

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF COOS

DONALD S. CRANE,

Plaintiff,

VS.

PRISCILLA B. MABRY, ET AL,

Defendants.

Court Case No. 88 CV 0974Sheriff's Case No. 89-37R

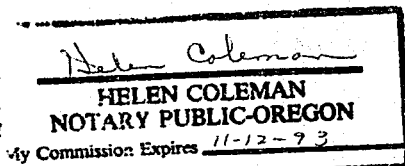
SHERIFF'S DEED

18
3
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90THIS DEED made July 9, 1990, between Carl R. Burkhardt, Sheriff of Klamath
County, hereinafter called Grantor and DONALD S. CRANE,

hereinafter called Grantee.

A judgment was entered in the above court, and the court thereafter issued a Writ of
Execution and pursuant thereto on January 4, 1990, all of the interest of the
Defendant(s) in the real property was sold at public auction in the manner provided by law,
for the sum of \$ 2,500.00, to DONALD S. CRANEthe highest bidder. I executed and delivered to the purchaser a Certificate of Sale and
filed a Return of Sale with the above court, and the time for redeeming (if any) has
expired, the real property has not been redeemed from the sale, and the Grantee herein is
the owner and holder of the Certificate of Sale and has delivered the Certificate to
Grantor. NOW, THEREFORE, in consideration of the sum paid for the real property, Grantor
does hereby convey to Grantee all the interest of the Defendant(s) in the real property
described as follows:

See addendum.

IN WITNESS WHEREOF, the Grantor has executed this instrument on July 9, 1990.Carl R. Burkhardt, Sheriff,
Klamath County, Oregonby Michael J. Giff
DeputySUBSCRIBED AND SWORN TO BEFORE ME THIS 9th DAY OF July, 1990.Helen Coleman
NOTARY PUBLIC OF OREGONMy Commission expires 11-12-93

A parcel of land containing 1.01 acres in gross area, lying North of Crescent Lake Cutoff Road, situate in the NE part of the SE 1/4 of Section 25, Township 24S., Range 8E, W.M., Klamath County, Oregon, and more particularly described as follows:

Beginning at a point along the East line of said Section 25, from which N/16 Corner common to said Section 25 and Section 30 bears N 00° 06' 59", East 800 feet; said point of beginning is witnessed by a #5 steel rod bearing S 89° 36' 33" W 30 feet;
 Thence running along the East line of Section 25, S 00° 06' 59" W 200 feet to a point witnessed by a #5 steel rod bearing S 89° 36' 33" W 30 feet;
 Thence along a line parallel with the N/16 line of Section 25, S 89° 36' 33" W 220 feet to a point, a #5 steel rod;
 Thence along a line parallel with the East line of Section 25, N 00° 06' 59" E 200 feet to a point, a #5 steel rod;
 Thence along a line parallel with the N/16 line of Section 25, N 89° 36' 33" W 220.00 feet to the point of beginning.

TOGETHER with a mobile home on this parcel described as a 1971 Skyline 12 X 60 with 12 X 20 add on room

Return: Donald S. Crane
 3548 Aster NW
 Salem, Or. 97304

STATE OF OREGON,
 County of Klamath ss.

Filed for record at request of:

Don S. Dana
 on this 2nd day of Aug. A.D., 19 90
 at 3:18 o'clock P M. and duly recorded
 in Vol. M90 of Deeds Page 15447
 Evelyn Biehn County Clerk
 By Darlene Muelndore
 Deputy.

Fee, \$33.00

Addendum.

079751
ID TAG NO.

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

136

State Form 700-100

1. DECEASED'S NAME Loy Elva CALLOWAY		2. SEX F		3. DATE OF DEATH (Month, Day, Year) July 20, 1990	
4. SOCIAL SECURITY NUMBER 541-28-3442		5. AGE (Month, Day, Year) 81		6. DATE OF BIRTH (Month, Day, Year) May 5, 1909	
7. PLACE OF BIRTH (City and State as shown on Certificate) Lisbon, Louisiana		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER (Specify)			
9. DECEASED'S US ARMY SERVICE NUMBER (If any)		10. DECEASED'S MARITAL STATUS (Check only one) <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		11. COUNTY OF DEATH Klamath	
12. DECEASED'S OCCUPATION Plum Ridge Care Center		13. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		14. STREET AND NUMBER 3127 Emerald Street	
15. DECEASED'S RESIDENCE STATE Oregon		16. DECEASED'S RESIDENCE CITY Klamath Falls		17. DECEASED'S RESIDENCE ZIP CODE 97601	
18. DECEASED'S RACE White		19. DECEASED'S SEX Female			
20. DECEASED'S MARRIAGE STATUS Married		21. DECEASED'S SPOUSE'S NAME (Last, first, middle) Raymond D. Calloway			
22. DECEASED'S FATHER'S NAME (Last, first, middle) Tom - Hogg		23. DECEASED'S MOTHER'S NAME (Last, first, middle) Dixie - Wilson			
24. METHOD OF DISPOSITION (Check only one) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) Klamath Memorial Park		26. LOCATION (City or Town, State) Klamath Falls, Oregon	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Meriel Reich</i>		28. LICENSE NUMBER (If applicable) 3329		29. NAME, ADDRESS AND CITY OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601	
30. DATE FILED (Month, Day, Year) JUL 23 1990		31. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		33. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Alden Glidden, M.D., 2680 Uhrmann Road, 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.)					
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown					
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> N/A					
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 Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide					
41a. DATE OF INJURY (Month, Day, Year)					
41b. TIME OF INJURY (Hour, Minute)					
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)					
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

ORIGINAL - VITAL STATISTICS COPY

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

452 REV. 1-89



DATE ISSUED **JUL 23 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 **Raymond D. Calloway** the **2nd** day of **Aug.** A.D. 19 **90** at **3:49** o'clock **P M.**, and duly recorded in Vol. **M90** of **Deeds** on Page **15449**.

Evelyn Biehn, County Clerk

By *Donna A. Verling*

FEE \$8.00

Return: Raymond Calloway
3127 Emerald, Klamath Falls, Or. 97601