

BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, that J. C. GAY, hereinafter called Grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto J. C. GAY and MARGARET E. JOHNSON, Joint Tenants with right of survivorship and not as tenants in common, hereinafter called Grantees, and unto Grantees' heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath, State of Oregon, to-wit:

Lot 667 in Block 116 of MILLS ADDITION to the City of Klamath Falls, Oregon, according to the duly recorded plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

TO HAVE AND TO HOLD the same unto the said Grantees and Grantees' heirs, successors and assigns forever.

THIS INSTRUMENT DOES NOT GUARANTEE THAT ANY PARTICULAR USE MAY BE MADE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

The true and actual consideration paid for this transfer is \$ Love and affection

IN WITNESS WHEREOF, the Grantors has executed this instrument this 8TH day of January, 1991.

STATE OF OREGON)
) ss.
County of Klamath)

John C. Gay

Before me this 8th day of January, 1991, personally appeared the above-named Grantor, and acknowledged the foregoing instrument to be his voluntary act and deed.



Michael T. Brant
Notary Public for Oregon
My Commission Expires: 1/22/93

AFTER RECORDING, MAIL TO:

JC GAY
2233 APPELEGATE
KLAMATH FALLS, OREGON 97601

BARGAIN AND SALE DEED

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

J. C. Gay
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 417

Evelyn Biehn County Clerk

By Debra Mulholland

Fee, \$28.00

Deputy.

91 JAN 9 PM 12 10

086783
I.D. TAG NO.

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

136-

Local File Number

State File Number

DECEDENT

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PARENTS

DISPOSITION

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9

REGISTRAR

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CERTIFIER

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1. DECEDENT'S NAME First: Richard Middle: Hugh Last: WITT			2. SEX M	3. DATE OF DEATH (Month, Day, Year) Sept. 18, 1990	
4. SOCIAL SECURITY NUMBER 541/10/9433		5a. AGE - Last Birthday (Years) 80	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Goldhill, Or.	7. DATE OF BIRTH (Month, Day, Year) May 25, 1910
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) 401 Hillside			11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Builder		10b. KIND OF BUSINESS/INDUSTRY Construction		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Agnes					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 401 Hillside					
13e. 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	
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+) 12			
17. FATHER - NAME first middle last Fred - Witt			18. MOTHER - NAME first middle maiden Maggie - Andrews		
19. INFORMANT - NAME and relationship to deceased Agnes Witt / Wife					
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) Mt. View Cemetery		
20c. LOCATION - City or Town, State Ashland, Oregon					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. [Signature]</i>			21b. LICENSE NUMBER (Of Licensee) 3409		
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601					
23. DATE FILED (Month, Day, Year) SEP 19 1990			24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		
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		
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 1230			28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>[Signature]</i>					
30. DATE SIGNED (Month, Day, Year) 9/18/90					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John J. Kriesman, MD / 1905 Main Street / Klamath Falls, Oregon / 97601					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
33. 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) DUE TO, OR AS A CONSEQUENCE OF: Cause of lung			Interval between onset and death 1 hour		
(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			Interval between onset and death		
34. 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			35. DATE OF INJURY (Month, Day, Year)		
36. TIME OF INJURY M			37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			39. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
RESERVED FOR REGISTRAR'S USE					

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

DATE ISSUED SEP 19 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 Agnes Witt 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 418

FEE \$8.00
Return: Agnes Witt
401 Hillside, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk
By *Pauline Muelken*