

KNOW ALL MEN BY THESE PRESENTS, That LOUIE DALLA COSTA & ROSE ANNE DALLA COSTA,
as tenants by the entirety
hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by PEGGY LOU VAN PELT & REBECCA G. BOCCHI, not as tenants in common but with right of survivorship hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and and grantee's heirs, successors and assigns, the 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 3 in Block 203 of MILLS SECOND ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. Tax Account No. 3809-33DC-5400

"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."

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 and the above granted premises, free from all encumbrances EXCEPT those of record and apparent upon the land, if any, as of the date of this deed, 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 \$ 15,630.00.
~~How ever the actual consideration consists of or includes other property or value given or promised which is the whole/ part of the consideration indicates 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 18th day of May, 19 90 ;
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.

Louie Dalla Costa
Louie Dalla Costa

Rose Anne Dalla Costa
Rose Anne Dalla Costa
STATE OF OREGON, County of _____) ss.
_____, 19 ____.

STATE OF OREGON, _____)
County of Klamath) ss.
5/18, 19 90.

Personally appeared _____ and

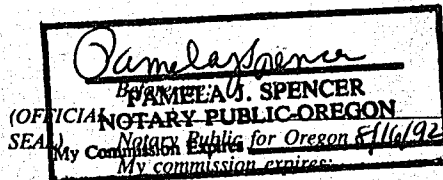
_____ who, being duly sworn,
each for himself and not one for the other, did say that the former is the
_____ president and that the latter is the
_____ secretary of _____

_____, a corporation,
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:

(OFFICIAL
SEAL)

Notary Public for Oregon
My commission expires:



Louie Dalla Costa & Rose Anne Dalla Costa
2121 Eberlein
Klamath Falls, OR 96703
GRANTOR'S NAME AND ADDRESS

Peggy Lou Van Pelt & Rebecca G. Bocchi
1414 East Main
Klamath Falls, OR 96701
GRANTEE'S NAME AND ADDRESS

After recording return to:

Peggy Lou Van Pelt
1414 East Main St.
Klamath Falls, OR 97601
NAME, ADDRESS, ZIP

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

Peggy Lou Van Pelt

NAME, ADDRESS, ZIP

STATE OF OREGON, _____ ss.

County of Klamath
I certify that the within instrument was
received for record on the 18th
day of May, 19 90 ,
at 4:06 o'clock P.M., and recorded
in book M90 on page 9582 or as
file/reel number 15079 ,
Record of Deeds of said county.

Witness my hand and seal of County
affixed.

Evelyn Biehn, County Clerk
Recording Officer
By Pauline Mueller Deputy

Fee \$28.00

MOUNTAIN TITLE COMPANY

MOUNTAIN TITLE COMPANY

90 MAY 19 PH 4 06

E 5258
I.D. TAG NO.

163
Local File Number

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

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CAUSE OF DEATH

15

16

17

| | | | |
|--|--|---|---|
| 1. DECEDENT'S NAME First: <u>Lorene</u> Middle: <u>WINEBARGER</u> Last: <u>WINEBARGER</u> | | 2. SEX <u>F</u> | 3. DATE OF DEATH (Month, Day, Year) <u>April 22, 1990</u> |
| 4. SOCIAL SECURITY NUMBER <u>560-50-3767</u> | | 5a. AGE - Last Birthday (Years) <u>90</u> | 5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u> |
| 6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 7. DATE OF BIRTH (Month, Day, Year) <u>September 15, 1899</u> | |
| 8. HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA | | 9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u> | |
| 9b. 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>Retail Sales Clerk</u> | | 10b. KIND OF BUSINESS/INDUSTRY <u>Ladies Clothing</u> | |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u> | | 12. SPOUSE (If Married, Widowed) <u>Fred L.</u> | |
| 13a. RESIDENCE - STATE <u>Oregon</u> | | 13b. COUNTY <u>Klamath</u> | |
| 13c. CITY, TOWN, OR LOCATION <u>Merrill</u> | | 13d. STREET AND NUMBER <u>508 W. 3rd Street</u> | |
| 13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13f. ZIP CODE <u>97633</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) <u>8</u> | | 17. FATHER - NAME first middle last <u>Charles Harold Williams</u> | |
| 18. MOTHER - NAME first middle maiden <u>Nellie O. Miller</u> | | 19. INFORMANT - NAME and relationship to deceased <u>Margaret White, friend</u> | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal from State | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u> | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Merrill Reid</u> | | 21b. LICENSE NUMBER (Of Licensee) <u>3329</u> | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc.</u> <u>515 Pine St., Klamath Falls, OR 97601</u> | | 23. DATE FILED (Month, Day, Year) <u>APR 23 1990</u> | |
| 24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u> | | 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA | |
| 26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA | | 27. TIME OF DEATH <u>3:50 A.</u> | |
| 28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>James N. Beggs</u> | |
| 30. DATE SIGNED (Month, Day, Year) <u>April 23, 1990</u> | | 31. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>April 22, 1990 3:50 A.</u> | |
| 32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>James N. Beggs, M.D., M.R., 2300 Clairmont Street, Klamath Falls, Oregon 97601</u> | | 33. DATE SIGNED (Month, Day, Year) <u>April 23, 1990</u> | |
| 34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u> | | 35. 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.) | |
| 36. PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <u>Metastatic Cancer of the Cervix</u> | | Interval between onset and death | |
| 36. PART I (b) DUE TO, OR AS A CONSEQUENCE OF: <u> </u> | | Interval between onset and death | |
| 36. PART I (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. | | Interval between onset and death | |
| 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk | | 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 checked="" type="checkbox"/> No <input type="checkbox"/> NIA | | 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) <u> </u> | | 41b. TIME OF INJURY <u> </u> | |
| 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 41d. DESCRIBE HOW INJURY OCCURRED <u> </u> | |
| 41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u> | | 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u> | |

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 APR 24 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 Margaret White
of May A.D., 19 90 at 4:25 o'clock PM., and duly recorded in Vol. M90
of Deeds on Page 9583

FEE \$8.00

Return: Margaret White

Box 237, Merrill, Or. 97633

Evelyn Biehn, County Clerk

By Paula Mulendare