

OK

1777

BARGAIN AND SALE DEED

Vol. m89 Page 11167

KNOW ALL MEN BY THESE PRESENTS, That ROBERT L. DRAGOO and LUCILLE M. DRAGOO,  
husband and wife  
for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto ROBERT L. DRAGOO and  
LUCILLE M. DRAGOO, Trustees of the Dragoo Family Trust  
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:

A portion of the North-Half of Tract 37, MERRILL TRACTS, Klamath County, Oregon,  
more particularly described as follows:

Beginning at a point on the East boundary of said Tract 37, said point being  
157.5 feet North of the Southeast corner of said Tract 37; thence West 115.75  
feet, parallel with the North line of said Tract 37; thence North 117.5 feet,  
parallel with the West boundary of said Tract 37 to the South boundary of that  
parcel of property heretofore conveyed to the City of Merrill for street purposes  
in Deed recorded in Volume 263, Page 165, Deed Records of Klamath County, Oregon;  
thence East 115.75 feet along the Southerly boundary of said street; thence  
South 117.5 feet to the point of beginning; AND

Commencing at the northeast corner of the South Half of Tract No. 37 of MERRILL  
TRACTS, Klamath County, Oregon, and extending thence North along the East line  
of said Tract 37 a distance of 23.75 feet to the true point of beginning; extending  
thence West parallel to the East-West center line of said Tract 37 a distance  
of 115.75 feet, thence South at right angles a distance of two feet; thence  
East parallel to the East-West center line of said Tract 37 a distance of 115.75  
feet to the East line of said Tract 37, which is also the West line of Polk  
Street, City of Merrill, Oregon; thence North a distance of two feet, more  
or less, to the true point of beginning.

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 \$ zero.  
~~However, the actual consideration consists of or includes other property or value given or promised which is~~  
~~part of the 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 15 day of May, 19 89;  
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.

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

STATE OF OREGON,

County of Klamath } ss.

The foregoing instrument was acknowledged before  
me this MAY 21, 19 89, by

ROBERT L. DRAGOO and  
LUCILLE M. DRAGOO, husband and wife

(SEAL)

Notary Public for Oregon

My commission expires: 6-18-89

(ORS 194.570)

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

My commission expires: \_\_\_\_\_

(SEAL)

(If executed by a corporation,  
affix corporate seal)

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instru-  
ment was received for record on the  
21st day of June, 1989, at 4:22 o'clock P.M., and recorded  
in book/reel/volume No. M89 on  
page 11167 or as fee/file/instru-  
ment/microfilm/reception No. 1777,  
Record of Deeds of said county.

Witness my hand and seal of  
County affixed.

Evelyn Biehn, County Clerk  
NAME TITLE

By Rachel M. Nelson Deputy

Fee \$8.00

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Crane & Foltyn  
296 Main St.  
Klamath 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

'89 JUN 21 PM 4 22

53919  
I.D. TAG NO.  
268  
Local File Number

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

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

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

CAUSE OF  
DEATH

15

16

17

1. DECEDENT'S NAME First: <b>Wanda</b> Middle: <b>Lee</b> Last: <b>DOLLARD</b>		2. SEX <b>F</b>	3. DATE OF DEATH (Month, Day, Year) <b>June 21, 1989</b>		
4. SOCIAL SECURITY NUMBER <b>441-26-9900</b>		5a. AGE - Last Birthday <b>61</b> years	5b. Under 1 Year Months: Days: Hours: Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Sallisaw, OK</b>	7. DATE OF BIRTH (Month, Day, Year) <b>January 14, 1928</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) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (if not institution, give street and number) <b>3853 Clinton Avenue</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 or was a doctor during most of working life. Do not use retired) <b>Clothing Salesperson</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Retail Western Wear Sales</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Divorced</b>	
12. SPOUSE (If Married, Widowed, Divorced (Specify)) <b>-</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>3853 Clinton Avenue</b>					
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. ZIP CODE <b>97603</b>		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (14 or 5+) <b>11</b>					
17. FATHER - NAME first middle last <b>Henry - Gann</b>			18. MOTHER - NAME first middle maiden <b>Grace - Fitzsimmons</b>		
19. INFORMANT - NAME and relationship to deceased <b>Gayle Sharp, daughter</b>					
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Akins Cemetery</b>		
20c. LOCATION - City or Town, State <b>Sallisaw, Oklahoma</b>					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Meris Reid</i>			21b. LICENSE NUMBER (Of Licensee) <b>3329</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR. 97601</b>
23. DATE FILED (Month, Day, Year) <b>JUN 21 1989</b>			24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
27. TIME OF DEATH <b>5:30 P.M.</b>					
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) as stated. (Signature) <i>[Signature]</i> M.D.					
30. DATE SIGNED (Month, Day, Year) <b>June 21, 1989</b>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>John A. Kuleman, M.D., 1905 Main Street, Klamath Falls, Oregon 97601</b>					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
33. 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>Emphysema/bronchitis</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(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.					
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown					
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b>	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 1 00

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

DATE ISSUED **JUN 21 1989**

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

STATE OF OREGON: COUNTY OF KLAMATH: \$6.

Filed for record at request of **Charles Gann** the **21st** day of **June**, 19 **89** at **4:22** o'clock **P.M.**, and duly recorded in Vol. **M89** of **Deeds** on Page **11168**.

Evelyn Biehn, County Clerk

By *[Signature]*

FEE \$8.00

Return: Charles Gann

3853 Clinton, Klamath Falls, Or. 97603