

ABSTRACT OF REAL PROPERTY

1
2 1. Decedent's name:

3 SADYE M. PAGE

4 2. Address at time of death:

5 P. O. Box 467, Fort Klamath, OR 97626

6 3. Probate Number:

7 9400092 CV

8 4. County where probate proceedings are pending:

9 Klamath

10 5. Claiming Successor:

11 Georgia Page

12 6. Claiming Successor's address:

13 c/o William L. Sisemore
14 Attorney at Law
15 540 Main St., #301
Klamath Falls, OR 97601

16 7. The following real property is subject to probate proceedings:

17 Parcel 1: A portion of Government Lot 4, Sec. 15, Twp. 33 S., R. 7½
18 E.W.M., more particularly described as follows:

19 Beginning at a point 150 feet Northwesterly from the Southeast corner
20 of Lot 4 of Sec. 16, Twp. 33 S., R. 7½ E.W.M., said point being on the
21 East boundary line of said Lot; thence West 100 feet; thence South and
at right angles 50 feet; thence East to the East boundary line of said
22 Lot, 100 feet; thence Northwesterly along the said boundary line of
said lot, 50 feet to the place of beginning, Klamath County, Oregon.

23 Parcel 2: An undivided one-half interest in and to the following:
A portion of Government Lot 4, Sec. 15, Twp. 33 S., R. 7½
24 E.W.M., more particularly described as follows:

25 Beginning at the Southeast corner of Lot 4, Sec. 16, Twp. 33 S., R. 7½
26 E.W.M.; thence Northwesterly along the boundary line of said Lot 4,
150 feet; thence West to the center or middle of water ditch (175 feet
more or less, by deed); thence Southwesterly along the center or middle
of said water ditch to the center of the County Road, 150 feet, more
or less; thence East to the place of beginning.

Abstract of Real Property - Page 1.

Return
to
WILLIAM L. SISEMORE
Attorney at Law
540 Main Street
KLAMATH FALLS, ORE.
97601

503/882-7229

O.S.B. #70133

91 JAN 9 PM 12 10

1 Saving and Excepting therefrom the following described parcel:
 2 Beginning at a point 150 feet Northwesterly from the Southeast corner
 3 of Lot 4 of Sec. 16, Twp. 33 S., R. 7½ E.W.M., said point being on the
 4 East boundary line of said Lot; thence West 100 feet; thence South and
 5 at right angles 50 feet; thence East to the East boundary line of said
 6 Lot, 100 feet; thence Northwesterly along the said boundary line of
 7 said Lot, 50 feet to the place of beginning.

8 Further Saving and Excepting therefrom the following described
 9 parcel:
 10 Beginning at the intersection of the North line of "A" Street and the
 11 West line of Reserve Street; thence Northwesterly along the West line
 12 of Reserve Street 68 feet more or less to the Southeast corner of a
 13 tract of land conveyed by deed recorded Dec. 5, 1927 in Vol. 79 at
 14 page 196; thence West along the South line of said deed and its exten-
 15 sion 125 feet; thence South at right angles to the North line of "A"
 16 Street; thence East along said North line to the point of beginning.
 17 Further Saving and Excepting all that portion lying within the
 18 boundary of Nicholson Road ("A" Street), all in Klamath County, Oregon.

19 DATED this 26 day of December, 1990.

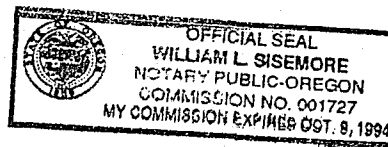
Georgia Page
 Georgia Page
 Claiming Successor

20 STATE OF OREGON)
 21) SS
 22 County of Klamath)

23 The foregoing instrument was acknowledged before me this 26th day of
 24 December, 1990, by Georgia Page.

William L. Sisemore
 Notary Public for Oregon

25 (SEAL)
 26 My Commission Expires: Oct 8, 1994



27 STATE OF OREGON,
 28 County of Klamath SS.
 29 Abstract of Real Property - Page 2.

Filed for record at request of:

Wm. L. Sisemore
 on this 8th day of Jan. A.D., 19 91
 at 12:10 o'clock P. M. and duly recorded
 in Vol. M91 of Deeds Page 414
 Evelyn Biehn County Clerk
 By Pauline Mulendore
 Deputy.

Fee, \$13.00

WILLIAM L. SISEMORE
 Attorney at Law
 540 Main Street
 KLAMATH FALLS, ORE.
 97601
 503/882-7229
 O.S.B. #70133

0. 79745
I.D. TAG NO.
442
Local File Number

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

136-

State File Number

DECEDENT

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PARENTS

DISPOSITION

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REGISTRAR

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CERTIFIER

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1. DECEDENT'S NAME First: Verna Middle: Katherine Last: GAY			2. SEX F	3. DATE OF DEATH (Month, Day, Year) October 22, 1990
4. SOCIAL SECURITY NUMBER 542-14-5626		5a. AGE - Last Birthday (Years) 85	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Burchard, NE.
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) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA 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	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker			10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed) John Clifford Gay	
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		13e. ZIP CODE 97601		13f. STREET AND NUMBER 2233 Applegate Street
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	
17. FATHER - NAME first middle last Charles - Williams			18. MOTHER - NAME first middle maiden Katherine - Roman	
19. INFORMANT - NAME and relationship to decedent John Clifford Gay Spouse			20. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merrill Reid</i>			21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601			24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
23. DATE FILED (Month, Day, Year) OCT 24 1990			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				
<p align="center">TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>27. TIME OF DEATH 3:30 P.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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>B. Berven</i> M.D.</p> <p>30. DATE SIGNED (Month, Day, Year) October 23, 1990</p> <p>34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601</p> <p>35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p>				
<p align="center">TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>31a. TIME OF DEATH M</p> <p>31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>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)</p> <p>33. DATE SIGNED (Month, Day, Year) COUNTY</p>				
<p align="center">CAUSE OF DEATH</p> <p>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.)</p> <p>(a) Massive CVA Interval between onset and death 1 hours</p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(b) ASHD Interval between onset and death 15 years</p> <p>DUE TO, OR AS A CONSEQUENCE OF:</p> <p>(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.</p> <p>37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown</p> <p>38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>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"/> Legal Intervention <input type="checkbox"/> Homicide</p> <p>41a. DATE OF INJURY (Month, Day, Year)</p> <p>41b. TIME OF INJURY M</p> <p>41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41d. DESCRIBE HOW INJURY OCCURRED</p> <p>41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)</p> <p>41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p>				

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENTS FILED IN THE VITAL RECORDS UNIT OF THE CLAMATH COUNTY REGISTERAR.

DATE ISSUED **OCT 24 1990**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of J. C. Gay the 8th day of Jan. A.D. 19 91 at 12:10 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 416.

FEE \$8.00

Return: J.C Gay

2233 Applegate, Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By *Donna Q. Verling*