[Signature]</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Natural Causes		Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF: Lymphosarcoma - cell leukemia		Interval between onset and death 20 months	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Diabetes mellitus		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (Mo., Day, Yr.) No	HOUR OF INJURY No	DESCRIBE HOW INJURY OCCURRED No
INJURY AT WORK (Specify Yes or No) No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	LOCATION No	STREET OR R.F.D. NO. CITY OR TOWN STATE No

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

By *[Signature]* Deputy Registrar
Date **JUN 12 1981**

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

17th day of June A.D., 1981 at 10:57 o'clock A.M., and duly recorded in

Vol M81 of Deeds on page 10835

Fee \$ 3.50

EVELYN BIEHN
COUNTY CLERK

By *[Signature]* Deputy