

1967
15849KNOW ALL MEN BY THESE PRESENTS, That Oreeranches, Inc. Page 11001

for the consideration hereinafter stated to the grantor paid by Clifford L. Scott and Effie G. Scott, husband and wife, hereinafter called the grantor, hereinafter called the grantees, does hereby grant, bargain, sell and convey unto the grantees, as tenants by the entirety, the heirs of the survivor and their assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

West 1/2 of Southeast 1/4 of Southeast 1/4 of Section 20 in Township 36, South, Range 10 East, W. M.

This conveyance is made subject to easements, rights of way of record and those apparent on the land.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the above described and granted premises unto the said grantees, as tenants by the entirety, their heirs and assigns forever.

And grantor hereby covenants to and with grantees and the heirs of the survivor and their assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances Except those hereinabove set forth.

and that grantor 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, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 6,900.00. ~~However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which) or the whole~~

In construing this deed and where the context so requires, the singular includes the plural, the masculine includes the feminine and the neuter and, 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 grantor has executed this instrument on the November 18, 1990 day of November, if the grantor is a corporation, it has caused its corporate name to be signed and its corporate seal to be affixed hereunto by its officers duly authorized thereunto by order of its board of directors.

(If executed by a corporation, affix corporate seal)

STATE OF OREGON

County of _____

, 19____

Personally appeared the above named _____

and acknowledged the foregoing instrument to be _____ voluntary act and deed.

Before me:

(OFFICIAL SEAL)

Notary Public for Oregon

My commission expires: _____

Oreeranches, Inc.George A. Pondeila, Jr., PresidentJack C. Snyder, Sec-Tres.STATE OF OREGON, County of Klamath) ss.November, 19 73

Personally appeared _____

George A. Pondeila, Jr. and Jack C. Snyder 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 _____

Oreeranches, Inc.

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:

Linda Dawn Paugh

Notary Public for Oregon

My commission expires: 9/8/75

(OFFICIAL SEAL)

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

WARRANTY DEED

Oreeranches, Inc.

TO

Clifford L. Scott & Effie G. Scott

AFTER RECORDING RETURN TO

Cliff & Effie Scott
513 Dartmouth
Newberg, Or. 97132

No.

(DON'T USE THIS SPACE; RESERVED FOR RECORDING LABEL IN COUNTIES WHERE USED.)

STATE OF OREGON

County of Klamath) ss.

I certify that the within instrument was received for record on the 7th day of June, 19 90, at 11:45 o'clock A.M., and recorded in book M90 on page 11001 or as file number 15849, Record of Deeds of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn

County Clerk Title

By Pauline Mueller Deputy

Fee \$28.00

90 JUN 7 AM 11 45

068291

I.D. TAG NO.

208

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

136-

State File Number

1. DECEDENT'S NAME First: Louis Middle: Allen Last: DRAGER		2. SEX M.	3. DATE OF DEATH (Month, Day, Year) May 22, 1990
4. SOCIAL SECURITY NUMBER 541/36/8846		5a. AGE - Last Birthday (Years) 84	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Salem, Or.		7. DATE OF BIRTH (Month, Day, Year) March 13, 1906	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 22175 State Line Road		9c. CITY, TOWN, OR LOCATION OF DEATH Malin	
9d. COUNTY OF DEATH Klamath		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner	
10b. KIND OF BUSINESS/INDUSTRY Seed Warehouse		11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)	
12. SPOUSE (If Married, Widowed, Divorced) (Specify) Elizabeth		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Malin	
13d. STREET AND NUMBER 22175 State Line Road		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 Specify:	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 2	
17. FATHER - NAME first middle last Louis - Drager		18. MOTHER - NAME first middle maiden Rebecca - Gair	
19. INFORMANT - NAME and relationship to deceased Joan Haskins / Daughter		20a. 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)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Malin Cemetery		20c. LOCATION - City or Town, State Malin, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
23. DATE FILED (Month, Day, Year) MAY 23 1990		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 1415	
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) 5/23/90		31. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Randal A. Machado, MD / 1905 Main Street / Klamath Falls, Oregon / 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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.) PART I (a) Idiopathic Pulmonary Fibrosis DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" 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 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"/> Legal Intervention <input type="checkbox"/> Homicide			
41a. DATE OF INJURY (Month, Day, Year) 5/23/90			
41b. TIME OF INJURY M			
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
41d. DESCRIBE HOW INJURY OCCURRED			
41e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)			
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

ORIGINAL - VITAL STATISTICS COPY

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.

DATE ISSUED **MAY 24 1990***Donna A. Verling*
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGONSTATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Sm. L. Sisemore
on this 7th day of June A.D., 19 90
at 11:45 o'clock A M. and duly recorded
in Vol. M90 of Deeds Page 11002
Evelyn Biehn County Clerk
By Randine Mullenbarger
Deputy.

Fee, \$8.00

AFTER RECORDING, RETURN TO:

Wm. L. Sisemore
540 Main St., #301
Klamath Falls, OR 97601