

22602

NOV - 2 1990

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF KLAMATH
BY _____

In the Matter of the Estate of:)

HELEN M. McLANE,

Deceased.

Case No. 90036520VAFFIDAVIT OF SMALL ESTATE
(Including 1989 Amendments)

STATE OF OREGON)
) ss
County of Klamath)

I, HELEN MARIE FRANCIS a.k.a. Helen Marie Owens, being first
duly sworn, depose and say:

I am one of the Claiming Successors and heirs of the above-
named decedent.

1. The following information is given with regard to the
decedent:

- a. Name - HELEN MILDRED McLANE
- b. Age - 74 years and Date of Birth-February 22, 1916
- c. Domicile- 5161 Bristol Avenue, Klamath Falls, OR 97603
- d. Post Office Address: 5161 Bristol Ave., Klamath Falls,
Oregon 97603
- e. Date of death-September 27, 1990, and place of death-
Klamath Falls, Oregon
- f. Social Security no. 553-42-8383

2. The date of decedent's death was September 27, 1990, and
the place of death was Klamath County, Klamath Falls, Oregon, a
certified copy of the death certificate is attached to this
affidavit.

3. So far as is known to the petitioner, the extent and nature
of the assets of the decedent and the fair market value thereof are
as follows:

AFFIDAVIT OF SMALL ESTATE -1-

1 A. Real property located in the Homedale Gardens Tract of
 2 Klamath County as more particularly described in the copy
 of the deed attached hereto and marked as Exhibit A and
 thereby incorporated herein with a fair market value of--

3 \$39,070.00

4 B. Real property Parcel 2 located in Klamath County and
 5 more particularly described in the copy of the deed attached
 hereto and thereby incorporated herein; less that certain
 6 121.41 acres quitclaimed by Marie Francis as conservator of
 the Estate of Helen McLane on the 12th of April, 1990 to Thomas
 J. Owens, a copy of said quitclaim deed being attached hereto
 7 as Exhibit C and thereby incorporated herein with a fair
 market value of-- \$ 7,130.00

8 C. The assets are other than the land-- \$ 1,500.00
 9 (a \$500 insurance policy & \$1,000 insurance
 10 policy)

11 4. No application or petition for the appointment of a per-
 12 sonal representative has been granted in Oregon, to the best of the
 13 affiant's knowledge.

14 5. The decedent died testate and the original Will is attached
 15 hereto.

16 6. The names, relationships, ages (required of minor heirs
 17 only) and post office addresses of the heirs of decedent are as
 18 follows:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Post Office Address</u>
19 Helen Marie Francis, daughter			2450 Siskiyou Blvd. Ashland, OR 97520
20 Mary Ann Shorr, daughter			5221 Bristol, Klamath Falls, OR 97603
21 June Short, daughter			5161 Bristol, Klamath Falls, OR 97603
22 Edgar R. McLane, son			5219 Bristol, Klamath Falls, OR 97603

23 A copy of this affidavit, showing the date of filing will be delive-
 24 red to each heir or mailed to the heir at the last known addresses.
 25 AFFIDAVIT OF SMALL ESTATE -2-
 26

1 7. Reasonable efforts have been made to ascertain creditors of
 2 the estate by the affiant. The following is a list of the expenses
 3 and claims against the estate remaining unpaid or on account of which
 4 the affiant or any other person is entitled to reimbursement from
 5 the estate, including the known or estimated amounts thereof and
 6 the names and addresses of the creditors as known to the affiant,
 7 and a copy of the affidavit showing the date of filing will be de-
 8 livered to each creditor who has not been paid in full or mailed to
 9 the creditor at the last-known address:

10	Davenport's Chapel of the Good	
11	Shepherd, 6420 So. 6th St.,	\$3,320.00
12	Klamath Falls, OR 97603	
	(less \$500 insurance policy to	
	be collected & paid on it)	
13	Eternal Hills Memorial Gardens,	
14	4711 Highway 39, Klamath Falls,	\$870.00
	OR 97603	\$92.39
15	US West Communications	
16	P.O. Box 730	
	Medford, OR 97501	\$315.62
17	Sears	
	P.O. Box 23879	
18	Portland, OR 97223	
	Pacific Power, 500 Main Street,	\$131.50
19	Klamath Falls, OR 97601	
20	South Suburban Sanitary District,	\$ 96.00
	1818 Derby, Klamath Falls, OR 97603	
21	CP National, 1011 Main Street	\$ 43.52
	Klamath Falls, OR 97601	
22	Plum Ridge Care Center, 140 Campus	\$8,117.23
23	Drive, Klamath Falls, OR 97601	
24	(The deceased's supplemental insurance	
25	should pay approximately \$5920.00 of that	
	debt and deceased Railroad insurance and	
	Medicare may pick up some or all of the	
26	remaining debt.)	

///
 AFFIDAVIT OF SMALL ESTATE -3-

1 F. Jean Elzner, Treasurer & Tax Collector
 2 P.O. Box 5076 Courthouse Annex
 3 Klamath Falls, OR 97601

\$3,792.32

4 There will also be bills against the estate that are the personal
 5 obligation of devisee Edgar R. McLane as follows:

6	Clough Oil Co., 977 Spring St.,	\$234.35
7	Klamath Falls, OR 97601	
8	Pacific Power, 500 Main Street,	\$ 55.71
9	Klamath Falls, OR 97601	
10	Discover Card, P.O. Box 52184	\$ 2,600.00
11	Phoenix, AR 85072-2184	

12 8. The devisees of the decedent and the last address of each
 13 devisee as known to the affiant are as follows:

14	Helen Marie Francis	2450 Siskiyou Blvd.
15		Ashland, OR 97520
16	Mary Ann Shorr	5221 Bristol, Klamath Falls,
17		OR 97603
18	June Short	5161 Bristol, Klamath Falls,
19		OR 97601
20	Edgar R. McLane	5219 Bristol, Klamath Falls,
21		OR 97601

22 A copy of the will and a copy of this affidavit showing the date of
 23 filing will be delivered to each devisee or mailed to the devisee
 24 at the last-known address.

25 9. A copy of the affidavit showing the date of filing will be
 26 mailed or delivered to the Adult and Family Services Division,
 Estate Administration Section, Salem, Oregon 97310 and to the
 Department of Revenue, Salem, Oregon 97310.

10. Claims against the estate not listed in the affidavit or
 in amount larger than those listed in the affidavit maybe barred
 unless:

(a) A claim presented to the Affiant within four months or
 the filing of the affidavit at the address stated in the affidavit
 for presentment of claims; or
 AFFIDAVIT OF SMALL ESTATE -4-

(b) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

11. A copy of the affidavit showing the date of filing or an abstract meeting the requirements of ORS 113.165(2) will be mailed or delivered with required recording fees to the County Clerk in each county where the decedent's real property is located, in this estate, in Klamath County, Oregon.

DATED this 31~~ST~~ day of OCT, 1990.

Helen Marie Francis
HELEN MARIE FRANCIS

STATE OF OREGON)
) SS.
County of Klamath)

I, HELEN MARIE FRANCIS, being first duly sworn, say that I am one of the Claiming Successors of the above-named decedent; that I have read the foregoing Affidavit; know its contents and the same is true as I verily believe.

Helen Marie Francis
HELEN MARIE FRANCIS

SUBSCRIBED AND SWORN to before me this 31 day of OCT., 1990.

Kelly B. Adolph
Notary Public for Oregon
My commission expires: JULY 21, 1992

AFFIDAVIT OF SMALL ESTATE -5-

CERTIFICATE OF VITAL RECORD

082536
I.D. TAG NO.
412
Local File Number

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

22757
State File Number

DEPENDENT

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

1. DECEDENT'S NAME First: <u>Helen</u> Middle: <u>Midred</u> Last: <u>McLANE</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>September 27, 1990</u>
4. SOCIAL SECURITY NUMBER <u>553-42-8383</u>	5a. AGE - Last Birthday (Years) <u>74</u>	5b. Under 1 Year MOS: <u>Days</u> Hours: <u>Mins</u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Hilderbrand, OR</u>
7. DATE OF BIRTH (Month, Day, Year) <u>February 22, 1916</u>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/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)	
9a. FACILITY NAME (If not institution, give street and number) <u>5161 Bristol Avenue</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	9c. COUNTY OF DEATH <u>Klamath</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Housewife</u>	10b. KIND OF BUSINESS/INDUSTRY <u>Homemaking</u>	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>	12. SPOUSE (If Married, Widowed) <u>Ray L.</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>5161 Bristol Avenue</u>
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <u>97603</u>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify:	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>8</u> College (1-4 or 5+)		17. INFORMANT - NAME and relationship to deceased <u>Mary Schorr, daughter</u>	
18. MOTHER - NAME first middle maiden <u>John - Bodnar</u>		19. INFORMANT - NAME and relationship to deceased <u>Anna - Cundrat</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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) <u>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u>		21b. LICENSE NUMBER (Of Licensee) <u>47-3104</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7191</u>		23. DATE FILED (Month, Day, Year) <u>SEP 28 1990</u>	
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		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 <u>2330</u> P M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Gerald Hartmann, MD</u>		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> M	
30. DATE SIGNED (Month, Day, Year) <u>September 28, 1990</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> M	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Gerald R. Hartmann, MD, 2604 Clover, Klamath Falls, Oregon 97601</u>		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME OF ATTENDING PHYSICIAN (Type or Print) <u>Gerald Hartmann, MD</u>		35. 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)	
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. OLD tobacco use contributes 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 checked="" 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"/> Underetermined 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 M <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> M		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. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

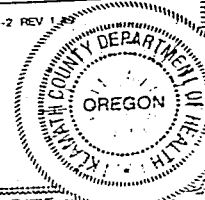
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF ORIGINAL VITAL STATISTICS COPY

OCT 1 1990

DATE ISSUED

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-2 REV 1



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

Ct 16452 J

QUITCLAIM DEED

Vol. m96 Page 12045

22758

KNOW ALL MEN BY THESE PRESENTS, That Marie Francis as conservator for the estate of Helen McLane
for the consideration hereinafter stated, does hereby remise, release and quitclaim unto Thomas J. Owens
hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any-wise appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

121.41 ACRES

LOTS 1 2 SE4NE4
SEC 2 T2SHP 38 R3GE 11.5

Klamath County Key # 482935
Klamath County Account # R 3811-0V0200-00100
a.k.a.- # 3811V-200-100

(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.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$4,000

However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 12th day of April, 1990;
if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer, duly authorized thereto by order of its board of directors.

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.

(If the signer of the above is a corporation, use the form of acknowledgment appearing on this corporate seal.)

STATE OF OREGON,

County of JACKSON

This instrument was acknowledged before me on June 14, 1990, by

MARIE FRANCIS CONSERVATOR
FOR THE ESTATE OF HELEN
McLane

(SEAL)

My commission expires: JULY 21,
1992

STATE OF OREGON,

County of

This instrument was acknowledged before me on 19, by

at

of

Notary Public for Oregon

My commission expires:

(SEAL)

Marie Francis as conservator
2450 Siskiyou Blvd.
Ashland, OR 97520

GRANTOR'S NAME AND ADDRESS

Thomas J. Owens
1954 20th Street
Santa Monica, CA 90405

After recording return to:

Thomas J. Owens
1954 20th Street
Santa Monica, CA 90405

NAME, ADDRESS, ZIP

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

Thomas J. Owens
1954 20th Street
Santa Monica, CA 90405

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of

I certify that the within instrument was received for record on the day of 19

at o'clock M., and recorded in book/reel/volume No. on page. or as document, fee file, instrument/microfilm No. Record of Deeds of said county.

Witness my hand and seal of County affixed.

NAME

TITLE

By

Deputy

90 JUN 19 PM 12 J7

KNOW ALL MEN BY THESE PRESENTS, That Andrew Bodnar, and Bessie Bodnar, also known as Bodnar, husband and wife, hereinafter called the grantor, for the consideration hereinafter stated to the grantor paid by Helen McLane, 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: The southwest quarter (SW $\frac{1}{4}$ of SE $\frac{1}{4}$) of Section thirty-five (35) in Township thirty-seven (37) South of Range eleven and one half (11 $\frac{1}{2}$), S.W.1., and lots one (1) and two (2) and the southeast quarter of the northeast quarter (SE $\frac{1}{4}$ of NE $\frac{1}{4}$) of Section two (2) in Township thirty-eight (38) South of Range eleven and one half (11 $\frac{1}{2}$) S.W.11.

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

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 \$2,550.65. However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration. (indicate which) 2

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.

March IN WITNESS WHEREOF, the grantor has executed this instrument on the 5th day of February, 1970. 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 Klamath,) ss.

Personally appeared the above named Andrew Bodnar and Bessie Bodnar, man and wife, and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me: *[Signature]*
(OFFICIAL SEAL)

Notary Public for Oregon
My commission expires: May 15, 1971.

STATE OF OREGON; County of Klamath,) ss.
1970

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 _____, a corporation, 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.

Notary Public for Oregon
My commission expires:

(OFFICIAL SEAL)

NOTE: The sentence between the symbols @, if not applicable, should be deleted. See Chapter 462, Oregon Laws 1967, as amended by the 1967 Special Session.

WARRANTY DEED

Andrew Bodnar and Bessie Bodnar, man and wife

TO
Helen McLane and _____
McLane, wife and _____

AFTER RECORDING RETURN TO

Helen McLane,
3161 Bristol Avenue,
Klamath Falls,
Oregon, 97601.

DO NOT USE THIS
SPACE-RESERVED
FOR RECORDING
LABEL IN COURTS
WHERE
USED

INDEXED

FEB \$1.50

STATE OF OREGON,) ss.
County of Klamath,)

I certify that the within instrument was received for record on the 5th day of March, 1970, at 3:50 o'clock P.M., and recorded in book H-70 on page 1821. Record of Deeds of said County.

Witness my hand and seal of County affixed.

COUNTY CLERK

by _____ Title Deputy

THIS INDENTURE WITNESSETH, That NEWTON JASPER MUNDLIN and PHYLLIS ANN MUNDLIN, husband and wife, hereinafter called grantors, for and in consideration of the sum of Ten Dollars to them paid, have bargained and sold, and by these presents do grant, bargain, sell and convey unto RAY L. McLANE and HELEN M. McLANE, husband and wife, the following described premises, situated in Klamath County, Oregon, to wit:

PARCEL ONE: That piece of ground known as HOMEDALE GARDEN TRACT NO. A., unplatted and more particularly described as follows: A piece or parcel of land situate in the South half of the Northwest quarter of the Southeast quarter of Section 11, Township 39 South, Range 9 E.W.M. in Klamath County, Oregon, containing 0.54 acres, more or less, and more fully described as follows: Beginning at a point in the center line of a 60 foot roadway, from which the quarter section corner common to Sections 11 and 14 Twp. 39 S.R. 9 E.W.M. bears South 89°28' West along the said roadway center line 631.1 feet and South 0°09' East along the North and South center line of said Section 11, as marked on the ground by a well established fence line 1663.6 feet; and running Thence, North 0°12' West 312.9 feet; Thence, South 89°31' East 75.00 feet; Thence, South 0°12' East 311.6 feet, more or less, to the center line of the before mentioned roadway; Thence, South 89°28' West 75.00 feet, more or less to the point of beginning.

PARCEL TWO: That piece of ground known as HOMEDALE GARDEN TRACT NO. B, unplatted and more particularly described as follows: A piece or parcel of land situate in the South half of the Northwest quarter of the Southeast quarter of Section 11, Twp. 39 S.R. 9 E.W.M. in Klamath County, Oregon, containing 0.54 acres, more or less, and more fully described as follows: Beginning at a point in the center line of a 60 foot roadway from which the quarter section corner common to Sections 11 and 14, Twp. 39 S.R. 9 E.W.M. bears South 89°28' West along the said roadway center line 756.1 feet and South 0°09' East along the North and South center line of said Section 11 as marked on the ground by a well established fence line 1663.6 feet and running Thence, North 0°12' West 311.6 feet; Thence, South 89°31' East 75.0 feet; Thence, South 0°12' East 310.2 feet, more or less, to the center line of the above mentioned roadway; Thence, South 89°28' West 75.0 feet, more or less, to the point of beginning.

PARCEL THREE: That piece of ground known as HOMEDALE GARDEN TRACT NO. C. unplatted, and more particularly described as follows: A piece or parcel of land situate in the South half of the Northwest quarter of the Southeast quarter of Section 11, Township 39 South, Range 9 E.W.M. in Klamath County, Oregon, containing 0.53 acres, more or less, and more fully described as follows:

Warranty Deed to Create Estate by the Entirety - page one.



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Beginning at a point in the center line of a 60 foot roadway from which the quarter section corner common to Sections 11 and 14, Twp 39 S.R. 9 E.W.M. bears South 89°28' West along the said roadway center line 831.1 feet and South 0°09' East along the North and South center line of said Section 11 as marked on the ground by a well established fence line 1663.6 feet and running Thence, from said beginning point North 0°12' West 310.2 feet; Thence, South 89°31' East 75.0 feet; Thence, South 0°12' East 308.9 feet, more or less, to the center line of the before mentioned roadway; Thence, South 89°28' West 75.0 feet, more or less, to the point of beginning,

Subject to contract and/or lien for irrigation and/or drainage, easements, rights of way and building restrictions of record and those apparent on the land.

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

IN WITNESS WHEREOF, They have hereunto set their hands and seals this 24th day of June, 1953.

Jasper Mundlin (SEAL)
Phyllis Ann Mundlin (SEAL)

STATE OF OREGON)
County of Klamath) SS

BE IT REMEMBERED, That on this 24th day of June, 1953, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Hawton Jasper Mundlin and Phyllis Ann Mundlin, husband and wife, who are known to me to be the identical persons described in and who executed the within instrument and acknowledged to me that they executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and notarial seal the day and year last above written.

Walter E. Gray
Notary Public for Oregon

My commission expires: January 1, 1954

1 I, HELEN M. McLANE, of Klamath County, Oregon, do hereby make and declare
 2 this to be my Last Will and Testament, hereby revoking all other and former
 3 Wills and Codicils by me heretofore made.

4 1.

5 My birthdate is February 22, 1916, and my Social Security No. is 553-42-8383.
 6 I am married and my husband's name is Ray L. McLane. I have four children:
 7 June Short, Edgar R. McLane, Mary Ann Shorr and Helen Marie Owens, all of whom
 8 are of legal age.

9 2.

10 I appoint my said husband, Ray L. McLane, to be the Executor of this Will.
 11 Should my said husband be unable to assume or complete his duties, I appoint my
 12 daughter, Helen Marie Owens, to be such Executrix. Should my said daughter be
 13 unable to assume or complete her duties, then I appoint my son, Edgar R. McLane,
 14 to be such Executor. Said persons are sometimes referred to herein as my Per-
 15 sonal Representative. I hereby authorize each of said persons to serve without
 16 bond.

17 3.

18 I bequeath and devise all of my Estate unto my husband, Ray L. McLane, if
 19 he survives me.

20 4.

21 If my said husband predeceases me, I devise the following-described real
 22 property, to-wit:

23 SW $\frac{1}{4}$ SE $\frac{1}{4}$, Sec. 35, Twp. 37 S., R. 11 $\frac{1}{2}$ E.W.M.; and
 24 Lots 1 and 2 and the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 2, Township
 38 South, Range 11-1/2 East of the Willamette Meri-
 dian, Klamath County, Oregon,

25 unto June Short, Edgar R. McLane, Mary Ann Shorr and Helen Marie Owens, as ten-
 26 ants in common each to an undivided 1/4 interest, but with a share by right of
 27 representation for the then surviving issue of each of my said children who is
 28 then deceased, subject to the following restrictions: If any of my said child-
 29 ren, or their issue, should receive an offer to purchase from a person who is
 30 not one of the above-named children, or their issue, that child or issue shall
 31 first, before accepting the offer to purchase, offer to sell his or her interest
 32 to the other above-named children, or to their issue. If the other named children

1 or their issue do not accept the offer within 30 days from the date of said
2 offer, then the named child, or issue, receiving the offer, may sell his or her
3 interest in the property to the person making the original offer.

4 5.

5 All of the rest, residue and remainder of my Estate I bequeath and devise
6 unto my children: June Short, Edgar R. McLane, Mary Ann Shorr and Helen Marie
7 Owens, in equal shares, but with a share by right of representation for the
8 then surviving issue of each of my said children who is then deceased.

9 6.

10 I direct that in construing this Will and in the administration and distri-
11 bution of my Estate, that an adopted child shall be given the same status it
12 would have if it were the natural child of its adoptive parent and that the
13 validity of the proceedings and the order, judgment or decree whereby said child
14 was adopted shall not be considered or questioned.

15 7.

16 I specifically state that I have not made this Will in consideration of the
17 execution of a Will by my said husband and that either of us may change or
18 revoke our Will at any time.

19 8.

20 The persons whom I have named herein as my Personal Representative shall have
21 the following powers and authority in addition to those provided by law: To
22 hold, manage, care for and protect my Estate and the income thereof; to operate
23 and manage any and all business belonging to my Estate and any interest therein
24 to the extent of such interest, and to continue to operate the same all at the
25 risk of my Estate, the profits and losses therefrom to inure to or be chargeable
26 to my Estate; to sell, exchange, partition, convey and lease the Estate or any
27 part thereof; provided, however, that said Personal Representative shall have no
28 duty or responsibility to sell, change, invest or re-invest any of the assets of
29 my Estate except to the extent that the sale of assets is necessary to pay taxes,
30 claims or expenses of administration, and shall not be held responsible or liable
31 for any loss or depreciation in the value of any property in my Estate; to de-
32 posit funds of the Estate in checking and savings accounts in banks and savings

