11502 MTC 23095-K WARRANTY DEED

Vol. M90 Page 3250

KNOW ALL MEN BY THESE PRESENTS, That JANETTE D. MURPHY hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by KATHLEEN B. LUKKARI and STEVEN C. LUKKARI, wife & husband, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and and grantee's heirs, successors and assigns, the certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lots 6 and 7, Block 4, FIRST ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Klamath County Tax Account #3809-029CD-09000.

SUBJECT TO: Trust Deed, including the terms and provisions thereof, dated March 10, 1978, and recorded March 10, 1978, in Volume M78, page 4633, Microfilm Records of Klamath County, Oregon, in favor of Klamath First Federal Savings and Loan Association, as Beneficiary, which the above named Grantees hereby agree to assume and pay in full.

'90 FEB 20 PM 2 00

"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."

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

And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple and the above granted premises, free from all encumbrances except all those of record and those apparent upon the land as of the date of this deed *and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.*

The true and actual consideration paid for this transfer, stated in terms of dollars, is $ 45,000.00 .

~~However, the actual consideration consists of all or part of the~~ ~~part of the consideration which~~ ~~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 15th *day of* February, *19* 90; *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.*

Janette D. Murphy

JANETTE D. MURPHY

STATE OF ~~OREGON~~, SOUTH DAKOTA)
County of Minnehaha) ss.
February 15, 19 90.

Personally appeared the above named JANETTE D. MURPHY

and acknowledged the foregoing instrument to be her voluntary act and deed.

KATHRYN A. CENTRA
NOTARY PUBLIC
SOUTH DAKOTA
My Commission Expires May 15, 1992

Before me: Kathryn A. Centra
~~Notary Public for Oregon~~ South Dakota
My commission expires: 5-15-92

STATE OF OREGON, County of) ss.
, 19 .

Personally appeared and who, being duly sworn, each for himself and not one for the other, did say that the former is the president and that the latter is the secretary of , a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed.

Before me: (OFFICIAL SEAL)
Notary Public for Oregon
My commission expires:

JANETTE D. MURPHY
633 W. 19th
Sioux Falls, SD 57105
GRANTOR'S NAME AND ADDRESS

KATHLEEN B. LUKKARI and STEVEN C. LUKKARI
705 Ooty St.
Klamath Falls, OR 97601
GRANTEE'S NAME AND ADDRESS

After recording return to:
SAME AS GRANTEE
NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.
SAME AS GRANTEE
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 20th day of Feb., 19 90, at 2:00 o'clock P.M., and recorded in book M90 on page 3250 or as file/reel number 11502, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer
By Pauline Mullendore Deputy

Fee $28.00

MOUNTAIN TITLE COMPANY

C 4647 I.D. TAG NO. | OREGON DEPARTMENT OF HUMAN RESOURCES | MTC 22922

317 Local File Number

HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Gerald | Middle: Ainley | Last: DAY
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 20, 1989
4. SOCIAL SECURITY NUMBER: 224-26-3254
5a. AGE - Last Birthday (Years): 65
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Toma Creek, Virginia
7. DATE OF BIRTH (Month, Day, Year): January 24, 1924
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify) Woods
9b. FACILITY NAME (If not institution, give street and number): U.S. Forest Ser. Rd.#3640- Spur Rd. 022
9c. CITY, TOWN, OR LOCATION OF DEATH: Lake of the Woods
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Campground Supervisor
10b. KIND OF BUSINESS/INDUSTRY: U.S. Forest Service
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Ann
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: Box 376 - Harriman Rt.
13e. INSIDE CITY LIMITS? ☐ Yes XX No
13f. ZIP CODE: 97603
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): 12 | College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Monroe - Day
18. MOTHER - NAME first middle maiden: Sarah Ann Blevens
19. INFORMANT - NAME and relationship to deceased: Ann Day.- Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial XX Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3221
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Funeral Home / 1945 Main St. Klamath Falls, Oregon 97601
23. DATE FILED (Month, Day, Year): JUL 24 1989
24. REGISTRAR'S SIGNATURE: Darcy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 10:30 A M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): July 20, 1989 10:30 A M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year): 7/21/89
COUNTY: Klamath
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McKellar, MD - 2300 Clairmont - Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

36. 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) Atherosclerotic Cardiovascular Disease — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: XX Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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.

DATE ISSUED JUL 25 1989

PLEASE RETURN:
ANN R. DAY
3431 S. Pacific Hwy. #72A
Medford, OR 97501

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-2 REV. 1-89

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 20th day of Feb. A.D., 19 90 at 2:01 o'clock P M., and duly recorded in Vol. M90 of Deeds on Page 3251

FEE $8.00

Return: M.T.C.

Evelyn Biehn County Clerk
By Pauline Muelenaere