

20840

KNOW ALL MEN BY THESE PRESENTS, That LOUIS RANDALL and MARIEN RANDALL husband and wife,

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by ROBERT VOSS and NAOMI VOSS, husband and wife, hereinafter called the grantee, 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:

A parcel of land situate in Section 5, T. 41 S., R. 14 E.W.M., Klamath County, Oregon, being all that portion of the W $\frac{1}{2}$ W $\frac{1}{2}$ SE $\frac{1}{4}$ of said Section 5, lying easterly of East Langell Valley Road, a County road, and southerly of the State Line Road, a public road, containing approximately 17 acres.

SUBJECT TO: Reservations, restrictions, easements and/or rights-of-way of record and those apparent on the land.

(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 except as hereinabove set forth

grantor will warrant and forever defend the said 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 \$ 7,500.00

However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). (The sentence between the symbols @; if not applicable, should be deleted. See ORS 93.050.)

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 1st day of March, 1974; 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.

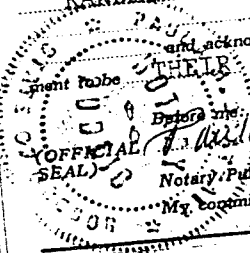
(If executed by a corporation, affix corporate seal)

STATE OF OREGON,

County of KLAMATH
March 1, 1974.

Personally appeared the above named LOUIS RANDALL and MARIEN RANDALL.

and acknowledged the foregoing instrument as their voluntary act and deed.



Notary Public for Oregon
My commission expires 9-2-75

STATE OF OREGON, County of _____, 19____.

Personally appeared _____, 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.

Notary Public for Oregon
My commission expires:

(OFFICIAL SEAL)

STATE OF OREGON,

County of Klamath

I certify that the within instrument was received for record on the 28 day of Feb., 1983, at 9:53 o'clock A.M., and recorded in book M83n page 2988 or as file/reel number 20840. Record of Deeds of said county. Witness my hand and seal of County affixed.

Evwlyn Biehn County Clerk
Recording Officer
By _____ Deputy
Fee \$4.00

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:
Robert and Naomi Voss
Bonanza, P.O. Box 111
Or, 97623

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

NAME, ADDRESS, ZIP

Vital Records Unit

Local File Number

State File Number

46

DECEASED—NAME First Middle Last
CLAUDE — MILLARD

DATE OF DEATH (month, day, year)
January 30, 1983

RACE White, Black, American Indian, etc. (specify)
Black

SEX Male

AGE—Last birthday (years)
86

Under 1 year
mo. day hours min.

DATE OF BIRTH (month, day, year)
January 8, 1897

CITY, TOWN OR LOCATION OF DEATH
Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
632 Broad Street

IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)

COUNTY OF DEATH
Klamath

STATE OF BIRTH (If not in U.S.A., name country)
Texas

CITIZEN OF WHAT COUNTRY
U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
Married

SPOUSE (IF MARRIED, WIDOWED)
Amie

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)

SOCIAL SECURITY NUMBER
429-07-2727

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
Millworker - Retired

KIND OF BUSINESS OR INDUSTRY
Bly Logging Company

RESIDENCE—STATE
Oregon

COUNTY
Klamath

CITY, TOWN, OR LOCATION
Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP
632 Broad Street 97601

FATHER—NAME first middle last
Erron Millard

MOTHER—Maiden Name first middle last
Evelina Hanks

INFORMANT—NAME and relationship to deceased
Amie Millard / Wife

BURIAL, CREMATION, RESURRA, MALES (specify)
Burial

CEMETERY OR CREMATORY—NAME
Eternal Hills Memorial Gardens

LOCATION city or town state
Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such NAME AND ADDRESS OF FACILITY
WARD'S - 1945 Main - Klamath Falls, Oregon 97601

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
FEB 3 1983

REGISTRAR
Christina Francis

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
Myocardial Infarction

PART I (a) DUE TO, OR AS A CONSEQUENCE OF:
Arteriosclerotic Vascular Disease

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
Hypertension

ACCIDENT (Specify Yes or No)
No

DATE OF INJURY (Mo., Day, Yr.)
26b

HOUR OF INJURY
26c

DESCRIBE HOW INJURY OCCURRED
26d

INJURY AT WORK (Specify Yes or No)
26e

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26f

LOCATION
26g

STREET OR R.F.D. NO
26h

CITY OR TOWN
26i

STATE
26j

RESERVED FOR REGISTRAR'S USE

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 Christina Francis, Deputy Registrar

Date FEB 3 1983

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 - 28 day of Feb. A.D., 1983 at 10:16 o'clock A.M., and duly recorded in Vol M83, of Needs on page 2989.

EVELYN BIEHN COUNTY CLERK

by John M. Davis Deputy

Fee \$ 4.00