

1-1-74

13720

KNOW ALL MEN BY THESE PRESENTS, That MARION L. CAIN AND MARGARET M. CAIN
HUSBAND AND WIFE

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by Richard Lee Edge, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that 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:

Lot 20 of Casitas, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Subject to reservations, restrictions, rights of way of record and those apparent upon the land; Rules Regulations and assessments of South Suburban Sanitary District and Enterprise Irrigation District.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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 of the above granted premises, free from all encumbrances

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 \$ 30,000.00.

~~However, the actual consideration consists of or includes other property or value given or promised which is the whole or part of the 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 15 day of March, 1979;
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.

(If executed by a corporation, affix corporate seal)

STATE OF OREGON, } ss.
County of Klamath
March 15, 19 79.

Personally appeared the above named
Marion L. Cain and Margaret M. Cain
and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me:
(OFFICIAL SEAL) [Signature]
Notary Public for Oregon
My commission expires: 8-5-79

STATE OF OREGON, County of _____, 19____ ss.

Personally appeared _____, 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:

(OFFICIAL SEAL)

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

W. George Oke and Pauline G Oke
1290 Rogue River Highway
Gold Hill, OR 97525
NAME, ADDRESS, ZIP

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

Same as Above
NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of Klamath

I certify that the within instrument was received for record on the 19th day of April, 19 90, at 9:25 o'clock AM, and recorded in book M90 on page 7228 or as file/reel number 13720.

Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer
By Pauline Muelndt Deputy

Fee \$28.00

90 APR 19 AM 9 25

COUNTY of SISKIYOU

YREKA, CALIFORNIA

CERTIFICATE OF DEATH

3-90-47-000116

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Earl		2A. DATE OF DEATH—MO, DAY, YR. 29. HOUR 3. SEX April 8, 1990 D420 M	
1B. MIDDLE Otto		1C. LAST (FAMILY) SCHULTZ	
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO, DAY, YR. December 5, 1909		7. AGE IN YEARS 80	
8. STATE OF BIRTH WA		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10A. FULL NAME OF FATHER Albert - Schultz		10B. STATE OF BIRTH WI	
11A. FULL MAIDEN NAME OF MOTHER O'Tillie - Schultz		11B. STATE OF BIRTH WI	
12. MILITARY SERVICE? 19 TO 19 NONE		13. SOCIAL SECURITY NO. 539-12-7367	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME Dorothy - Eastep	
16A. USUAL OCCUPATION Farmer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Farming	
16C. USUAL EMPLOYER Self		16D. YEARS IN OCCUPATION 65	
17. EDUCATION—YEARS COMPLETED 12		18A. RESIDENCE—STREET AND NUMBER OR LOCATION Tulelake	
18B. CITY Tulelake		18C. ZIP CODE 96134	
18D. COUNTY Siskiyou		18E. NUMBER OF YEARS IN THIS COUNTY 47	
18F. STATE OR FOREIGN COUNTRY 47		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Dorothy M. Schultz, wife Rt. 1, Box 166 Tulelake, California 96134	
19A. PLACE OF DEATH Residence		19B. IN HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA Siskiyou	
19C. COUNTY Siskiyou		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION Rt. 1, Box 166	
19E. CITY Tulelake		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardiac Arrest		23. WAS BLOODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) Probable Acute M.I.		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) A S H D		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Severe COPD CHF		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.	
27A. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Edward L. Reyes, Chief Dep. Coroner		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Edward L. Reyes	
27C. PHYSICIAN'S LICENSE NUMBER 4/9/90		27D. DATE SIGNED 4/9/90	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Natural Causes		30A. PLACE OF INJURY Not embained in CA	
30B. DATE OF INJURY 4-11-90		30C. DATE OF INJURY 4-11-90	
30D. HOUR OF INJURY 9:26		30E. SIGNATURE OF EMBALMER David G. Elledge	
30F. SIGNATURE OF LOCAL REGISTRAR David G. Elledge		30G. LICENSE NUMBER OR 3329	
30H. REGISTRATION DATE 04-10-90		30I. CENSUS TRACT	
34A. DISPOSITION(S) TR-BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Main Community Cemetery Main, Oregon	
34C. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) O'Hair's Funeral Chapel		34D. LICENSE NO. OR 8108	
34E. STATE REGISTRAR A		34F. STATE REGISTRAR B	
34G. STATE REGISTRAR C		34H. STATE REGISTRAR D	
34I. STATE REGISTRAR E		34J. STATE REGISTRAR F	

CERTIFIED COPY OF VITAL RECORDS

01517

STATE OF CALIFORNIA }
COUNTY OF SISKIYOU } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SISKIYOU COUNTY RECORDER.

ATTEST: *Virginia Montenegro*
DATE ISSUED: **APR 10 1990**

David G. Elledge
DAVID G. ELLEDGE
SISKIYOU COUNTY RECORDER

This copy not valid unless prepared on engraved border displaying date and signature of Deputy County Recorder.

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mary Conway the 19th day
of April A.D. 19 90 at 9:26 o'clock A M., and duly recorded in Vol. M90
of Deeds on Page 7229

Evelyn Biehn, County Clerk
By *Doreen Muriel*

FEE \$8.00

Return: Dorothy Schultz
Rt. 1, Box 166, Tulelake, Ca. 96134