



25348

#02036004

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WARRANTY DEED

AFTER RECORDING RETURN TO:
DOUGLAS L. PRATT
SANDRA L. PRATT
1536 IVORY STREET
KLAMATH FALLS, OR 97603

UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVE

RODNEY GRUELL and ALAN CONLEY, each as to an undivided 1/2
interest hereinafter called GRANTOR(S), convey(s) to DOUGLAS L.
PRATT and SANDRA L. PRATT, husband and wife hereinafter called
GRANTEE(S), all that real property situated in the County of
KLAMATH, State of Oregon, described as:

Lot 41, LEWIS TRACTS, in the County of Klamath, State of Oregon.
CODE 41 MAP 3809-35CD TL 5500

"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."

and covenant(s) that grantor is the owner of the above described
property free of all encumbrances except 1) Conditions,
Restrictions as shown on the recorded plat of Lewis Tracts. 2)
Regulations, including levies, assessments, rights of way and
easements of the South Suburban Sanitary District, and as per
Ordinance No. 29, recorded May 24, 1983 in book M-83 at page
8062 and as per Ordinance No. 30, recorded May 30, 1986 in Book
M-86 at page 9346 and as per Ordinance No. 31, recorded January
6, 1988 in book M-88 at page 207, and as per Ordinance No. 32,
recorded May 14, 1990 in Book M-90 at page 9131. 4) Reservations
& Restrictions in Deed from Hattie V. Lewis, a widow to R. M.
Conley, dated September 6, 1951, recorded September 10, 1951, in
book 249 at page 476, Deed Records of Klamath County, Oregon.

and will warrant and defend the same against all persons who may
lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is
\$36,000.00.

In construing this deed and where the context so requires, the
singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument
this 11th day of January, 1991.

Rodney Gruell
RODNEY GRUELL

Alan Conley
ALAN CONLEY *A.K.A. Allen Conley*

STATE OF OREGON, County of KLAMATH)ss.

January 24th, 1991

Personally appeared the above named RODNEY GRUELL and ALAN
CONLEY and acknowledged the foregoing instrument to be their
voluntary act and deed.

Sandra Handwerker
Notary Public for OREGON

My Commission Expires: 7-23-93

STATE OF OREGON,

County of Benton

} ss.

BE IT REMEMBERED, That on this 29th day of January, 1991,
 before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within
 named Alan Conley AKA Allen Conley

known to me to be the identical individual..... described in and who executed the within instrument and
 acknowledged to me that he..... executed the same freely and voluntarily.

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

Corinne A. Klein

Notary Public for Oregon

My Commission expires 06-21-94

GENERAL ACKNOWLEDGMENT
 Form No. 0-16

B-3817

I.D. TAG NO.

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

1879

1. DECEDENT'S NAME First: LOIS Middle: ELLEN Last: GRUELL		2. SEX F	3. DATE OF DEATH (Month, Day, Year) Feb. 06, 1988
4. SOCIAL SECURITY NUMBER 540/20/2292	5a. AGE - Last Birthday (Years) 70	5b. UNDER 1 YEAR Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, Or.
7. DATE OF BIRTH (Month, Day, Year) Aug. 24, 1917		8. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <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.) Housewife		10b. KIND OF BUSINESS/INDUSTRY At Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Earl	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls	13d. STREET AND NUMBER 1536 Ivory Street
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97603	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
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			
17. FATHER - NAME first middle last Charles Edward Hammond		18. MOTHER - NAME first middle maiden Sadie - Fletcher	
19. INFORMANT - NAME and relationship to deceased Earl Gruell / Husband			
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) Eternal Hills Memorial Gardens	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James K. [Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc 1945 Main Street Klamath Falls, Oregon / 97601			
23. TIME OF DEATH 0915 M			
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>[Signature]</i>			
26. DATE SIGNED (Month, Day, Year) February 8, 1988			
27a. TIME OF DEATH M			
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)			
29. DATE SIGNED (Month, Day, Year) COUNTY			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
32. 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) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 10 days	
(b) Severe asthmatic bronchitis related to smoking DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 20 years	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Paroxysmal atrial fibrillation.		Interval between onset and death	
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. If YES were findings considered in determining cause of death?	
35. 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"/> Homicide		36a. DATE OF INJURY (Month, Day, Year)	
36b. TIME OF INJURY M		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36d. DESCRIBE HOW INJURY OCCURRED		36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
37. REGISTRAR'S SIGNATURE		38. DATE FILED (Month, Day, Year)	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 1-88

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 30th day
of Jan. A.D., 19 91 at 3:32 o'clock P M., and duly recorded in Vol. M91
of Deeds on Page 1877

FEE \$38.00

Evelyn Biehn, County Clerk

By [Signature]