

**78939 WARRANTY DEED—STATUTORY FORM—GRANTEES, TENANTS BY ENTIRETY**  
INDIVIDUAL OR CORPORATE GRANTOR

**ROBERT P. STEWART**, surviving spouse of **Opal I. Stewart**, Grantor,  
conveys and warrants to **ROBERT P. STEWART and ILLA JUANITA STEWART**, husband and wife,  
as tenants by the entirety, Grantees, the following described real property free of encumbrances except as specifically  
set forth herein 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.)

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The said property is free from all encumbrances except

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

Dated August 28, 19 87; if a corporate grantor, it has caused its name to be signed and seal af-  
fixed by its officers; done by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-  
SCRIBED 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.

STATE OF OREGON,  
County of Washington,  
August 28, 19 87.  
Personally appeared the above named  
Robert P. Stewart

STATE OF OREGON, County of \_\_\_\_\_ ss.  
\_\_\_\_\_, 19\_\_\_\_\_  
Personally appeared \_\_\_\_\_ and  
\_\_\_\_\_, 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 \_\_\_\_\_  
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 be-  
half of said corporation by authority of its board of directors; and each of  
them acknowledged said instrument to be its voluntary act and deed.

and acknowledged the foregoing instru-  
ment to be his voluntary act and deed.  
Before me:  
(OFFICIAL SEAL)  
Notary Public for Oregon  
My commission expires: July 1991

Before me:  
Notary Public for Oregon  
My commission expires: \_\_\_\_\_  
(OFFICIAL SEAL)  
(If executed by a corporation,  
affix corporate seal)

**WARRANTY DEED**  
**Robert P. Stewart**  
**Robert P. & Illa Juanita Stewart**  
Route 1, Box 495  
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 instru-  
ment 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/instru-  
ment/microfilm/reception No. \_\_\_\_\_  
Record of Deeds of said county.  
Witness my hand and seal of  
County affixed.

NAME TITLE  
By \_\_\_\_\_ Deputy

SEP 4 AM 9 18

148

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN SERVICES  
Vital Records Unit  
**CERTIFICATE OF DEATH**

16138

13025  
ID TAG NO.  
**0411**  
Local File Number

State File Number

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
STRUCK  
SEE  
HANDBOOK

IF DEATH  
OCCURRED IN  
STITUTION,  
HANDBOOK  
REGARDING  
COMPLETION OF  
DEATH ITEMS

POSITION

CONDITIONS  
IF ANY  
NICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
FATING THE  
NDERLYING  
AUSE LAST

USE OF  
DEATH

DECEASED - NAME First Middle Last <b>Opal Ida STEWART</b>			DATE OF DEATH (month, day, year) <b>2 April 12, 1987</b>		
1 RACE White, Black, American Indian, etc. (specify) <b>White</b>		2 SEX <b>Female</b>		3 AGE - Last birthday (years) <b>62</b>	
4 CITY, TOWN OR LOCATION OF DEATH <b>Beaverton</b>		5 HOSPITAL OR OTHER INSTITUTION - NAME (if not in other, give street and number) <b>Rt. 1 Box 495</b>		6 DATE OF BIRTH (month, day, year) <b>December 2, 1924</b>	
7a STATE OF BIRTH (if not in U.S.A., name country) <b>Idaho</b>		7b CITIZEN OF WHAT COUNTRY <b>USA</b>		7c MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	
8 SOCIAL SECURITY NUMBER <b>519-22-8329</b>		9 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembler - Retired</b>		10 SPOUSE (IF MARRIED, WIDOWED) <b>Robert P.</b>	
11 RESIDENCE - STATE <b>Oregon</b>		12 CITY, TOWN OR LOCATION <b>Beaverton</b>		13 STREET AND NUMBER OR R.F.D. ZIP <b>Rt. 1 Box 495 97007</b>	
14a FATHER - NAME first middle last <b>Archie A. Lish</b>		14b MOTHER - first middle last (Maiden Name) <b>Ida May Rommreal</b>		14c INFORMANT - NAME and relationship to deceased <b>Robert P. Stewart - Husband</b>	
15a BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Removal/Burial</b>		15b CEMETERY OR CREMATORY - NAME <b>Norton Cemetery</b>		15c LOCATION city or town state <b>McCammon, Idaho</b>	
16a FUNDAL SERVICE LICENSEE or person acting as such (Signature) <i>Robert Bigley</i>		16b NAME AND ADDRESS OF FACILITY <b>Fuiten Mortuary 4855 SW Watson Beaverton, Oregon 97005</b>		16c DATE SIGNED (Mo., Day, Year) <b>4/14/87</b>	
17a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) <b>Robert Bigley, MD 3181 SW Sam Jackson Park Rd. Portland, Oregon 97201</b>		17b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>ROBERT GOODMAN MD PORTLAND 97201</b>		17c DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>APR 16 1987</b>	
18a IMMEDIATE CAUSE <b>inactivation</b>		18b [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] <b>Colon carcinoma metastatic</b>		18c Interval between onset and death <b>48 hrs.</b>	
19a OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>None</b>		19b AUTOPSY (Specify Yes or No) <b>No</b>		19c WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>Yes</b>	
20a ACCIDENT (Specify Yes or No) <b>No</b>		20b DATE OF INJURY (Mo., Day, Year) <b>None</b>		20c HOUR OF INJURY <b>None</b>	
20d INJURY AT WORK (Specify Yes or No) <b>No</b>		20e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>None</b>		20f LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE <b>None</b>	
21 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <b>YES</b>		22 WAS GIFT MADE? <b>YES</b>		23 RESERVED FOR REGISTRAR'S USE	

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev. 6-83

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.

EXHIBIT A

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

REGISTRAR

*Jerome E. Barnett*

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 16137

FEE \$9.00

Evelyn Biehn, County Clerk  
By *Ann Smith*