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02035139  
PERSONAL REPRESENTATIVE'S DEED

Vol. 290 Page 10777

THIS INDENTURE Made this 8th day of May, 1990, by and between DOUGLAS L. KAEDING the duly appointed, qualified and acting personal representative of the estate of JOHN S. SILVERIA, deceased, hereinafter called the first party, and JAMES J. LEWIS and CHRISTINE L. LEWIS, husband and wife hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the said second party and second party's heirs, successors-in-interest and assigns all the estate, right and interest of the said deceased at the time of decedent's death, and all the right, title and interest that the said estate of said deceased by operation of the law or otherwise may have thereafter acquired in that certain real property situate in the County of Klamath, State of Oregon, described as follows, to-wit:

Lot 36, ELMWOOD PARK, in the County of Klamath, State of Oregon.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

TO HAVE AND TO HOLD the same unto the said second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 29,000.00

However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which) the whole

IN WITNESS WHEREOF, the said first party 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.

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.

*Douglas L. Kaeding*  
DOUGLAS L. KAEDING

Personal Representative  
of the Estate of JOHN S. SILVERIA Deceased.

NOTE—The sentence between the symbols ©, if not applicable, should be deleted. See ORS 93.030.

STATE OF OREGON,

County of Klamath } ss.  
June 1, 1990

Personally appeared the above named  
DOUGLAS L. KAEDING

and acknowledged the foregoing instrument to be his own voluntary act and deed.

Notary Public for Oregon  
My commission expires: 7-23-93

STATE OF OREGON, County of \_\_\_\_\_ ss.

\_\_\_\_\_, 19\_\_\_\_\_

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:

Notary Public for Oregon

My commission expires:

(OFFICIAL SEAL)

(If executed by a corporation, affix corporate seal)

DOUGLAS L. KAEDING

5111 SUMMERS LANE

KLAMATH FALLS, OR 97603

GRANTOR'S NAME AND ADDRESS

JAMES J. &amp; CHRISTINE L. LEWIS

809 N. 6TH STREET

KLAMATH FALLS, OR 97601

GRANTEE'S NAME AND ADDRESS

After recording return to:

JAMES J. &amp; CHRISTINE L. LEWIS

809 N. 6TH STREET

KLAMATH FALLS, OR 97601

NAME, ADDRESS, ZIP

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

JAMES J. &amp; CHRISTINE L. LEWIS

809 N. 6TH STREET

KLAMATH FALLS, OR 97601

NAME, ADDRESS, ZIP

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/roll/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

SPACE RESERVED  
FOR  
RECORDER'S USE

10778

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit

## CERTIFICATE OF DEATH

Local File Number

State File Number

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

## DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
FOR  
COMPLETION OF  
RESIDENCE ITEMS

DECEASED NAME First Middle Last Mary Francis SILVERIA		DATE OF DEATH (month day year) December 23, 1985	
1 RACE (Specify) White	2 SEX Female	3 AGE (Last birthday) 69	4 DATE OF BIRTH (month day year) May 7, 1916
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	6 HOSPITAL OR OTHER INSTITUTION—NAME (If not a street give street and number) West Medical Center	7a HOSP OR INST Indicate DOA OP Emer Rm Inpatient (Specify) Inpatient	7b COUNTY OF DEATH Klamath
8 STATE OF BIRTH (Specify) California	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SPOUSE (IF MARRIED WIDOWED) John S. Silveria
12 SOCIAL SECURITY NUMBER 571-28-8175	13a USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife	13b KIND OF BUSINESS OR INDUSTRY Homemaking	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
15 RESIDENCE—STATE Oregon	16a COUNTY Klamath	16b CITY, TOWN, OR LOCATION Klamath Falls	16c STREET AND NUMBER OR R.F.D., ZIP 5111 Summers Lane 97603
17 FATHER NAME Henry Woods	18 MOTHER NAME Pauline Cordero	19 INFORMATION—NAME and relationship to decedent John S. Silveria, husband	
20 BURIAL, CREMATION, REMOVAL, MAUS (Specify) Burial	21 CEMETERY OR CREMATORY NAME Mt. Calvary Cemetery	22 LOCATION City or Town Klamath Falls, Oregon	
23 FUNERAL SERVICE LICENSEE William F. Newport	24 NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-2194		
25 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: 25a (Signature) 25b NAME AND ADDRESS OF CERTIFIER (Specify) Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601	26 DATE SIGNED (Month, Day, Year) December 24, 1985		27 HOUR OF DEATH 6:40 P.
28 DATE RECEIVED BY REGISTRAR (Month, Day, Year) DEC 24 1985		29 REGISTRAR (Signature) Edmund E. Cravens	
30 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) CORONARY HEART DISEASE DUE TO OR AS A CONSEQUENCE OF (b) HYPERTENSION DUE TO OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Atherosclerosis of the coronary arteries		Interval between onset of death 78 hours	
31 PART II ACCIDENT (Specify Yes or No) No		32 AUTOPSY (Specify Yes or No) No	
33 INJURY AT WORK (Specify Yes or No) No	34 DATE OF INJURY (Month, Day, Year) 26b	35 HOUR OF INJURY 26c	36 DESCRIBE HOW INJURY OCCURRED 26d
37 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	38 LOCATION 26g	39 STREET OR R.F.D. NO	40 CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

452 REV 12-84

STATE OF OREGON

STATE OF OREGON  
 DEPARTMENT OF HUMAN SERVICES  
 Vital Records Unit  
**CERTIFICATE OF DEATH**  
 ORS - 140

10779

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**  
 IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

**DISPOSITION**

**CERTIFIER**  
**MEDICAL EXAMINER**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

**CAUSE OF DEATH**

DECEASED - NAME First: John Middle: Stanley Last: SILVERIA		State File Number	
RACE White, Black, American Indian, etc (specify) 3 White		SEX 4 Male	
AGE - Last birthday (years) 5a 61		Under 1 year 5b mos days	
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 7b Merle West Medical Center	
STATE OF BIRTH (If not in U.S. name country) 8 California		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
SOCIAL SECURITY NUMBER 13 551-38-8110		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Leather Artist	
RESIDENCE - STATE 15a Oregon		COUNTY 15b Klamath	
FATHER - NAME first middle last 16 John A. Silveria		MOTHER - first middle last 17 Amelia - Corriea	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY - NAME 19b Mt. Calvary Cemetery	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) 20a William J. Davenport		NAME AND ADDRESS OF FACILITY 20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194	
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
DEATH OCCURRED (Hour) 21a 12:56 PM		THE DECEASED WAS PRONOUNCED DEAD (Month Day Year) 21b August 24, 1987 12:56 P M	
CERTIFIER (Signature) 21d James N. Beggs MD		FROM: 21c NATURAL CAUSES <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
MEDICAL EXAMINER 21e James N. Beggs, MD		NAME AND TITLE - (Type or Print) 21f James N. Beggs, MD	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a AUG 25 1987		REGISTRAR 22b (Signature) Michelle Bathoff	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			
PART I (a) Myocardial Infarction		Interval between onset and death Presumed	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
DATE OF INJURY (Month, Day, Year) 25a		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23) 25c	
INJ AT WORK (Specify Yes or No) 25d		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 25b	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
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ORIGINAL-VITAL STATISTICS COPY

45-107 Rev 1-80

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. of June A.D., 19 90 at 10:46 o'clock AM., and duly recorded in Vol. M90 of Deeds on Page 10777.

FEE \$38.00

Evelyn Biehn - County Clerk  
 By Pauline Muehlendae