

66507

-WARRANTY DEED- Vol. M86 Page 17650

FRANCIS C. COOPER, Grantor, conveys and warrants to
VINCENT J. FINNIANOUS, Grantee, the following described real property
situate in Klamath County, Oregon, free of all encumbrances, except
as specifically set forth herein:

Lot 8 in Block 23, North Klamath Addition to the
City of Klamath Falls, according to the official
plat thereof on file in the office of the County
Clerk of Klamath County, Oregon

SUBJECT TO AND EXCEPTING:

(1) Assessments and charges of the City of Klamath Falls for monthly
water and/or sewer service; (2) 1980-81 taxes are now a lien but not
yet payable; (3) Reservations, restrictions, easements and rights of
way of record and those apparent upon the land.

The true and actual consideration for this transfer is Eight
Thousand One Hundred fifty and no/100ths (\$18,150.00) DOLLARS.

Until a change is requested, all tax statements shall be mailed
to:

DATED this 30 day of Sept, 1980.

STATE OF OREGON)
County of Klamath)

ss. Sept 30, 1980.

Personally appeared the above-named FRANCIS C. COOPER and acknow-
ledged the foregoing instrument to be her voluntary act before me.

[Signature]
Notary Public for Oregon
My Commission expires: [Signature]

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

on this 29th day of Sept. A.D., 19 86
at 2:45 o'clock P M. and duly recorded
in Vol. M86 of Deeds Page 17650

Evelyn Biehn, County Clerk

By [Signature]

Deputy.

Fee, \$10.00

WILLIAM P. BRANDENESS
A PROFESSIONAL CORPORATION
ATTORNEY AT LAW
411 PINE STREET
KLAMATH FALLS, OREGON 97601

Vince Finnianous
229 Prescott St. KF 97601

et
10/20

STATE OF OREGON
DEPARTMENT OF HEALTH SERVICES
Vital Records Unit

Vol. M82 Page 17651

CERTIFICATE OF DEATH

| | | | |
|---|--|--|--|
| DECEASED - NAME First: Joseph, Middle: Fred, Last: LEE | | State File Number | |
| RACE: White | | DATE OF DEATH (month, day, year): September 24, 1986 | |
| SEX: Male | | DATE OF BIRTH (month, day, year): October 9, 1911 | |
| CITY, TOWN OR LOCATION OF DEATH: Klamath Falls | | COUNTY OF DEATH: Klamath | |
| HOSPITAL OR OTHER INSTITUTION - NAME: Mtn View Care Center | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No | |
| CITIZEN OF WHAT COUNTRY: U.S.A. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married | |
| SOCIAL SECURITY NUMBER: 520-09-4783 | | SPOUSE (IF MARRIED, WIDOWED): Rose Woods | |
| RESIDENCE - STATE: Oregon | | KIND OF BUSINESS OR INDUSTRY: Grocery Store Owner | |
| COUNTY: Klamath | | STREET AND NUMBER OR R.F.D.: 3950 Homedale Road Sp #28 | |
| CITY, TOWN OR LOCATION: Klamath Falls | | ZIP: 97603 | |
| FATHER - NAME: Harry M. Lee | | MOTHER - NAME: Udolpha A. Chapman | |
| BIRTH: 1911 | | INFORMANT - NAME and relationship to deceased: Rose A. Lee, wife | |
| BURYAL, CREMATION, REMOVAL, MAUS. (specify): Burial | | LOCATION: Klamath Falls, Oregon 97601 | |
| CEMETERY OR CREMATORY - NAME: Klamath Memorial Park | | DATE SIGNED (Mo., Day, Year): September 25, 1986 | |
| FUNDING SERVICE LICENSEE or person acting as such: [Signature] | | HOUR OF DEATH: 12:05 P. | |
| NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon | | ZIP: 97601 | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Year): SEP 25 1986 | | REGISTRAR: [Signature] | |
| IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | |
| (a) DUE TO, OR AS A CONSEQUENCE OF: Respiratory Failure | | Interval between onset and death: 10 min | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: Metastatic Squamous Cell Car of Lung | | Interval between onset and death: 3 mos | |
| (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) | | Interval between onset and death: | |
| ACCIDENT (Specify Yes or No): No | DATE OF INJURY (Mo., Day, Year): | HOUR OF INJURY: | DESCRIBE HOW INJURY OCCURRED: |
| INJURY AT WORK (Specify Yes or No): No | PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): | LOCATION: | STREET OR R.F.D. NO.: CITY OR TOWN: STATE: |
| DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | | WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | |
| RESERVED FOR REGISTRAR'S USE | | | |

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

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: September 29, 1986

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH:

SS.

Filed for record at request of _____
of September _____ A.D., 19 86 at 2:45 o'clock _____ P.M., and duly recorded in Vol. M86 _____
of _____ Deeds _____ on Page 17651

FEE \$5.00

Return: Roe Lee

3950 Homedale

Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk

By: [Signature]