MTC 23067-R

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

19343

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Vol. M90 Page 17072

25328
ID TAG NO

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

87 20759

436
Local File Number:

CERTIFICATE OF DEATH

State File Number

1 DECEASED — NAME First: FLORINDA Middle: LYNCH Last: SOTO

2 DATE OF DEATH (month, day, year): November 10, 1987

3 RACE White, Black, American Indian, etc (Specify): American Indian

4 SEX: Female

5a AGE — Last birthday (years): 87

5b Under 1 year — mos. / days:

5c Under 1 day — hours / min:

6 DATE OF BIRTH (month, day, year): September 12, 1900

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center

7c If Hosp or Inst, indicate DOA or Emer. Rm., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

11 SPOUSE (If married, widowed): Joseph

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): No

13 SOCIAL SECURITY NUMBER: 542 - 54 - 8572

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14b KIND OF BUSINESS OR INDUSTRY: 91496 At Home

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 5629 Independence ZIP 97603

15e Inside City Limits (Specify yes or no): No

16 FATHER — NAME first middle last: Elmer Lynch

17 MOTHER — first middle last (Maiden Name): Nellie Noneo

18 INFORMANT — NAME and relationship to deceased: Ramona Soto Rank / Dau.

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial

19b CEMETERY OR CREMATORY — NAME: Mausenkesket Cemetery

19c LOCATION city or town, state: Beatty, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the hour, date and place and due to the cause(s) stated.

21a (Signature): James N. Seggs MD

21b DATE SIGNED (Mo., Day, Year): 11/16/87

21c HOUR OF DEATH: 1310 M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): James N. Seggs, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): NOV 17 1987

22b REGISTRAR (Signature): Michelle Batliff

23 PART I — IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

(a) Cardiac Dysrhythmia — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF

(b) Necrotizing fasciitis of perineum — Interval between onset and death: 1 mo

DUE TO, OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).

Hypertension, ASVD

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year):

26c HOUR OF INJURY M:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No):

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE:

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

45-2 Rev 6-86

ORIGINAL - VITAL STATISTICS COPY

Upon recording to: Ramona Soto Rank, 13007 NE Fremont, Portland, OR 97230

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

JUL 20 1990
DATE ISSUED

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 24th day of Aug. A.D., 19 90 at 2:26 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 17072.

Evelyn Biehn County Clerk

By Darlene Mullendore

FEE $8.00
Return: MTC

Rodger W. Stafford and Virginia N. Stafford, 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, the 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:

SEE ATTACHED LEGAL DESCRIPTION WHICH IS MADE A PART HEREOF BY THIS REFERENCE.

SUBJECT TO: Trust Deed, dated May 21, 1973, and recorded May 21, 1973, in Volume M73, page 6145, Microfilm Records of Klamath County, Oregon, in favor of First Federal Savings & Loan Association of Klamath Falls, Oregon, as Beneficiary which the Grantees named herein do not agree to assume nor pay and the Grantors named herein hereby agree to hold Grantees harmless therefrom.

"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."

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 and the above granted premises, free from all encumbrances except all those of record and those apparent upon the land as of the date of this deed 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 $ 45,000.00.

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 24th day of August, 19 90; 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.

Ramona Soto Rank, Trustee

Ramona Soto Rank, Trustee

STATE OF OREGON, County of Klamath) ss.
August 24, 19 90

Personally appeared the above named Ramona Soto Rank, Trustee of The Florinda L. Soto Trust dated 5/18/85 and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me: Kristi L. Kidd
Notary Public for Oregon
My commission expires: 11/16/91

STATE OF OREGON, County of _____) ss.
The foregoing instrument was acknowledged before me this _____, 19____, by _____, _____ president, and by _____, _____ secretary of _____, a _____ corporation, on behalf of the corporation.

Notary Public for Oregon
My commission expires: (SEAL)

Ramona Soto Rank, Trustee
13007 NE Fremont
Portland, OR 97230
GRANTOR'S NAME AND ADDRESS

Rodger W. Stafford & Virginia N. Stafford
2816 Summers Lane
Klamath Falls, OR 97603
GRANTEE'S NAME AND ADDRESS

After recording return to:
SAME AS GRANTEE
NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.
SAME AS GRANTEE
NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

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 _____ on page _____ or as file/reel number _____, Record of Deeds of said county.
Witness my hand and seal of County affixed.

Recording Officer
By _____ Deputy

MOUNTAIN TITLE COMPANY

MOUNTAIN TITLE COMPANY

MOUNTAIN TITLE COMPANY

17074

Tracts 21 and 22 of TOWNSEND TRACTS, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. SAVING AND EXCEPTING THEREFROM that portion described as follows:

Beginning at the Northwest corner of TOWNSEND TRACT NO. 22; thence running in an Easterly direction along the Northerly boundary of said Tract 22, 75 feet; thence in a Southerly direction and parallel to the Westerly boundary of said Tract 22, 165 feet; thence in a Westerly direction along the Southerly boundary of said Tract 22, 75 feet; thence in a Northerly direction along the Westerly boundary of said Tract 22, 165 feet to the place of beginning.

Tax Account No: 3909 003DD 01000

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountian Title Co. the 24rh day of Aug. A.D., 19 90 at 2:26 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 17073.

Evelyn Biehn . County Clerk

By Pauline Muilendore

FEE $33.00