

WARRANTY DEED TO CREATE ESTATE BY THE ENTIRETY

This Indenture Witnesseth, THAT OTIS H. OSBORN,

hereinafter known as grantor, for the consideration hereinafter stated
has bargained and sold, and by these presents do es grant, bargain, sell and convey unto

DONALD E. NIVEN and LELA A. NIVEN,

husband and wife, grantees, the following described premises, situated in Klamath County, Oregon, to-wit:

PARCEL 1: Lots 12, 13 and 14 in Block 1, TOWN OF MIDLAND.PARCEL 2: Vacated Lots 7 thru 16, inclusive, Block 3, TOWN OF MIDLAND, together with the vacated portion of the alley adjacent thereto, more particularly described as follows:

Beginning at the Northeast corner of said vacated Lot 7; thence West 260 feet along the North boundary of said Block 3 to the Northwest corner of said vacated Lot 11; thence South along the West boundary of said Block 3, 276.00 feet to the Southwest corner of vacated Lot 12; thence East along the South boundary of said Block 3, 260 feet to the Southeast corner of vacated Lot 16; thence North 276.00 feet to the point of beginning.

SUBJECT TO: Agreement, including the terms and provisions thereof, as disclosed by an instrument recorded March 10, 1964, in Deed Volume 351 at page 453, Records of Klamath County, Oregon, between George P. Andrieu, et ux., and Joe L. Horsley, et ux.; Easements and rights of way of record and apparent on the land, if any.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 24,000.00
~~However, the actual consideration includes other property which is part of the consideration.~~
(Strike out the above when not applicable)

TO HAVE AND TO HOLD the said premises with their appurtenances unto the said grantees as an estate by the entirety. And the said grantor do es hereby covenant, to and with the said grantees, and their assigns, that he is the owner in fee simple of said premises; that they are free from all incumbrances, **except those above set forth,** and that he will warrant and defend the same from all lawful claims whatsoever, except those above set forth.

IN WITNESS WHEREOF, he has hereunto set his hand and seal
this 9th day of May, 1973

(SEAL)

Otis H. Osborn

(SEAL)

(SEAL)

(SEAL)

STATE OF OREGON, County of Klamath) ss. May, 1973Personally appeared the above named Otis H. Osborn,and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:

Clement M. Falvey

Notary Public for Oregon.

My commission expires Feb. 5, 1977

After recording return to:

Proctor & Fairclo280 Main StreetKlamath Falls, OR 97601

STATE OF OREGON,

County of Klamath

} ss.

I certify that the within instrument was received for record on the 31st day of July, 1970, at 11:12 o'clock A.M., and recorded in book M90 on page 15237 Record of Deeds of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

County Clerk-Recorder

By Pauline Muehlendore

Deputy

Fee \$28.00

From the Office of
GANONG, SISEMORE & ZAMSKY538 Main Street
Klamath Falls, Oregon 97601

JUL 31 AM 11 12 '90

UK 230

079800
I.D. TAG NO.

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: Carol, Middle: M., Last: ANDERSON			2. SEX F	3. DATE OF DEATH (Month, Day, Year) July 22, 1990	
4. SOCIAL SECURITY NUMBER 541-22-2542		5a. AGE - Last Birthday (Years) 75	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Adams, North Dakota	7. DATE OF BIRTH (Month, Day, Year) April 23, 1915
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 checked="" type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/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)
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Registered Nurse			10b. KIND OF BUSINESS/INDUSTRY Medical		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls		
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601	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+) 3			
17. FATHER - NAME first middle last Peter Martin Anderson			18. MOTHER - NAME first middle maiden Anna Elizabeth Joranson		
19. INFORMANT - NAME and relationship to deceased Albert Anderson, brother			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) Klamath Memorial Park			20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merle West</i>			21b. LICENSE NUMBER (Of Licensee) 3329		
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601			24. REGISTRAR'S SIGNATURE <i>Darcy Kennedy</i>		
23. DATE FILED (Month, Day, Year) JUL 23 1990			26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 2:50 A. M.		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) <i>F. Geoffrey Marx</i> M.D.					
30. DATE SIGNED (Month, Day, Year) July 23, 1990					
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon 97601					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH M		31b. 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)					
33. DATE SIGNED (Month, Day, Year) COUNTY					
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST					
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) Gastrointestinal Bleeding and Heart Failure 15 hrs DUE TO, OR AS A CONSEQUENCE OF: (b) Ruptured Aortic Aneurysm, ASHB DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. PART II COBD ↑ BP					
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 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"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		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)			
RESERVED FOR REGISTRAR'S USE					

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.

Albert Anderson - 220 Garden
Klamath Falls, Ore.
JUL 24 1990

DATE ISSUED

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Albert Anderson the 31st day
of July A.D., 1990 at 11:42 o'clock A M., and duly recorded in Vol. M90
of Deeds on Page 15238
Evelyn Biehn County Clerk
By Dorlene Muehlenberg

FEE \$8.00

082521
I.D. TAG NO.
314
Local File Number

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

136-

State File Number

1. DECEASENT'S NAME Charles Emerson ROSS		2. SEX M	3. DATE OF DEATH (Month, Day, Year) July 24, 1990
4. SOCIAL SECURITY NUMBER 541-09-9339	5a. AGE - Last Birthday (Years) 76	5b. Under 1 Year Moss. Days	5c. Under 1 Day Hours Mins
6. BIRTHPLACE (City and State or Foreign) Devaul's Bluff, AR		7. DATE OF BIRTH (Month, Day, Year) October 15, 1913	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. COUNTY OF DEATH Klamath	
11. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Lumber Piler		12. SPOUSE (If Married, Widowed) Ethel Elena	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 5346 Harlan Drive		14. DECEASENT'S EDUCATION (Specify only highest grade completed) 8	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEASENT'S MARRIAGE STATUS (Specify) Married	
17. FATHER - NAME first middle last Oscar Ross		18. MOTHER - NAME first middle last Nellie Harris	
19. MARRIAGE STATUS (Specify) Married		20. SPOUSE (If Married, Widowed) Ethel Ross, wife	
21. METHOD OF DEPOSITION <input type="checkbox"/> Autopsy <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Eternal Hills Memorial Gardens		22. PLACE OF DEPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon 97603	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		24. LICENSE NUMBER (Of Licensee) 53-0124	
25. DATE FILED (Month, Day, Year) JUL 25 1990		26. REGISTAR'S SIGNATURE <i>[Signature]</i>	
27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		28. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7191	
29. TIME OF DEATH 0510 A M		30. DATE PHONOUNCED DEAD (Month, Day, Year, Hour) M	
31. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <i>[Signature]</i>		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) July 25, 1990		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Craig C. Merhoff, MD, 2850 Daggett 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. HEPATIC FAILURE LAENAR'S CIRRHOSIS ALCOHOLISM	
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. 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"/> Murder <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homocide	
41. DATE OF INJURY (Month, Day, Year)		42. TIME OF INJURY M	
43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		44. DESCRIBE HOW INJURY OCCURRED	
45. LOCATION (Street and Number or Rural Route Number, City or Town, State)		46. RESERVE FOR REGISTRAR'S USE	

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

45-2 REV. 1-89

DATE ISSUED **JUL 25 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 **Ethel E. Ross** the **31st** day of **July** A.D., 19 **90** at **11:42** o'clock **A M.**, and duly recorded in Vol. **M90** of **Deeds** on Page **15239**.

Evelyn Biehn, County Clerk

By *Pauline Nielsen*

FEE \$8.00

Return: Ethel E. Ross

5346 Harlan Dr. Klamath Falls, Or. 97603