

OK

88592

WARRANTY DEED—SURVIVORSHIP

Vol. 788 Page 9939

KNOW ALL MEN BY THESE PRESENTS, That CHARLES W. HAMMOND,

hereinafter called the grantor,  
 FATHER AND DAUGHTER,  
 hereinafter called grantees, hereby grants, bargains, sells and conveys unto the said grantees, not as tenants in com-  
 mon but with the right of survivorship, their assigns and the heirs of the survivor of said grantees, all of the follow-  
 ing described real property with the tenements, hereditaments and appurtenances thereunto belonging or in any wise  
 appertaining, situated in the County of Klamath, State of Oregon, to-wit:

A tract of land situated in the SE $\frac{1}{4}$  of Section 2, Township 39 South, Range 9, E.W.M.,  
 Klamath County, Oregon, being more particularly described as follows:

Beginning at a point that lies East 330 feet and 1160 feet North of the Southwest  
 corner of the SE $\frac{1}{4}$  of Section 2, Township 39 South, Range 9, E.W.M., (said point  
 also being the Northwest corner of instrument recorded August 27, 1953 in Deed  
 Volume 262, Page 514), from said point run North 80 feet; thence East 165 feet; thence  
 South 80 feet; thence West 165 feet to the place of beginning, being a portion of the  
 SE $\frac{1}{4}$  of said Section 2.

Account No. 3909-02BD-6000

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

TO HAVE AND TO HOLD the above described and granted premises unto the said grantees, their assigns  
 and the heirs of such survivor, forever; provided that the grantees herein do not take the title in common but with  
 the right of survivorship, that is, that the fee shall vest absolutely in the survivor of the grantees.

And the grantor above named hereby covenants to and with the above named grantees, their heirs and assigns,  
 that grantor is lawfully seized in fee simple of said premises, that same are free from all encumbrances  
 except those of record and apparent to the land as of the date of this instrument,

and that  
 grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims  
 and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ love and affection  
 of the grantor to the grantees, which is the whole and entire consideration (indicate which). (The sentence between the symbols ©, 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 24th day of June, 1988,  
 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 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 Klamath, 1988 ss.

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 acknowledged the foregoing instru-  
 ment to be His \_\_\_\_\_ voluntary act and deed.

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.

(OFFICIAL SEAL)

Before me:

Notary Public for Oregon

My commission expires

3-2-92

Notary Public for Oregon

My commission expires:

(OFFICIAL SEAL)

(If executed by a corporation, affix corporate seal)

Charles W. Hammond

2014 Hope Street

Klamath Falls, Oregon 97603

Charles W. Hammond and Sharon K. Anderson

3733 Grenada Way

Klamath Falls, Oregon 97603

GRANTEE'S NAME AND ADDRESS

After recording return to:

Charles W. Hammond and Sharon K. Anderson

3733 Grenada Way

Klamath Falls, Oregon 97603

NAME, ADDRESS, ZIP

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

same as above

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath ss.

I certify that the within instru-  
 ment was received for record on the  
 24th day of June, 1988,  
 at 3:23 o'clock P.M., and recorded  
 in book/reel/volume No. M88 on  
 page 9939 or as fee/file/instru-  
 ment/microfilm/reception No. 88592,  
 Record of Deeds of said county.

Witness my hand and seal of  
 County affixed.

Evelyn Biehn County Clerk

NAME

TITLE

Fee \$8.00

By Pauline Mullenders Deputy

788 JUN 24 PM 3 23

988 JUN 24 PM 3 23

DEPARTMENT OF HEALTH  
Vital Records Unit  
CERTIFICATE OF DEATH

I.D. TAG NO. 207 Local File Number 540-50-0466 State File Number 136

1. DECEDENT'S NAME <b>Laverne E HAMMOND</b>		2. SEX <b>F</b>	3. DATE OF DEATH (Month, Day, Year) <b>June 9, 1988</b>
4. SOCIAL SECURITY NUMBER <b>540-50-0466</b>	5a. AGE - Last Birthday (Years) <b>71</b>	5b. UNDER 1 YEAR Mos. <b>0</b> Days <b>0</b>	5c. UNDER 1 DAY Hours <b>0</b> Mins. <b>0</b>
6. BIRTHPLACE (City and State or Foreign Country) <b>Phoenix, Oregon</b>		7. DATE OF BIRTH (Month, Day, Year) <b>March 14, 1917</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
9d. COUNTY OF DEATH <b>Klamath</b>		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Housewife</b>	
10b. KIND OF BUSINESS/INDUSTRY <b>At Home</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
12. SPOUSE (If Married, Widowed) <b>Charles</b>		13a. RESIDENCE - STATE <b>Oregon</b>	
13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	
13d. STREET AND NUMBER <b>2014 Hope</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>9</b> College (13-4 or 5+)	
17. FATHER - NAME first middle last <b>Merle - Gherkins</b>		18. MOTHER - NAME first middle maiden <b>Evelyn - Mayfield</b>	
19. INFORMANT - NAME and relationship to decedent <b>Charles Hammond - Husband</b>		20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Memorial Gard.</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>Jim Lancaster</b>		21b. LICENSE NUMBER (Of Licensee) <b>3224</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home 1945 Main St. Klamath Falls, Oregon 97601</b>		23. TIME OF DEATH <b>1:50 A. M.</b>	
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27a. TIME OF DEATH <b>M</b>	
25. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>[Signature]</i>		27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
26. DATE SIGNED (Month, Day, Year) <b>6/9/88</b>		28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)	
29. DATE SIGNED (Month, Day, Year)		COUNTY	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Edward McClure, MD - 2301 Clairmont - Klamath Falls, Oregon 97601</b>			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) <b>natural causes (cardiac)</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Carcinoma of pharynx</b> DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
33. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
34. If YES were findings considered in determining cause of death?			
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide		36a. DATE OF INJURY (Month, Day, Year)	
36b. TIME OF INJURY <b>M</b>		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36d. DESCRIBE HOW INJURY OCCURRED		36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		37. REGISTRAR'S SIGNATURE <b>Nancy Kennedy</b>	
38. DATE FILED (Month, Day, Year) <b>JUN 10 1988</b>		39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		RESERVED FOR REGISTRAR'S USE	

ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **JUN 24 1988**

**Marian Ackerman**  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

Return: Sharon Anderson  
3733 Grenade Way  
Klamath Falls, Oregon  
97603

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Mountain Title Co.** the **24** day of **June** A.D., **1988** at **3:23** o'clock **P. M.**, and duly recorded in Vol. **M88** of **Certificate of Death** on Page **9940**