

K-42148

Vol. m90 Page 6315

FORM No. 240—DEED—ESTOPPEL (In lieu of foreclosure) (Individual or Corporation)

STEVENS-NESS LAW PUB. CO., PORTLAND, OR. 97204

OK

13111 13221

ESTOPPEL DEED

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THIS INDENTURE between Ronald L. Dobry and Joan M. Dobry, husband and wife
hereinafter called the first party, and Klamath First Federal Savings and Loan Association
hereinafter called the second party; **WITNESSETH:**

Whereas, the title to the real property hereinafter described is vested in fee simple in the first party, subject to the lien of a mortgage or trust deed recorded in the mortgage records of the county hereinafter named, in book/reel/volume No. M-82 at page 9088 thereof or as fee/file/instrument/microfilm/reception No. _____ (state which), reference to said records hereby being made, and the notes and indebtedness secured by said mortgage or trust deed are now owned by the second party, on which notes and indebtedness there is now owing and unpaid the sum of \$ 29,337.21, the same being now in default and said mortgage or trust deed being now subject to immediate foreclosure, and whereas the first party, being unable to pay the same, has requested the second party to accept an absolute deed of conveyance of said property in satisfaction of the indebtedness secured by said mortgage and the second party does now accede to said request.

NOW, THEREFORE, for the consideration hereinafter stated (which includes the cancellation of the notes and indebtedness secured by said mortgage or trust deed and the surrender thereof marked "Paid in Full" to the first party), the first party does hereby grant, bargain, sell and convey unto the second party, his heirs, successors and assigns, all of the following described real property situate in Klamath County, State of Oregon, to-wit:

Lot 4 in Block 1, Tract 1181, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Together with a 1931 Camel Mobile Home, Title Number 8225154449, ID Number 9791.

Re-Recorded to Correct Notary

together with all of the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining;
(CONTINUED ON REVERSE SIDE)

<u>Ronald L. Dobry and Joan M. Dobry</u> <u>P. O. Box 275</u> <u>Malin, Oregon 97632</u> <small>GRANTOR'S NAME AND ADDRESS</small>
<u>Klamath First Federal Savings & Loan</u> <u>P. O. Box 5270</u> <u>Klamath Falls, Oregon 97601</u> <small>GRANTEE'S NAME AND ADDRESS</small>
After recording return to: <u>Klamath First Federal Savings and Loan</u> <u>P. O. Box 5270</u> <u>Klamath Falls, Oregon 97601</u> <small>NAME, ADDRESS, & P</small>
Until a change is requested all tax statements shall be sent to the following address: <u>Same as above</u>
<small>NAME, ADDRESS, ZIP</small>

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,
County of _____ } ss.
I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/file/instrument/microfilm/reception No. _____.
Record of Deeds of said county.
Witness my hand and seal of County affixed.

NAME TITLE
By _____ Deputy

TO HAVE AND TO HOLD the same unto said second party, his heirs, successors and assigns forever.
And the first party, for himself and his heirs and legal representatives, does covenant to and with the second party, his heirs, successors and assigns, that the first party is lawfully seized in fee simple of said property, free and clear of incumbrances except said mortgage or trust deed and further except

that the first party will warrant and forever defend the above granted premises, and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, other than the liens above expressly excepted; that this deed is intended as a conveyance, absolute in legal effect as well as in form, of the title to said premises to the second party and all redemption rights which the first party may have therein, and not as a mortgage, trust deed or security of any kind; that possession of said premises hereby is surrendered and delivered to said second party; that in executing this deed the first party is not acting under any misapprehension as to the effect thereof or under any duress, undue influence, or misrepresentation by the second party, or second party's representatives, agents or attorneys; that this deed is not given as a preference over other creditors of the first party and that at this time there is no person, co-partnership or corporation, other than the second party, interested in said premises directly or indirectly, in any manner whatsoever, except as aforesaid.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 29,337.21
~~the whole of the consideration paid for this transfer, stated in terms of dollars, is \$ 29,337.21~~
~~part of the consideration paid for this transfer, stated in terms of dollars, is \$ 29,337.21~~

In construing this instrument, it is understood and agreed that the first party as well as the second party may be more than one person; that if the context so requires, the singular shall be taken to mean and include the plural; that the singular pronoun means and includes the plural, the masculine, the feminine and the neuter and that, generally, all grammatical changes shall be made, assumed and implied to make the provisions hereof apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the first party above named has executed this instrument; if first party is a corporation, it has caused its corporate name to be signed hereto and its corporate seal affixed by its officers duly authorized thereunto by order of its Board of Directors.

Dated March 29, 19 90

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.

(If the signer of the above is a corporation, use the form of acknowledgment opposite.)
STATE OF OREGON,

County of Klamath

The foregoing instrument was acknowledged before me this 29th day of March, 19 90, by Ronald L. Dobry and Joan M. Dobry, husband and wife

(SEAL)

My commission expires: 4/24/93

Notary Public for Oregon

(ORS 194.570)

STATE OF OREGON, County of

The foregoing instrument was acknowledged before me this 29th day of March, 19 90, by

president, and by

secretary of

corporation, on behalf of the corporation.

Notary Public for Oregon

My commission expires:

(SEAL)

(If executed by a corporation, affix corporate seal)

STATE OF OREGON,

County of Klamath

BE IT REMEMBERED, That on this 3rd day of April, 19 90

before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named WILLIAM J. SISEMORE, Trustee

known to me to be the identical individual described in and who executed the within instrument and acknowledged to me that he executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public for Oregon

My Commission expires: 4/24/93

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record of Klamath County Title Co. the 4th day of April, 19 90 at 11:03 o'clock A.M., and duly recorded in Vol. M90 on Page 6133

FEE

\$33.00

INDEXED

Evelyn Biehn - County Clerk

By Pauline Mullender

6316-A

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 5th day
of April A.D., 19 90 at 4:04 o'clock P. M., and duly recorded in Vol. M90,
of Deeds on Page 6315.

Evelyn Biehn, County Clerk

FEE \$15.00

By Pauline M. Henderson

068817
I.D. TAG NO.
102
Local File Number

CERTIFICATE OF DEATH
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
136-

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFY

CAUSE OF DEATH

1. DECEDENT'S NAME First: Lloyd Middle: L. Last: CRAWFORD		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 6, 1990
4. SOCIAL SECURITY NUMBER 540-44-2906		5. BIRTHPLACE (City and County) Arkansas	6. DATE OF BIRTH (Month, Day, Year) January 17, 1904
7. PLACE OF DEATH (Check only one) <input type="checkbox"/> U.S. Armed Forces <input type="checkbox"/> Hospital <input type="checkbox"/> Patient <input type="checkbox"/> EPOutpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
8. FACILITY NAME (If not institution, give street and number) 4527 El Cerito Way		9. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Cattle Rancher		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Ethel Bell Crawford		13. RESIDENCE - STATE Oregon	
14. RESIDENCE - COUNTY Klamath		15. CITY, TOWN, OR LOCATION Klamath Falls	
16. STREET AND NUMBER 4527 El Cerito Way		17. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18. ZIP CODE 97603		19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
20. RACE White		21. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+)	
22. FATHER - NAME first middle last Thomas Franklin Crawford		23. MOTHER - NAME first middle maiden Willie - Albertson	
24. 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)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
26. LOCATION - City or Town, State Klamath Falls, Oregon		27. LICENSE NUMBER (Of Licensed) 3287	
28. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, Oregon		29. REGISTRAR'S SIGNATURE Nancy Kennedy	
30. DATE FILED (Month, Day, Year) MAR 7 1990		31. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
32. TO BE COMPLETED BY CERTIFYING PHYSICIAN 32a. TIME OF DEATH 9:20 P M 32b. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 32c. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Francis V. Rudd M.D. 32d. DATE SIGNED (Month, Day, Year) March 7, 1990 32e. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Francis V. Rudd, M.D. 2624 Campus Drive Klamath Falls, Oregon 97601 32f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)			
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 32a, 32b, and 32c) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. PART I (a) <u>Cardiovascular Disease</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Myocardial Infarction</u> DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I. PART II 34. 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"/> Legal Intervention <input type="checkbox"/> Homicide 35. DATE OF INJURY (Month, Day, Year) 36. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No 37. PLACE OF INJURY - A: home, farm, street, factory, office building, etc. (Specify) 38. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
39. 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.

45-2 REV. 1-88

DATE ISSUED MAR 8 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ethel Crawford the 5th day
of April A.D., 19 90 at 4:06 o'clock P.M., and duly recorded in Vol. M90
of Deeds on Page 6317.

Evelyn Biehn, County Clerk
By Donna Q. Verling

FEE \$8.00
Return: Ethel Crawford
4527 El Cerito Way, Klamath Falls, Or. 97603