

OK

11349

BARGAIN AND SALE DEED

Vol. m90 Page 2975KNOW ALL MEN BY THESE PRESENTS, That Melva Lee Williamson

, hereinafter called grantor,
for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto
James W. Ayers and Bobbie J. Ayers, husband and wife
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:

All of Lot 23, together with a strip of land 1 foot wide off
the Northeasterly side of Lot 24, KENNICOTT COUNTRY ESTATES.

A roadway easement for ingress and over a portion of Lot 24,
KENNICOTT COUNTRY ESATES described as follows:

Beginning at a point on the Northeasterly line of said Lot
24 which is South $46^{\circ} 23'$ East 59 feet 5 inches from the most
Northerly corner of said lot, then Southwesterly at right angles
to said line 1 foot to the true point of beginning, thence
North $46^{\circ} 23'$ West and parallel to, and 1 foot distance from, the
Northeasterly line of said lot, to the curve of the Culdesac
at the Easterly end of Estae Drive, thence Southwesterly on
said curve a distance of 5 feet, thence Southeasterly in a
straight line to the true point of beginning.

This easement is granted as an appurtenance to the adjoining
Lot 23 and the 1 foot strip adjoining same and is granted on
the condition that no parking of vehicles shall be permitted
on the Northwesterly 15 feet of the easement area described.

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 \$40,000.00

However, the actual consideration consists of or includes other property or value given or promised which is
the whole 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 14 day of Feb, 1990;
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 the form of acknowledgment opposite.)

(ORS 194.570)

STATE OF OREGON,

County of Klamath

ss.

The foregoing instrument was acknowledged before
me this February 14, 1990, by
Melva Lee Williamson

[Signature]
Notary Public for Oregon

(SEAL)

My commission expires:

April 1, 1990

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:

Jim and Bobbie Ayers
5696 Estate Dr
Klamath Falls OR 97603
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,

ss.

County of Klamath

I certify that the within instru-
ment was received for record on the
14th day of Feb, 1990,
at 11:05 o'clock A.M., and recorded
in book/reel/volume No. M90 on
page 2975 or as fee/tile/instru-
ment/microfilm/reception No. 11349,
Record of Deeds of said county.

Witness my hand and seal of
County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Ruthie Mullendou Deputy

Fee \$28.00

290 FEB 14 AM 11 05

ARKANSAS DEPARTMENT OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

MAY 26 1987

008787

DECEDENT NAME FIRST MIDDLE LAST Wiley W. Cook		SEX male		DATE OF DEATH (Mo, Day, Yr) Apr 24, 1987	
RACE (a) White (b) Black (c) American Indian, Etc. (Specify) White		ENGLISH ORIGIN OR DESCENT (a) Non-Spanish (b) Puerto Rican (c) Other or Latin American (Specify) no		AGE - Last Birthday (Yr, Mo, Day) 65	
CITY, TOWN OR LOCATION OF DEATH Little Rock, no		INSIDE CITY LIMITS (Specify Yes or No) no		HOSPITAL OR OTHER INSTITUTION (If not in one, give street and number) St. Vincents Inf.	
STATE OF BIRTH (If not in U.S.A. name country) Kentucky		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
SOCIAL SECURITY NUMBER 404-16-0086		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer		KIND OF BUSINESS OR INDUSTRY auto manufacturer	
RESIDENCE STATE Arkansas		CITY, TOWN OR LOCATION Independence Floral		STREET AND NUMBER Rt. 2, Box 93	
FATHER NAME FIRST MIDDLE LAST Wiley R. Cook		MOTHER NAME FIRST MIDDLE LAST Ona Westerfield		STREET OR R.F.D. NO. CITY OR TOWN STATE Rt. 2, Box 93, Floral, AR 72534	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATION NAME Hutchison Cemetery		LOCATION CITY OR TOWN STATE Floral, Arkansas	
DATE (Mo, Day, Yr) April 27, 1987		NAME OF FUNERAL HOME Batesville		ADDRESS OF FUNERAL HOME POB 2759 Batesville, AR 72503	
DATE OF DEATH (Mo, Day, Yr) April 24, 1987		HOUR OF DEATH 1:55 P		DATE RECEIVED BY REGISTRAR (Mo, Day, Yr) May 20 1987	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Dr. Larry Mendelsohn, M.D. 450 Parkview Med Bldg. #1 St. Vincent		SIGNATURE OF CERTIFIER <i>[Signature]</i>		SIGNATURE OF REGISTRAR <i>[Signature]</i>	
CAUSE OF DEATH (a) IMMEDIATE CAUSE (b) INTERMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction		OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause in PART I (a)) Cardiovascular		AUTOPSY (Specify Yes or No) no	
DATE OF INJURY (Mo, Day, Yr) no		HOUR OF INJURY no		DECEASED HOW INJURY OCCURRED no	
PLACE OF INJURY (a) Home, farm, street, factory, office building, etc. (Specify) no		LOCATION no		STREET OR R.F.D. NO. CITY OR TOWN STATE no	

THIS IS TO CERTIFY, That the above is an exact reproduction of the original record on file in this office and of which I am legal custodian. Witness my hand and seal of the Arkansas Department of Health at Little Rock, Arkansas. (Copy not legal if it does not have raised seal.)

State Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of John M. Schoonover the 14th day of Feb. A.D. 19 90 at 1:05 o'clock AM., and duly recorded in Vol. M90 of Deeds on Page 2976

Evelyn Biehn County Clerk
By Pauline Muelandse

FEE \$8.00

Return: John M. Schoonover
7740 Cannon, Klamath Falls, Or. 97603