

54931

BARGAIN AND SALE DEED

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Page

17651

KNOW ALL MEN BY THESE PRESENTS, That JAMES L. BRADY

for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto DONNA D. LATTIN as to an undivided 1/5 interest; THOMAS J. BRADY as to an undivided 1/5*, 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 5, Tract G-1, ODELL LAKE RECREATION UNIT, Klamath County, Oregon, and all of the Grantor's right, title and interest in and to the lease covering the real property on which said premises are located, subject, however, to all rules, regulations and rights of the United States Department of Agriculture, Forest Service.

*interest; KAREN I. BRADY as to an undivided 1/5 interest; JAMES L. BRADY IV as to an undivided 1/5 interest and NANCY M. BRADY as to an undivided 1/5 interest; together as tenants in common.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

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 \$ GIFT

~~How/ever, if the actual consideration paid for this transfer, stated in terms of dollars, is \$ GIFT~~ (The sentence between the symbols ~~⓪~~, 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 29 day of October, 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. ANYONE SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.~~

(If the signer of the above is a corporation, use the form of acknowledgment opposite.)

(ORS 194.570)

STATE OF OREGON

County of Benton

} ss.

The foregoing instrument was acknowledged before me this October 29, 1985, by James L. Brady

Margie A. Buckles
Notary Public for Oregon

(SEAL)

My commission expires: 04-12-86

STATE OF OREGON, County of _____) ss.

The foregoing instrument was acknowledged before me this _____, 19____, by _____, president, and by _____, secretary of _____, a _____ corporation, on behalf of the corporation.

Notary Public for Oregon

My commission expires: _____

(SEAL)

(If executed by a corporation, affix corporate seal)

JAMES L. BRADY

GRANTOR'S NAME AND ADDRESS

DONNA D. LATTIN et al

GRANTEE'S NAME AND ADDRESS

After recording return to:

James L. Brady
7115 NW Mountain View Drive
Corvallis, OR 97330

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.
7115 NW Mountain View Drive
Corvallis, OR 97330

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of Klamath

} ss.

I certify that the within instrument was received for record on the 30th day of October, 1985, at 11:24 o'clock A.M., and recorded in book/reel/volume No. M85 on page 17651 or as fee/file/instrument/microfilm/reception No. 54931, Record of Misc- of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

By P. Smith Deputy

Fee: \$5.00

25 OCT 30 AM 11 24

54932

OCT 30 AM 11:46

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

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Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DECEASED—NAME First Middle Last
Oscar H. CAPELLEN

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

SEX Male

AGE—Last birthday (years)
94

DATE OF DEATH (month, day, year)
October 24, 1985

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 HOSP OR INST indicate DOA
OP—Emer. Rm. Inpatient (Specify)
Inpatient

COUNTY OF DEATH
Klamath

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

CITIZEN OF WHAT COUNTRY
U.S.A.

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

SPOUSE (If married, widowed)
Florence M.

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

SOCIAL SECURITY NUMBER
520-20-5366

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

KIND OF BUSINESS OR INDUSTRY
Agriculture

RESIDENCE—STATE
Oregon

COUNTY
Klamath

CITY, TOWN, OR LOCATION
Dairy

STREET AND NUMBER OR R.F.D., ZIP
P.O. Box 24 97625

FATHER—NAME first middle last
Henry Capellen

MOTHER—first middle last
Christena Krouse

INFORMANT—NAME and relationship to deceased
Florence M. Capellen, wife

BURIAL, CREMATION, REMOVAL, MAUS. (Specify)
Burial

CEMETERY OR CREMATION—NAME
Lost River Cemetery

LOCATION City or town
Bonanza, Oregon 97623

FUNERAL SERVICE LICENSEE Person Acting As Such
William F. Davenport

NAME AND ADDRESS OF FACILITY
6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
21a (Signature) Blake D. Berven

DATE SIGNED (Mo., Day, Yr.)
October 25, 1985

HOUR OF DEATH
10:15 P.M.

NAME AND ADDRESS OF CERTIFIER (Type or Print)
Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

DISPOSITION

1
2
3

CERTIFIER

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

CAUSE OF DEATH

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
OCT 25 1985

REGISTRAR
22b (Signature) MARIAN ACKERMAN

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

(a) Pulmonary Embolism
Interval between onset and death
10 minutes

(b) ASHD with mitral insufficiency.
Interval between onset and death
10 years

(c)

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

Recent TURP and Asthmatic bronchitis.

ACCIDENT (Specify Yes or No)
No

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

HOUR OF INJURY
26c

DESCRIBE HOW INJURY OCCURRED
26d

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No

INJURY AT WORK (Specify Yes or No)
No

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

LOCATION
26g

STREET OR R.F.D. NO
CITY OR TOWN
STATE

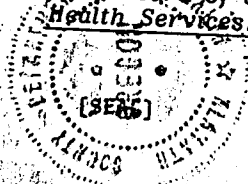
RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12-83

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 Oct 25, 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of
of October A.D., 19 85 at 11:46 o'clock A.M., and duly recorded in Vol. M85
of Deeds on Page 17652

FEE \$5.00

Evelyn Biehn
By (Signature) County Clerk

Ret: Forence Capellen Box 24, Dairy, Oregon 97625