

1-1-74

15859

## WARRANTY DEED

Vol. m90 Page 11014

KNOW ALL MEN BY THESE PRESENTS, That.....ROBERT D. CASEBIER, individually and ROBERT D. CASEBIER and EDYTHE M. CASEBIER, husband and wife, hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by LUTHER JOE HORSLEY and CANDACE O. HORSLEY, husband and wife, 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:

Lots 1, 2, 3, 19, 20, 21 and 22, Block 1 of Midland.

SUBJECT TO reservations and restrictions of record and easements and 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 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 except as above set forth,

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 \$ 20,000.00. 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 June day of June, 1978; 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,

County of Klamath

) ss.

June 9th, 1978

STATE OF OREGON, County of

) ss.

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

Personally appeared the above named ROBERT D. CASEBIER, individually and ROBERT D. CASEBIER and EDYTHE M. CASEBIER, husband and wife, and acknowledged the foregoing instrument to be their voluntary act and deed.

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)

(OFFICIAL SEAL)

Notary Public for Oregon

My commission expires: 4-5-82

Notary Public for Oregon

My commission expires:

ROBERT D. CASEBIER, individually and ROBERT D. CASEBIER and EDYTHE M. CASEBIER, husband and wife  
214 Modoc, Midland, Oregon

LUTHER JOE HORSLEY and CANDACE O. HORSLEY, husband and wife,  
7395 Old Midland Rd., Klamath Falls

After recording return to:

Grantees above named

NAME, ADDRESS, ZIP

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

Grantees above named

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath

) ss.

I certify that the within instrument was received for record on the 7th day of June, 1990, at 2:05 o'clock PM., and recorded in book m90 on page 11014 or as file/reel number 15859, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk  
Recording Officer  
By Caulene M. Mulenders Deputy

Fee \$28.00

OFFICE RESERVED  
FOR  
RECORDER'S USE

90 JUN 7 PM 2 05  
JUN 06

F-1947  
I.D. TAG NO.

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

136-

State File Number

1. DECEDENT'S NAME First: <u>Irving</u> Middle: <u>Jenson</u> Last: <u>EZELL</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 1, 1990</u>
4. SOCIAL SECURITY NUMBER <u>543-10-3011</u>		5a. AGE - Last Birthday (Year) <u>77</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>Klamath Falls, OR</u>		7. DATE OF BIRTH (Month, Day, Year) <u>March 18, 1913</u>	
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"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input 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>Merle West Medical 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>Railroad Conductor</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Railroad</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Harriet S. Ezell</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>1934 Homedale Road</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 Specify: <u>  </u>		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>11</u> College (13-16) <u>  </u>		17. FATHER - NAME first middle last <u>William Curtis Ezell</u>	
18. MOTHER - NAME first middle maiden <u>Magdeline - Jenson</u>		19. INFORMANT - NAME and relationship to decedent <u>Harriet S. Ezell, wife</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" 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>Klamath Cremation Service</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>3287</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>JUN 4 1990</u>	
24. REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TIME OF DEATH <u>12:45 A.</u>			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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>[Signature] M.D.</u>			
30. DATE SIGNED (Month, Day, Year) <u>June 4, 1990</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>			
33. 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) <u>Heart Failure</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>ASHD</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Renal insuff</u>			
34. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> 35. INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> 36. INTERVAL BETWEEN ONSET AND DEATH <u>  </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"/> 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"/> 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> M <input type="checkbox"/> Yes <input type="checkbox"/> No			
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>			

ORIGINAL - VITAL STATISTICS COPY  
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 JUN 5 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    the 7th day  
of June A.D., 19 90 at 2:05 o'clock P M., and duly recorded in Vol. M90  
of Deeds on Page 11015

Evelyn Biehn County Clerk  
By [Signature]

FEE \$8.00

Return: Harriet Ezell  
1934 Homedale, Klamath Falls, Or. 97603