

## STATUTORY BARGAIN AND SALE DEED

VICTOR S. VERSTEEG and KATHRYN E. VERSTEEG, Husband and Wife, Grantor, convey to THE VICTOR S. AND KATHRYN E. VERSTEEG TRUST, Grantee, the following described real property in Klamath County, Oregon:

Lot 10 in Block 6 of FIRST ADDITION TO CYPRESS VILLA, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

SUBJECT TO reservations and restrictions of record, easements and rights of way of record and those apparent on the land, contracts and/or liens for irrigation and/or drainage.

The true and actual consideration for this conveyance is \$1.00.

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.

Dated this 6<sup>th</sup> day of February, 1990.

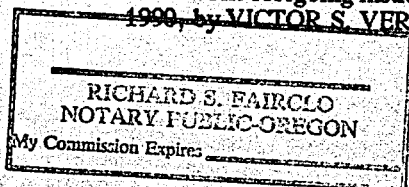
X Victor S. Versteeg  
X Kathryn E. Versteeg

STATE OF OREGON

County of Klamath

] ss.

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of February, 1990, by VICTOR S. VERSTEEG and KATHRYN E. VERSTEEG, husband and wife.



X Richard Fairclo  
Notary Public for Oregon  
My Commission expires: 2/15/92

Until a change is requested, send tax statements to:

No Change.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Proctor & Fairclo, the 23<sup>rd</sup> day of Feb, A.D., 1990, at 10:24 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 3468.

Evelyn Biehn, County Clerk

By: Pauline Nielsen

Fee \$28.00

RET PROCTOR & FAIRCLO  
ATTORNEYS AT LAW  
280 MAIN STREET  
KLAMATH FALLS, OREGON 97601

290 FEB 23 AM 10 24

28 w

E-5405

I.D. TAG NO.

79

Local File Number

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

136-

State File Number

DECEASED

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PARENTS

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|---|---------------------------------------|---|--|
| 1. DECEDENT'S NAME<br>First: William Middle: LESTER Last: LESTER  |                                       | 2. SEX<br>M   | 3. DATE OF DEATH (Month, Day, Year)<br>Feb. 20, 1990                   |
| 4. SOCIAL SECURITY NUMBER<br>401/54/5826  | 5a. AGE - Last Birthday (Years)<br>68 | 5b. Under 1 Year<br>Mo. Days Hours Mins.  | 6. BIRTHPLACE (City and State or Foreign Country)<br>Lawrence Co., Ky. |
| 7. DATE OF BIRTH (Month, Day, Year)<br>Sept. 14, 1921   |                                       | 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 9. FACILITY NAME (If not institution, give street and number)<br>Merle West Medical Center  |                                       | 10. PLACE OF DEATH (Check only one)<br><input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |  |
| 11. COUNTY OF DEATH<br>Klamath  |                                       | 12. SPOUSE (If Married, Widowed)<br>Gladys  |  |
| 13. CITY, TOWN, OR LOCATION OF DEATH<br>Klamath Falls   |                                       | 14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br>Married   |  |
| 15. STREET AND NUMBER<br>4327 Freida Street   |                                       | 16. RACE American Indian, Black, White, etc. (Specify)<br>White   |  |
| 17. DECEASED'S EDUCATION (Specify only highest grade completed)<br>8  |                                       | 18. INFORMANT - Name and relationship to deceased<br>Gladys Lester / Wife   |  |
| 19. FATHER - Name first, middle, last<br>Linzie - Lester  |                                       | 20. MOTHER - Name first, middle, maiden<br>Celina - Green   |  |
| 21. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)<br>Eternal Hills Memorial Gardens       |                                       | 22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br>Klamath Falls, Oregon   |  |
| 23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>Charles D. Bury</i>  |                                       | 24. LICENSE NUMBER (Of Licensee)<br>3409  |  |
| 25. NAME, ADDRESS AND ZIP OF FACILITY<br>Ward's Klamath Funeral Home<br>1945 Main Street<br>Klamath Falls, Ore. / 97601   |                                       | 26. REGISTRAR'S SIGNATURE<br><i>Nancy Kennedy</i>   |  |
| 27. DATE FILED (Month, Day, Year)<br>FEB 22 1990  |                                       | 28. WAS GIFT MADE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A   |  |
| 29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A   |                                       | 30. TO BE COMPLETED ONLY BY MEDICAL EXAMINER  |  |
| 31. TIME OF DEATH<br>1515   |                                       | 32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)<br>M  |  |
| 33. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.<br><i>Charles D. Bury</i>   |                                       | 34. 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.<br>(Signature)   |  |
| 35. DATE SIGNED (Month, Day, Year)<br>2/21/90   |                                       | 36. DATE SIGNED (Month, Day, Year)<br>COUNTY  |  |
| 37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br>Charles D. Bury, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601  |                                       | 38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  |
| 39. 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.)<br>PART I<br>(a) <i>Cardiac Arrest</i><br>(b) <i>Renal failure</i><br>(c) <i>Diabetic mellitus</i>   |                                       | 40. INTERVAL BETWEEN ONSET AND DEATH<br><i>2 weeks</i>  |  |
| 41. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to death but not related to cause given in PART I.  |                                       | 42. Did tobacco use contribute to the death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unk  |  |
| 43. AUTOPSY<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                       | 44. IF YES were findings considered in determining cause of death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |  |
| 45. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention |                                       | 46. DATE OF INJURY (Month, Day, Year)   |  |
| 47. TIME OF INJURY<br>M   |                                       | 48. INJURY - AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| 49. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)   |                                       | 50. DESCRIBE HOW INJURY OCCURRED  |  |
| 51. LOCATION (Street and Number or Rural Route Number, City or Town, State)   |                                       | 52. RESERVED FOR REGISTRAR'S USE  |  |

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

DATE ISSUED FEB 22 1990

Donna A. Verling  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gladys Lester the 23rd day of Feb. A.D., 19 90 at 10:24 o'clock AM., and duly recorded in Vol. M90 of Deeds on Page 3469

Evelyn Biehn County Clerk  
By *Donna A. Verling*

FEE \$8.00

Return: Gladys Lester  
4327 Freida, Klamath Falls, Or. 97603