

80847

Vol. M87 Page 19354

D-CHUTES ESTATES, OREG. LTD., a limited partnership, hereinafter called grantor, conveys to James W. and R. Charlene Irvin

all that real property situated in Klamath County, State of Oregon, described as:

Lot 3, Block 1, Tract 1042, TWO RIVERS NORTH, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon,

and covenants that grantor is the owner of the above described property free of all encumbrances except those contained in patent of the United States Government, the State of Oregon, and reservations contained in the dedication of Tract 1042 of record in Klamath County, Oregon; rights of the Federal Government, the State of Oregon, and the general public in any portion of the above described property lying below the high water line of the Little Deschutes River; and the following further restrictions: (1) Animals will be restricted to household pets. No cows, pigs, chickens, ducks or goats; three horses per lot maximum. (2) Buildings shall be constructed in a workmanlike manner and comply with state and county building codes. (3) Any mobile home used as a permanent residence shall have a retail value of \$5,000 or more when installed. (4) All owners shall be responsible for maintaining their lots free of trash and refuse at all times. (5) No tents shall be used as dwellings on the property. (6) No business shall be conducted on the property, except for Lots 1 and 2, Block 7; Lots 1 and 2, Block 12; Lots 11 and 12, Block 6; and Lots 1 and 2, Block 13. (7) Owners shall comply with all sanitary laws and regulations of Klamath County and the State of Oregon; and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$ 3500.00

DATED this 10 day of October, 19 86

D-CHUTES ESTATES, OREG., LTD., a limited partnership

By Barbara A. Bedard
Barbara A. Bedard
General Partner

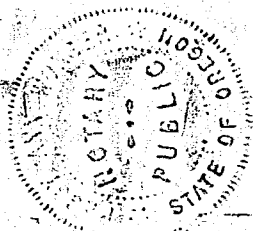
STATE OF OREGON)
County of Klamath) ss.

October 10, 19 86

Personally appeared BARBARA A. BEDARD, general partner of D-CHUTES ESTATES, OREG., LTD., and acknowledged the foregoing to be its voluntary act. Before me:

Larry Chris Hansen
Notary Public for Oregon

My commission expires: 12-3-87



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James W. Irvin the 26th day of October A.D., 19 87 at 9:15 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 19354.

FEE \$10.00

Evelyn Biehn, County Clerk
By Pam Smith

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

57

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last Hazel Naomi Forsythe		DATE OF DEATH (month, day, year) 2 February 13, 1981	
RACE—White, Black, American Indian, etc. (specify) White	SEX 4 Female	AGE—Last birthday (years) 5d 73	DATE OF BIRTH (month, day, year) 6 June 21, 1907
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (if not in center, give street and number) 7b Merle West Med. Cent.	IF HOSP. OR INST. Indicate DOA, OP, Emerg. Rm., Inpatient (Specify) 7c D.O.A.	COUNTY OF DEATH 7d Klamath
STATE OF BIRTH (If not in U.S.A., name country) 8 Missouri	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Lester C. Forsythe
SOCIAL SECURITY NUMBER 13 559-30-0419	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Homemaker	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 2757 Altamont Dr. 97601
FATHER—NAME first middle last 16a Mearl Kindred	MOTHER—Maiden Name first middle last 16b Sophia Duff	INFORMANT—NAME and relationship to deceased 18 Lester C. Forsythe, husband	
BURIAL, CREMATION, REMOVAL, MAINE (specify) 19a Cremation	CEMETERY OR CREMATORY—NAME 19b Eternal Hills Crematory	LOCATION city or town state 19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) 20a [Signature]	NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601	DATE SIGNED (Mo., Day, Yr.) 21b February 13, 1981	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a [Signature] Blake Berven M.D.		HOUR OF DEATH 21c 2:55 A. M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Blake Berven M.D. 2616 Clover St., Klamath Falls, Ore. 97601			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a FEB 13 1981		REGISTRAR 22b [Signature] Claudia Francis	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) DUE TO, OR AS A CONSEQUENCE OF: Acute myocardial infarction		Interval between onset and death SMIN	
(b) DUE TO, OR AS A CONSEQUENCE OF: ASHD		Interval between onset and death Unknown	
(c) DUE TO, OR AS A CONSEQUENCE OF: Rothemburg virus hepatitis		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), and (c)			
ACCIDENT (Specify Yes or No) 24a	DATE OF INJURY (Mo., Day, Yr.) 24b	HOUR OF INJURY 24c	DESCRIBE HOW INJURY OCCURRED 24d
INJURY AT WORK (Specify Yes or No) 25a		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25b	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes
RESERVED FOR REGISTRAR'S USE 26a		LOCATION 26b	STREET OR R.F.D. NO. CITY OR TOWN STATE 26c

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 Claudia Francis, Deputy Registrar

Date FEB 13 1981

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lester C. Forsythe
of October A.D. 19 87 at 10:26 o'clock A M., and duly recorded in Vol. M87 day
of Deeds on Page 19355

FEE \$5.00

Ret: Lester Forsythe, 2757 Altamont Dr., Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk

By

97603