

12122

FORM No. 721—QUITCLAIM DEED (Individual or Corporate)

Vol. m90 Page 4323

STEVENESS LAW PUBLISHING CO., PORTLAND, OR. 97204

72847

QUITCLAIM DEED

Vol. M87

Page

5154

KNOW ALL MEN BY THESE PRESENTS, That M. D. and Treva J. Brewer

for the consideration hereinafter stated, does hereby remise, release and quitclaim unto The Marcus and Treva Brewer Trust, hereinafter called grantor, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in 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:

The Southerly 110 feet of the N1/2, S 1/2, SW 1/4 SE 1/4 of Section 6, Township 35 South, Range 9 East of the Willamette Meridian, except that portion lying East of Sprague river.

BEING RERECORDED TO CORRECT PROPERTY DISCRPTION.

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 \$10.00.  
 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 30 day of March, 1987; 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 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.

STATE OF OREGON,

County of KlamathMarch 30, 1987.

Personally appeared the above named  
Marcus and Treva Brewer

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

Before me:

Notary Public for Oregon

My commission expires: April 1, 1990

STATE OF OREGON, County of \_\_\_\_\_

, 19

) ss.

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 \_\_\_\_\_

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:

Notary Public for Oregon

My commission expires:

(SEAL)

(If executed by a corporation, affix corporate seal)

M. D. and Treva J. Brewer

HC-30 Box 87-E

Chiloquin, OR 97624

GRANTOR'S NAME AND ADDRESS

The Marcus and Treva Brewer Trust

HC-30 Box 87-E

Chiloquin, OR 97624

GRANTEE'S NAME AND ADDRESS

After recording return to:

M. D. Brewer

HC-30 Box 87-E

Chiloquin, OR 97624

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

M. D. Brewer

HC-30 Box 87-E

Chiloquin, OR 97624

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath

I certify that the within instrument was received for record on the 30th day of March, 1987, at 12:39 o'clock P.M., and recorded in book/reel/volume No. M87 on page 5154 or as document/fee/file/instrument/microfilm No. 72847.

Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Sam Smith Deputy

Fee: \$5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of M.D. Brewer of March A.D., 1990 at 2:10 o'clock P.M., and duly recorded in Vol. M90 on Page 4323 of Deeds

FEE \$5.00

Evelyn Biehn County Clerk

By Pauline Mueller

87 MAR 30 PM 12 39

90 MAR 7 PM 2 10

5-00

068277

I.D. TAG NO.

89

Local File Number

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

136-

State File Number

## DECEDENT

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1. DECEASED'S NAME First: Calvin Middle: Eugene Last: PIERCE			2. SEX M		3. DATE OF DEATH (Month, Day, Year) Feb. 24, 1990	
4. SOCIAL SECURITY NUMBER 544/10/4510		5a. AGE - Last Birthday (Years) 68		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Prairie City, Or.
7. DATE OF BIRTH (Month, Day, Year) Dec. 30, 1921			8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____			
9. FACILITY NAME (if not institution, give street and number) 3620 Old Midland Road			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farming		10b. KIND OF BUSINESS/INDUSTRY Agriculture		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Janet Rose
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3620 Old Midland Road
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____		15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12		17. FATHER - NAME first middle last Robert - Pierce				
18. MOTHER - NAME first middle maiden Lena - Gwynn		19. INFORMANT - NAME and relationship to deceased Mike Pierce / Son				
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Laki Cemetery		20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. 2nd</i>		21b. LICENSE NUMBER (Of Licensee) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		
23. DATE FILED (Month, Day, Year) FEB 28 1990		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 type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				

## CERTIFIER

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

## CAUSE OF DEATH

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TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 1115		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Blake D. Berven</i>				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) _____			
30. DATE SIGNED (Month, Day, Year) February 27, 1990		33. DATE SIGNED (Month, Day, Year)		33. DATE SIGNED (Month, Day, Year)		COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
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.)				Interval between onset and death		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
(a) Pneumonia				1 hour		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(b) Metastatic undifferentiated lung carcinoma				Interval between onset and death		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.				Interval between onset and death			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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							

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

45-2 REV. 1-89

DATE ISSUED

MAR 1 1990

Donna A. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Janet Pierce the 7th day of March A.D. 19 90 at 2:46 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 4324.

FEE \$8.00

Return: Janet Pierce

3620 Old Midland Rd., Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk

By *Donna A. Verling*