FORM No. 723—BARGAIN AND SALE DEED (Individual or Corporate). STEVENS-NESS LAW PUB. CO., PORTLAND, OR. 97204

10935

OK 89137

BARGAIN AND SALE DEED Vol. M88 Page

KNOW ALL MEN BY THESE PRESENTS, That JAMES M. NOUD *hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto* KELLY J. NOUD *hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of* Klamath, *State of Oregon, described as follows, to-wit:*

The Westerly 33 feet of Lot 11, Block 35, HOT SPRINGS ADDITION to the City of Klamath Falls.

SUBJECT TO: All encumbrances of record and those apparent on the land. An encumbrance in favor of Oldstone Mortgage Company, which the grantee agrees to assume and pay and hold the grantor harmless from.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is $ ..... *However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which).* ① *(The sentence between the symbols ①, 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 23 *day of* ~~May~~ JUNE, *19* 88; *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 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.

James M. Noud

James M. Noud

(If the signer of the above is a corporation, use the form of acknowledgment opposite.)

(ORS 194.570)

STATE OF OREGON, County of Klamath) ss.

The foregoing instrument was acknowledged before me this ~~May~~ June 23, *19* 88, *by* James M. Noud

Notary Public for Oregon

(SEAL) *My commission expires:* 5-23-90

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

The foregoing instrument was acknowledged before me this ....., *19*....., *by* .....,

..... *president, and by* .....

..... *secretary of* .....

a ..... *corporation, on behalf of the corporation.*

Notary Public for Oregon (SEAL)

My commission expires:

(If executed by a corporation, affix corporate seal)

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Kelly J. Noud
1936 Fremont
K. Falls, OR 97601

NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 12 day of July, *19* 88, at 12:23 o'clock P. M., and recorded in book/reel/volume No. M88 on page 10935 or as fee/file/instrument/microfilm/reception No. 89137, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn NAME — County Clerk TITLE

By Louise Muellenaar Deputy

Fee $8.00

cash 8.00

88 JUL 12 PM 12 23

A-1388
I.D. TAG NO.

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

246
Local File Number

CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Pauline; Middle: Lucille; Last: ELLIOTT
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): July 7, 1988
4. SOCIAL SECURITY NUMBER: 543-10-2064
5a. AGE - Last Birthday (Years): 74
5b. UNDER 1 YEAR: Mos.: Days:
5c. UNDER 1 DAY: Hours: Mins.:
6. BIRTHPLACE (City and State or Foreign Country): Denver, Colorado
7. DATE OF BIRTH (Month, Day, Year): August 29,1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1336 California Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Home Maker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Robert R.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1336 California Avenue
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME first middle last: Lee - Carner
18. MOTHER - NAME first middle maiden: Pearl Edith Cliff
19. INFORMANT - NAME and relationship to deceased: Robert R. Elliott, husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merle Ole
21b. LICENSE NUMBER (Of Licensee): 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 97601
515 Pine St., Klamath Falls, Ore.

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 5:55 P. M
24. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): [signature] M.D.
26. DATE SIGNED (Month, Day, Year): July 8, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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) COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Respiratory Failure — Interval between onset and death: 24 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Aspiration and Pneumonia — Interval between onset and death: 24 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(c) Cerebellar Degeration from unknown etiology — Interval between onset and death: ~~5~~ 2-3 yrs

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

33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY: M
36c. INJURY AT WORK? ☐ Yes ☒ 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)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Bartlett
38. DATE FILED (Month, Day, Year): July 8, 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☒ 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.

45-2 REV. 1-88

DATE ISSUED JUL 8 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert Elliott the 12th day of July A.D., 1988 at 1:00 o'clock P. M., and duly recorded in Vol. M88, of Deeds on Page 10936.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00