

14940

RECORDING REQUESTED BY
MANATT, PHELPS, ROTHENBERG
& PHILLIPSVol. m90 Page 9342

AND WHEN RECORDED MAIL TO

Name Elliot B. Kristal, Esq.
Street Manatt, Phelps, Rothenberg
Address & Phillips
City & State 11355 W. Olympic Blvd.
Los Angeles, CA 90064

MAIL TAX STATEMENTS TO

Name Mr. & Mrs. James E. Bowman
Street 11606 Exposition Blvd.
Address Los Angeles, CA 90064
City & StateSTATE OF OREGON,
County of Klamath SS.

Filed for record at request of:

on this 16th day of May A.D., 19 90
at 11:40 o'clock A M. and duly recorded
in Vol. M90 of Deeds Page 9342.

Evelyn Biehn County Clerk

By Douglas Mullender

Deputy.

Fee, \$28.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

GD 864 HI

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

The undersigned Grantor (s) declare (s) under penalty of perjury that the following is true and correct:

Documentary transfer tax is \$ None.

() computed on full value of property conveyed, or

() computed on full value less value of liens and encumbrances remaining at time of sale.

() Unincorporated area: () City of _____, and

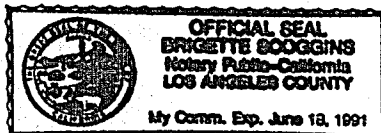
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
SHARON PLUMB, a single womanhereby GRANT(S) to JAMES E. BOWMAN and SHARON Y. BOWMAN, Trustees of
The 1990 Bowman Family Trust dated April 20, 1990the following described real property in the
County of Klamath, State of California Oregon:The South one-half of the Northwest one-quarter of the
Northwest one-quarter of the Northeast one-quarter of Section 25,
Township 35 South, Range 10 West, Williamette Meridian.Dated 4/20/90Sharon Plumb
SHARON PLUMB

State of California

County of LOS ANGELESOn this the 20th day of April, 19 90.

before me,

the undersigned Notary Public, personally appeared

SHARON PLUMB☐ personally known to me☒ proved to me on the basis of satisfactory evidenceto be the person(s) whose name(s) is subscribed to the
within instrument, and acknowledged that she executed it.
WITNESS my hand and official seal.Notary's Signature Brigitte Scoggins

(This area for official notarial seal)

Title Order No. _____

Escrow, Loan or Attorney File No. _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

90 MAY 11 11 40
PAGE
MAP BOOK
Assessors Identification Number:

66594
I.D. TAG NO.

184

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: <u>Floy</u> Middle: <u>Ophelia</u> Last: <u>BUCK</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 7, 1990</u>
4. SOCIAL SECURITY NUMBER <u>512-42-8819</u>	5a. AGE - Last Birthday (Years) <u>84</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Amity, Arkansas</u>
7. DATE OF BIRTH (Month, Day, Year) <u>October 14, 1905</u>		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9b. COUNTY OF DEATH <u>Klamath</u>	
9a. FACILITY NAME (If not institution, give street and number) <u>Plum Ridge Care Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Housewife</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Homemaking</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>Leonard</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Chiloquin</u>		13d. STREET AND NUMBER <u>105 South Chiloquin Drive (P.O.B.335)</u>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <u>97624</u>	
14. 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		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+) <u> </u>		17. INFORMANT - NAME and relationship to decedent <u>Juanita Freid, daughter</u>	
17. FATHER - NAME first middle last <u>Augustas - Denton</u>		18. MOTHER - NAME first middle maiden <u>Nina - Rolling</u>	
19. 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) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u>		21b. LICENSE NUMBER (Of Licensee) <u>47-3104</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>		23. REGISTRAR'S SIGNATURE <u>Donna A. Verling</u>	
23. DATE FILED (Month, Day, Year) <u>MAY 7 1990</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH <u>0530 A M</u>	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Kenneth K. Magee</u>	
30. DATE SIGNED (Month, Day, Year) <u>May 7, 1990</u>		31. DATE PRONOUNCED DEAD (Month, Day, Year) <u> </u>	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601</u>		33. DATE SIGNED (Month, Day, Year) <u> </u>	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>	
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.) (a) <u>Ventricular Arrhythmia</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Coronary Artery Disease</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Senile Dementia</u>		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) <u> </u>	
41b. TIME OF INJURY <u> </u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

45-2 REV 1-89

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

MAY 7 1990

DATE ISSUED

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Forrest Freid the 16th day of May A.D., 19 90 at 11:40 o'clock A M., and duly recorded in Vol. M90 of Deeds on Page 9343.

FEE \$8.00

Return: Forrest Freid
P.O. Box 335, Chiloquin, Or. 97624Evelyn Biehn County Clerk
By Donna A. Verling