

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF OREGON)
County of Klamath) ss.

I, MELVIN C. BEAL, being duly sworn, say:

1. I am over the age of 18 years; Agnes E. Curtis, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Agnes C. Erickson, named as one of the parties in the Strawman Deed recorded August 9, 1971 in Vol. M-71 at page 8340 of the Official Records of Klamath County, Oregon covering the property situated in the County of Klamath, State of Oregon, described on Exhibit A attached hereto and incorporated herein by reference.

Melvin C. Beal
Affiant

On June, 1988, before me, the undersigned, a Notary Public in and for said State, personally appeared Melvin C. Beal personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

LINDA R. LUNDAHL
NOTARY PUBLIC - OREGON

My Commission Expires _____

Linda R. Lundahl
Notary Public for Oregon
My Commission Expires: 9-28-91

After recording return to: William M. Ganong
1151 Pine Street
Klamath Falls, OR 97601

55157

Vol. 71 Page 8340

STRAWMAN DEED

KNOW ALL MEN BY THESE PRESENTS, That WILLIAM GANONG, JR., Grantor, in consideration of \$1.00 to him paid does hereby grant, bargain, sell and convey unto AGNES C. ERICSON and MELVIN C. BEAL, not as tenants in common but with the right of survivorship, their assigns and the heirs of such survivor, Grantees, all the following described property in Klamath County, Oregon, to wit:

The East 36 feet and 8 inches of Lots 7 and 8, Block 9, Fairview Addition No. 2 to the City of Klamath Falls, Klamath County, Oregon.

SUBJECT TO: The terms and conditions of that certain Settlement Agreement, dated April 30, 1971, made by said Grantees in the Matter of the Estate of Marion Christopher Beal, Deceased No. 70-67 Probate in the Circuit Court of the State of Oregon for Klamath County.

NOTE: This is a part of a "strawman" transaction made pursuant to Decree of Final Distribution in the above mentioned Estate and I certify that no consideration as defined by Chapter 7 of Oregon Laws 1967, Special Session has been paid for this property.

TO HAVE AND TO HOLD the same and its appurtenances unto the said Grantees, their assigns and the heirs of the survivor of them forever. Provided however, that the Grantees herein do not take the title in common but with the right of survivorship; that is, the fee shall vest absolutely in the survivor of the grantees.

WITNESS, Grantor's hand and seal this 2nd day of August, 1971.

STATE OF OREGON)
County of Klamath) ss.

On this 2nd day of August, 1971, personally appeared the above named William Ganong, Jr. and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:

(REAL)

My commission expires: 7.5.1973

Clayton M. Feeney
Notary Public for Oregon

STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of Ganong, Ganong & Gordon

this 9th day of August A. D. 1971 at 1:45 o'clock P. M. and duly recorded in Vol. M 71 of Deeds on Page 8340

Fees \$1.50

WM. D. BEALE, County Clerk

Barbara Connelley

EXHIBIT A

*Retn to Agnes C. Erickson
1815 Fulton St.
Klamath Falls, Ore 97601*

CERTIFICATION OF VITAL RECORD

10545

37685
I.D. TAG NO.

124
Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: Agnes Last: CURTIS		2. SEX F	3. DATE OF DEATH (Month, Day, Year) March 30, 1988
4. SOCIAL SECURITY NUMBER 470-18-1947		5a. AGE - Last Birthday (Years) 76	5b. UNDER 1 YEAR Mo. Days Hours
6. BIRTHPLACE (City and State of Foreign Country) Pelican Rapids, MN		7. DATE OF BIRTH (Month, Day, Year) September 29, 1911	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b. COUNTY OF DEATH Klamath	
10. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.) Housewife		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Gerald		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. ZIP CODE 97601		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 6	
17. FATHER - NAME first middle last Ole Erickson		18. MOTHER - NAME first middle last Anna Lokken	
19. INFORMATION - Name and relationship to decedent Gerald Curtis - Husband		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b. LICENSE NUMBER (Of License) 3224	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St. Ore 97601 Klamath Falls, Ore 97601		23. TIME OF DEATH 1906 M	
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) Kenneth K. Magee	
26. DATE SIGNED (Month, Day, Year) 3-31-88		27a. TIME OF DEATH M	
27b. DATE PRONOUNCED DEAD (Month, Day, Year) M		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)		30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, Ore. 97601	
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.) (a) Ventricular Fibrillation (b) Myocardial Infarction with congestive heart failure (c) Other Significant Conditions - Conditions contributing to death but not related to cause given in PART 1 (a) Diabetes mellitus	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34. DATE FILED (Month, Day, Year) APR 04 1988	
35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		36. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

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 APR 04 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William M. Ganong the 6th day of July A.D., 1988 at 11:22 o'clock A.M., and duly recorded in Vol. M88 of Deeds on Page 10543

By Evelyn Biehn County Clerk
M. Muller

FEE \$18.00