

50241

WARRANTY DEED

Vol. 185 Page 9582

KNOW ALL MEN BY THESE PRESENTS, That Thomas William Rowlett and Shirley June Rowlett

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by Thomas William Rowlett Jr. 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:

Lots 15 and 16 in Block 13 of STEWART, EXCEPT the West 25 feet of Lot 16 in Klamath County, Oregon.

Subject, however, to the following:

1. Ten foot overhang easement over the Easterly 25 feet of Lot 16 granted to Pacific Power & Light Company, recorded May 14, 1965 in Volume 361 at page 385, to-wit:

"To construct or maintain circuits and/or associated property of whatever nature in a position to overhang the lands described herein. To enter upon said land with necessary tools and machinery for the purpose of installing, maintaining or removing said circuit and/or associated property and provided however that no poles, towers or anchors shall be erected upon the lands described therein."

(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 noted of record as of the date of this deed and those apparent upon the land, if any, as of the date of this deed,

and that 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 \$ 20,000.00 (gift)

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 23 day of May, 1985; 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.

THIS INSTRUMENT DOES NOT GUARANTEE THAT ANY PARTICULAR USE MAY BE MADE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Thomas William Rowlett
Thomas William Rowlett

Dec. (see attach Death Certificate)
Shirley June Rowlett

STATE OF OREGON, } ss.
County of Douglas }
May 23, 1985

STATE OF OREGON, County of } ss.
May 23, 1985

Personally appeared the above named
Thomas William Rowlett
Dec. Shirley June Rowlett
and acknowledged the foregoing instrument to be His voluntary act and deed.

Personally appeared _____ and
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 _____

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: *Lies Haire*
Notary Public for Oregon
My commission expires: 12/18/87

Notary Public for Oregon
My commission expires:

(OFFICIAL SEAL)

(If executed by a corporation, affix corporate seal)

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

T.W. Rowlett
655 Raleigh Dr.
Winston, Ore 97496
NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

STATE OF OREGON, } ss.

County of _____
I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/file/instrument/microfilm/reception No. _____, Record of Deeds of said county.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy

CERTIFICATE OF DEATH

9583

371
Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK

DECEASED NAME
First Middle Last

Shirley J. Rowlett

DATE OF DEATH (month, day, year)
August 2, 1982

DATE OF BIRTH (month, day, year)
November 9, 1935

CITY, TOWN OR PLACE OF DEATH
Douglas

COUNTY OF DEATH
Douglas

DECEASED

1. RACE (Specify)
White

2. SEX
Female

3. AGE - Last birthday (years)
46

4. DATE OF BIRTH (month, day, year)
November 9, 1935

5. CITY, TOWN OR PLACE OF BIRTH (if not in U.S.)
Douglas

6. COUNTY OF BIRTH (if not in U.S.)
Douglas

7. U.S.A. CITIZENSHIP
U.S.A.

8. AL SECURITY NUMBER
56-44-1014

9. USAL OCCUPATION (give title of working life, even if retired)
Housewife

10. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify)
Widowed

DISPOSITION

1. BURIAL CEMETERY
Douglas

2. CEMETERY OR CREMATORY NAME
Unservice Crematory

3. NAME AND ADDRESS OF FACILITY
Wilson's Chapel of Roses Box 358 Roseburg, OR 97470

4. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
August 6, 1982

5. REGISTRAR
Theresa Dittel

6. DATE SIGNED (Month, Day, Year)
8/5/82

7. HOUR OF DEATH
8:40 PM

8. NAME OF ATTENDING PHYSICIAN (Type or Print)
Dr. J. C. Okey

9. SIGNATURE OF PHYSICIAN (Type or Print)
J. C. Okey

10. NAME OF CERTIFYING PHYSICIAN (Type or Print)
J. C. Okey

CERTIFIED

1. CONDITIONS
IF ANY
WHICH CAUSE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

2. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
August 6, 1982

3. REGISTRAR
Theresa Dittel

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J. C. Okey

10. NAME OF CERTIFYING PHYSICIAN (Type or Print)
J. C. Okey

CAUSE OF DEATH

1. IMMEDIATE CAUSE
2. INTERMEDIATE CAUSE
3. UNDERLYING CAUSE
4. OTHER SIGNIFICANT CONDITIONS

1. IMMEDIATE CAUSE
2. INTERMEDIATE CAUSE
3. UNDERLYING CAUSE
4. OTHER SIGNIFICANT CONDITIONS

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2. INTERMEDIATE CAUSE
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1. IMMEDIATE CAUSE
2. INTERMEDIATE CAUSE
3. UNDERLYING CAUSE
4. OTHER SIGNIFICANT CONDITIONS

DOUGLAS COUNTY HEALTH DEPARTMENT
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH RECORD

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

STATE OF OREGON
COUNTY OF DOUGLAS

Frank Beitz
Assistant Administrator
Douglas County Health Department
Registrar of Vital Statistics

by Theresa Dittel
Deputy

Date August 5, 1982

SEAL

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF
DOUGLAS COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for
record on the 24th day of June A.D., 19 85 at 11:59 o'clock A M,
and duly recorded in Vol 185, of Deeds on page 9582.

Fee: \$ 9.00

EVELYN BIEHN, COUNTY CLERK
by: Ann Smith, Deputy