



4886

ATC# 05033638 Vol. 289 Page 16794
WARRANTY DEED

AFTER RECORDING RETURN TO:
PETER R. O'NEILL
ESTHER V. O'NEILL
P.O. Box 124
MILAN, OR. 97634

UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVE

BESSIE THORNSBERRY hereinafter called GRANTOR(S), convey(s) to
PETER R. O'NEILL and ESTHER V. O'NEILL, Husband and Wife with
full rights of survivorship, hereinafter called GRANTEE(S), all
that real property situated in the County of Klamath, State of
Oregon, described as:

SEE ATTACHED EXHIBIT "A"

"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."

and covenant(s) that grantor is the owner of the above described
property free of all encumbrances except: 1) Taxes for the
year 1989-90 are now a lien but not yet payable. 2)
Declaration of Conditions and Restrictions, but omitting any
restrictions based on race, color, religion or national origins
appearing of record recorded August 16, 1951 in Book 249 Page
201. 3) Regulations, including levies, assessments, water and
irrigation rights and easements for ditches and canals of
Klamath Irrigation District and Klamath Basin Improvement
District and subject to the terms and provisions of that certain
instrument recorded July 24, 1970 in Volume M-70 at Page 6187.

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
\$17,000.00.

In construing this deed and where the context so requires, the
singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument
this 17th day of August 1989.

X Bessie Thornsberry
BESSIE THORNSBERRY

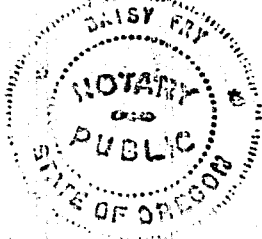
STATE OF OREGON, County of Coos)ss.

Date: Aug. 31, 1989.

Personally appeared the above named BESSIE THORNSBERRY and
acknowledged the foregoing instrument to be her voluntary act
and deed.

Before me: Daisy Fry
Notary Public for State of Oregon
My Commission Expires: _____

MY COMMISSION EXPIRES
SEPTEMBER 30, 1991



89 SEP 6 PM 3 51

EXHIBIT "A"

A portion of the S 1/2 N 1/2 of Section 30, Township 39 South, Range 9 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at a point on the Northwestern right of way line of the Klamath Falls-Weed Highway in the S 1/2 N 1/2 of Section 30, Township 39 South, Range 9 East of the Willamette Meridian, which point of beginning is North, 1,320 feet; thence South 89 degrees 44' West along the South line of the NE 1/4 SW 1/4 of said Section 30, a distance of 1,015.0 feet to the Northwestern right of way line of said highway, and thence North 36 degrees 34' East, along said highway right of way line, a distance of 1,719.6 feet from the one quarter corner common to Sections 30 and 31 of said Township and Range; thence North 53 degrees 26' West 414.6 feet, more or less, to the Southeasterly right of way line of the Southern Pacific Railroad; thence North 33 degrees 38' East, 485.6 feet along said railroad right of way line; thence South 53 degrees 26' East 464.5 feet, more or less, to the Northwestern right of way line of said highway; thence along said highway right of way line as follows: South 36 degrees 34' West, 412.43 feet, North 53 degrees 26' West, 25.0 feet and South 36 degrees 34' West, 72.57 feet to the point of beginning.

CODE 164 MAP 3909-3000 TL 600

16796

EXHIBIT "B"

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

EXHIBIT "B"

Local File Number

State File Number

DECEASED—NAME		First		Last		DATE OF DEATH (month, day, year)	
THORNSBERRY		Sr.				2 August 4, 1984	
1 RACE White, Black, American Indian, etc. (specify)		2 SEX Male		3 AGE—Last birthday (years)		4 DATE OF BIRTH (month, day, year)	
White				76		6 July 29, 1908	
5 CITY, TOWN OR LOCATION OF DEATH		6 HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		7a COGS		7b COGS	
Coquille		Coquille Valley Hospital		Emergency Rm		Coos	
8 STATE OF BIRTH (if not in U.S., name country)		9 CITIZEN OF WHAT COUNTRY		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11 Bessie	
Kentucky		USA		Married		no	
12 SOCIAL SECURITY NUMBER		13a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		13b KIND OF BUSINESS OR INDUSTRY		14 INSIDE CITY LIMITS (specify yes or no)	
303-16-2923		Millworker		Woodproducts		yes	
15a RESIDENCE—STATE		15b COUNTY		15c CITY, TOWN, OR LOCATION		15d STREET AND NUMBER OR R.F.D. NO.	
Oregon		Coos		Powers		931 Avenue NW 97166	
16 FATHER—NAME		17 MOTHER—NAME		18 INFORMANT—NAME and relationship to deceased		19 LOCATION	
Thomas Thornsberry		Malvina Justice		Bessie Thornsberry spouse		Powers, Oregon	
20 BURIAL, CREMATION, REMOVAL, MAUS. (specify)		21 NAME AND ADDRESS OF FACILITY		22 DATE SIGNED (Month, Day, Year)		23 HOUR OF DEATH	
Burial		Myrtle Point Funeral Chapel		Aug 8, 1984		3:10A M	
24a NAME AND ADDRESS OF CERTIFIER (Type or Print)		24b NAME AND ADDRESS OF ATTENDING PHYSICIAN (Type or Print)		25			
David Oelke, MD, 400 Woodland Dr., Coos Bay, OR 97420							
26 DATE RECEIVED BY REGISTRAR (Month, Day, Year)		27 REGISTRAR		28			
August 9, 1984		Mary G. Claiborne					
29 IMMEDIATE CAUSE		30 INTERVAL BETWEEN ONSET AND DEATH		31			
(a) Acute Pulmonary edema		hours					
(b) Schemic Heart Disease		yes.					
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		32 AUTOPSY (Specify Yes or No)		33 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)			
		no		yes			
34 ACCIDENT (Specify Yes or No)		35 DATE OF INJURY (Month, Day, Year)		36 HOUR OF INJURY		37 DESCRIBE HOW INJURY OCCURRED	
no		26b		26c		M 26d	
38 INJURY AT WORK (Specify Yes or No)		39 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		40 LOCATION		STREET OR R.F.D. NO. CITY OR TOWN STATE	
no		26a		26b		26c	

STATE OF OREGON

County of Coos

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Coos County Department of Health.

NOT VALID WITHOUT RAISED SEAL OF COOS COUNTY HEALTH DEPARTMENT

By Mary G. Claiborne
Date August 9, 1984

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 6th day of Sept. A.D., 19 89 at 3:51 o'clock P M., and duly recorded in Vol. M89 of Deeds on Page 16794

FEE \$18.00

Evelyn Biehn County Clerk
By Pauline Muller