FORM No. 941—BARGAIN AND SALE DEED—STATUTORY FORM (Individual Grantor).

STEVENS-NESS LAW PUB. CO., PORTLAND, OR. 97204

OK

78938

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BARGAIN AND SALE DEED—STATUTORY FORM

INDIVIDUAL GRANTOR

JUDY C. STEWART, with respect to her entire interest in the property hereinafter described,

conveys to ROBERT P. STEWART, surviving spouse of Opal I. Stewart, *Grantor,*

Grantee, the following real property situated in Klamath *County, Oregon, to-wit:*

Lot Two (2), Block Twenty-two (22), Third Addition to River Pine Estates, Klamath County, State of Oregon.

(A copy of death certificate for Opal I. Stewart is attached as Exhibit A.)

'87 SEP 4 AM 9 18

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The true consideration for this conveyance is $ None *(Here comply with the requirements of ORS 93.030)*

Dated this 27th *day of* August, *19* 87

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.

Judy C. Stewart

STATE OF OREGON, County of Washington) *ss.*

Personally appeared the above named Judy C. Stewart August 28, *19* 87

and acknowledged the foregoing instrument to be her *voluntary act and deed.*

(OFFICIAL SEAL)

Before me:

Notary Public for Oregon—My commission expires: 25 July 1991

BARGAIN AND SALE DEED

Judy C. Stewart
Robert P. Stewart — GRANTOR
Route 1, Box 495 — GRANTEE
Beaverton, OR 97007
GRANTEE'S ADDRESS, ZIP

After recording return to:

Robert P. Stewart
Route 1, Box 495
Beaverton, OR 97007
NAME, ADDRESS, ZIP

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

Robert P. Stewart
Route 1, Box 495
Beaverton, OR 97007
NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,

County of ..... } *ss.*

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*

CKC 14

2

13025
ID TAG NO.

0411
Local File Number

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

CERTIFICATE OF DEATH

16136
State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, HANDBOOK REGARDING COMPLETION OF THESE ITEMS

POSITION

1 ____
2 ____
3 ____

CERTIFIER

CONDITIONS IF any GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

4 ____
5 ____
6 ____

1 DECEASED — NAME (First) Opal	(Middle) Ida	(Last) STEWART		2 DATE OF DEATH (month, day, year) April 12, 1987
3 RACE White, Black, American Indian, etc. (specify) White	4 SEX Female	5a AGE — Last birthday (years) 62	Under 1 year: 5b mos / days; Under 1 day: hours / min	6 DATE OF BIRTH (month, day, year) December 2, 1924
7a CITY, TOWN OR LOCATION OF DEATH Beaverton	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) Rt. 1 Box 495		7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) —	7d COUNTY OF DEATH Washington
8 STATE OF BIRTH (If not in U.S.A., name country) Idaho	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Robert P.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No
13 SOCIAL SECURITY NUMBER 519-22-8329	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler - Retired		14b KIND OF BUSINESS OR INDUSTRY Aerospace	
15a RESIDENCE — STATE Oregon	15b COUNTY Washington	15c CITY, TOWN OR LOCATION Beaverton	15d STREET AND NUMBER OR R.F.D. Rt. 1 Box 495 ZIP 97007	15e Inside City Limits (specify yes or no) No
16 FATHER — NAME first middle last Archie A. Lish	17 MOTHER — first middle last (Maiden Name) Ida May Rommreal		18 INFORMANT — NAME and relationship to deceased Robert P. Stewart - Husband	
19a BURIAL, CREMATION, REMOVAL, BANS. (specify) Removal/Burial	19b CEMETERY OR CREMATORY — NAME Norton Cemetery		19c LOCATION city or town, state McCammon, Idaho	
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) [illegible]	20b NAME AND ADDRESS OF FACILITY Fuiten Mortuary 4855 SW Watson Beaverton, Oregon 97005			
To be Completed by CERTIFYING PHYSICIAN Only — To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Robert P. Bigley	21b DATE SIGNED (Mo., Day, Year) 4/14/87	21c HOUR OF DEATH 2:15 A. M		
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Robert Bigley, MD 3181 SW Sam Jackson Park Rd. Portland, Oregon ZIP 97201				
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) ROBERT GOLDMAN MD PORTLAND 97201				
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) APR 16 1987	22b REGISTRAR (Signature) Jerome F. Barnett			

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

PART I
(a) Ileus — Interval between onset and death: 48 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Colon carcinoma, metastatic — Interval between onset and death: 2½ yrs
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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

24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No) No	26b DATE OF INJURY (Mo., Day, Year)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No) No	26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE	

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒
WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

40-2 Rev 6-69

DATE ISSUED

STATE OF OREGON, COUNTY OF WASHINGTON)ss

APR 21 1987

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS RECORDED IN THE VITAL STATISTICS SECTION OF THE WASHINGTON COUNTY DEPARTMENT OF PUBLIC HEALTH AND ON PERMANENT FILE WITH THE OREGON STATE HEALTH DIVISION.

REGISTRAR
Jerome F. Barnett

NOT VALID WITHOUT RAISED SEAL OF DEPARTMENT OF PUBLIC HEALTH, WASHINGTON COUNTY

EXHIBIT A

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 4th day of September A.D., 19 87 at 9:18 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 16135.

FEE $14.00

Evelyn Biehn, County Clerk
By Pam Smith