72847

QUITCLAIM DEED

Vol.Mai Page__

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... ..., 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 NI/2, S 1/2, SW 1/4 SE 1/2 of Section 6, Township 35 South, Range 9 East of the Willamette Meridian, except that portion lying East of

| ~~ | spraague river. | For close lying East of |
|-------------|---|--|
| 3 | | |
| Ω. | BEING REDE | ED TO CORRECT PROPERTY |
| | , I'M I'E KECORD | ED TX 3 |
| 3 | PISCRIDE. | ORRECT OF L |
| Sec. 25. | T'N" II av. | TOOKE RTY |
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| | The Have and to Hold the same unto the sa | id draptes and |
| 4 | ne true and actual consideration paid to | id grantee and grantee's heirs, successors and assigns forever. or this transfer, stated in terms of dollars, is \$10.00 or includes other property. |
| - 1 | the whole the actual consideration consists of | transfer, stated in terms of dollars, is \$10.00 |
| | | |
| | In construing this deed and where the sent | or includes other property or value given or promised which is since between the symbols 0, it not applicable, should be deleted. See ORS 93.030.) at so requires, the singular includes the plural and all grammatical reof apply equally to corporations and to individual. |
| ्र | changes shall be implied to make the provision | xt so requires, the singular includes the plural and all grammatical reof apply equally to corporations and to individuals. |
| ा । | LIL VV ILTIAGO W/homo_L _11 | TOTAL DEPTY CUURITY TO COPROPOLIT |
| ~ | if a corporate grantor, it has caused it. | reof apply equally to corporations and to individuals. d this instrument this 30day of March, 19.87; signed and seal affixed by its officers, duly authorized thereto by |
| · II. | order of its board of directors | signed and seal affixed by its officers dela, 19.87; |
| <u>s</u> | TUIC INCESSION | authorized thereto by |
| H | | |
| ol l | USE LAWS AND REGULATIONS BEFORE SIGNING OR ACCEPTIONS BEFORE SIGNING OR ACCEPTION OF THE PERSON ACQUIRING FEE TITLE TO COUNTY PLANNING DEPARTMENT TO VERIFY APPROPRIATE CITY COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES | Y DE. 11 WATERLEY LAND THE Jeews J Brewer (OR |
| 5 | PROPERTY SHOULD CHECK WITH THE APPROPRIATE TO | THE Joen of Drewer |
| | COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES | COR |
| | STATE OF OREGON, | |
| 3 E 5 | County of Klamath Ss. | STATE OF OREGON, County of) ss. |
| | March 30 , 19 87. | ,19) ss. |
| . 11 | Personally | Personally appeared and |
| | Personally appeared the above named | and |
| | Marcus and Treva Brewer | each for himself and not are to the who, being duly sworn, |
| | | not one for the other, did say that the former is at |
| | | president and that the latter is the |
| | and acknowledged the foregoing instru- | secretary of |
| | COLUMN Volunteer and | and that the seal office days and that the seal office days |
| 1 7 7 7 7 7 | CORRICHAT TO THE | and that the seal affixed to the toregoing instrument is the corporation, of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of discounting them. |
| | SEAL) LALLINE THE | |
| 7 | Notary Public for Oregon | them acknowledged said instrument to be its voluntary act and deed. Before me: |
| 2 1 2 | (1) Annil 1 1000 | |
| | My commission expires: April 1, 1990 | Notary Public for Ocaso- (SEAL) |
| | | |
| | | My commission expires: (If executed by a corporation, |
| | M. D. and Treva J. Brewer | affix corporate seal) |
| | HC-30 BOX 87-F | |
| | Chiloquin, OR 97624 -4115 | STATE OF OREGON, |
| | GRANTOR'S NAME AND ADDRESS | |
| <u>.</u> | The Marcus and Treva-Brewer Trust | 是 Klamath |
| | HC-30 Box 87-E | I certify that the within instru- |
| | Chiloquin, OR 97624 | 1 S. Carrie Was received to- |
| MES | GRANTEE'S NAME AND ADDRESS | . I d white from the control of the |
| ⊥ ⊼ | fler recording return to: | SPACE DESCRIPTION OF THE PROPERTY OF THE PROPE |
| | | THE TAX FOR THE PARTY OF THE POUR LEGIT VOITING IVA |
| | M. D. Brewer | PRECORDER'S USE . Trage 51.54 or as document/fee/file/ |
| | HC-30 Box 87-E | instrument/microfilm No. 72847 |
| 11 - | Chiloquin, OR 97624 | A PROPERTY OF THE PROPERTY OF TAXABLE PROPERTY |
| //⊹ | NAME ADDRESS TO | IE OF WILLIAM OF Deeds of Said county. |
| * | til a change is requested all tax statements shall be sent to the following address M. D. BTOWAY | Witness my hand and seal of |
| | | INDEXED County affixed. |
| 11 - | HC-30 Box 87-E | Evelyn Biehn, County Clerk |
| 11 = = = | Chiloquin, OR 97624 | ♥♥ # # T 2000 - # # # # # # # # # # # # # # # # # |
| IL. | NAME, ADDRESS, ZIP | Fee: \$5.00 |
| COL | | By Am Amillo Danie |

STATE OF OREGON: COUNTY OF KLAMATH:

| Fil | ed for record | d at request of | | | | 90,715 | |
|-------|---------------|-----------------|-------------|------------------------|------------------------------|-----------------------------|-------------------|
| of | | March | M.D., 19 90 | Brewer | - 115 for twenty-religion to | the | |
| | | of | Deed | 11 <u> 2 : 10</u> 3 | _ o'clock <u>P</u> M | ., and duly recorded | in Vol. M90 |
| FE | E \$5.00 | | | | on Page Evelyn Bi | - 4323 | 생기 기술을 가는 살아가지 그것 |
| | | | | Ò | By <u>Q</u> | ehn County Cl Lectone Mu | erk |
| Suri, | | | | | | | TE II NATE |

| | | Vital Records Unit CERTIFICATE OF DEAT | ih ' | 2. SEX | The second of the second | (Month, Day, Year) |
|---|--|--|--|--|--|--|
| C^{-1} | A SOCIAL SECURITY NUMBER 54 AGE - Last Birthday | gene PIERCE | & BIRTHPLACE | M City and State or Foreig | 7. DATE OF BIRTH | (Month, Day, Year) |
| \sim 1 | 544/10/4510 (Years) 68 M | os. Days Hours Mins. | Prairie | City, Or. | | 30, 1921 |
| DECEDENT | 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? HOSPITAL: Inpatient | ER/Outpatient DOA OTHER: | OF DEATH (Che | Decedent's Home | Other (Specify) | |
| 1 | 90. FACILITY NAME (If not institution, give street and nu | | TOWN, OR LOCA | TION OF DEATH | 9d. CC | Klamath |
| 2 | (Give kind of work done during most of working | D. KIND OF BUSINESSANDUSTRY | 11.MAR | UTAL STATUS - Marrie er Married, Widowed, | d. 12. SPOUSE (II Ma | |
| 3 | life. Do not use retired.) Farming | Agriculture | 1 1 | rced (Specify) Married | Ja | net Rose |
| 4 | 13a. RESIDENCE STATE 13b. COUNTY Oregon Klamath | 13c. CITY, TOWN, OR LOCATION Klamath Falls | , 13d, ST | REET AND HUMBER 3620 | Old Midl | and Road . |
| 5 | 120 INSIDE CITY 1131 ZIP CODE 14 WAS DE | CEDENT OF HISPANIC ORIGIN? No or Yes - If yes, specify Cuban, Puerto Rican, etc.) No □ Yes | 15. RACE Ameri Black, White | | 16. DECEDENT'S E pecify only highest g | |
| 6 | Tyes XD No 9/603 Specify: | | Whi | te | 12 | College (1-4 or 5+) |
| PARENTS | | B. MOTHER - NAME lirst middle Lena - Gw | maiden ynn | | NT NAME and relate Mike Pier | |
| 3-4%C-3-96 | 20a. METHOD OF DISPOSITION Mausoleum | OD. PLACE OF DISPOSITION (Name of cother place) | | vy, or 20c LOCATIO | N - City or Town, Stat | |
| DISPOSITION | ☐ Donation ☐ Other (Specify). | Mt. Laki Cem | | S021 1 0 0 0 11 1 | ath Falls | , Oregon |
| 8 | 214. SIGNATURE OF FUNERAL SERVICE LICENSEE OF PERSON ACTING AS SUCH | 21b. LICENSE NUMBER (OI LICENSEE) | . ₩ | oress and zip of | math Fune | ral Home |
| 9 | Camer K. 2 las | 3409 | - 1 - K | 945 Main lamath Fa | Street | 사 가이 있었다. 동안 그 이 나 |
| REGISTRA | 22 DATE FILED (Month, Day, Year) | | 24 REGISTRAI | R'S SIGNATURE CU KLIM | reder | |
| | 25. DID HOSPITAL REPRESENTATIVE MAKE REQUES | T FOR ANATOMICAL GIFT CONSENT? | 26. WAS GIFT | MADE? | | |
| \cup . | YES ONO ONIA | | | (Ustrales de la | | ALE PROPERTY. |
| 10 | TO BE COMPLETED BY CERTIFY! | | TO 31a. TIME OF DE | BE COMPLETED ON ATH 31b. DATE P | LY BY MEDICAL EXA | MINER Month, Dey, Year, Hourj |
| 11 | 1115 M Xb Yes 🗆 No 🔌 | | | | | м |
| CERTIFIE | 29. To the best of my knowledge, death occurred at 1 due to the cause(s) and manner stated. | the time, date, piece and | 32. On the basis at the time, (Signatur | or examination and/or date, place and due t | urresugation, in my o the cause(s) and mi | pinion death occurred inner stated. |
| 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | THE MENTAL IN THE | UMN) | Print of the | | | |
| 2000年,1986年 | S SILIWY | | 33 DATE SIGNE | D (Month, Dav. Year) | erus institutione illustra | COUNTY |
| 12 | 20. DATE SIGNED (Month, Day, Year) February 27, 1990 | | 33, DATE SIGNE | D (Month, Day, Year) | | COUNTY |
| 12 13 | February 27, 1990 | MEDICAL EXAMINER (Type or Print) 2616 Clover / K | | | egon / 97 | |
| 13 14 | February 27, 1990 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER Blake D. Berven, MD 35. NAME OF ATTENDING PHYSICIAN IF OTHER TH. | 2616 Clover / Kl | | | egon / 97 | |
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| 13 | February 27, 1990 34. NAME TITLE, ADDRESS AND 2P OF CERTIFIER Blake D. Berven, MD 35. NAME OF ATTENDING PHYSICIAN IF OTHER TH. 35. NAME OF ATTENDING PHYSICIAN IF OTHER TH. 36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER | 2616 Clover / KI AN CERTIFIER (Type or Print) RINE FOR (A), (A), AND (C) Do not enter of Ferientated lung, car d to cause given in PART L. NJURY 110, TIME OF 110, INJURY 110, | Lamath I mode of dying, e.g. cinoma 37. Did too yes March was | Falls, Ord Cardiac or Respirato acco use contribute leath? Probably Unk BE NOW INJURY OCC ON (Street and Numb PY ALO DONNAY KLAMATH CO | Ja. AUTOPSY JO. II Jas. AUTOP | Interval between onset and death 1 hour 1 hour interval between onset and death 2 months 1 hours on the stand death 1 hours of the stand death 1 hours of death 1 yes No NA |
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| 13 | February 27, 1990 34. NAME TITLE, ADDRESS AND 219 OF CENTIFIENT Blake D. Berven, MD 35. NAME OF ATTENDING PHYSICIAN IF OTHER TH. 35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PEL 40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PEL 40. MANUEL DUE TO, OR AS A CONSEQUENCE OF: 40. MANUEL OF DEATH 41. DATE OF DEATH 41. DATE OF IMMEDIATE CONDITIONS A Coident Undelstantlood Manuel Undelstantlood Manuel Undelstantlood Manuel Undelstantlood Manuel Undelstantlood Accident Undelstantlood Manuel Undelstantlood MAR | 2616 Clover / K. AN CERTIFIER (Type or Print) RINE FOR (a), (b), AND (c) Do not enter Ferientated lung, car d to cause given in PART L. NUBRY 415, TIME OF 11c, INJURY 17840 1784 | Lamath I mode of dying, e.g cinoma 37. Did tob. (A) Yes MA Wes MA We | Falls, Ord Cardiac or Respirato acco use contribute leath? Probably Unk BE NOW INJURY OCC ON (Street and Numb PY ALO DONNAY KLAMATH CO | JAMESI. JAM | Asserting the second of the se |