

NE

26508

QUITCLAIM DEED

Vol 91 Page 3868

KNOW ALL MEN BY THESE PRESENTS, That Harriet L. Norton

for the consideration hereinafter stated, does hereby remise, release and quitclaim unto

Nancy K. Plouffe

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 _____, State of Oregon, described as follows, to-wit:

Parcel I: Lot 10 of Graybael Addition To The Town of merrill, Ore., According To the duly recorded plat thereof on file in the office of the County Clerk of Klamath CO, Ore.

Parcel II: Tracts 11 of Sunshine Tracts, situated in Sec 1, Twp. 41 S., Range 10 E.W.M.: Subject To: record or a pparent on the land: and To regulations and water and irrigation rights in- Said land. Plus additional 30' of Lot One.

(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 \$ 5.00

① However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which). ② (The sentence between the symbols ①, 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 24 day of Jan, 1991; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person 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.

Harriet L. Norton
Nancy K. Plouffe

STATE OF OREGON, County of Klamath) ss.This instrument was acknowledged before me on January 24, 1991by Harriet L. Norton and Nanch K. Plouffe

This instrument was acknowledged before me on _____, 19____,

by _____,

as _____,

of _____

[Signature]
Notary Public for Oregon

My commission expires 10/11/93

OF OREGON

STATE OF OREGON,

County of Klamath) ss.

I certify that the within instrument was received for record on the 4th day of March, 1991, at 2:24 o'clock P.M., and recorded in book/reel/volume No. M91 on page 3868 or as document/fee/file/instrument/microfilm No. 26508, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

Pauline Mueller, Deputy

SPACE RESERVED
FOR
RECORDER'S USE

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Jame

NAME, ADDRESS, ZIP

Unless a change is requested all tax statements shall be sent to the following address.

Nancy K. Plouffe
P.O. Box 21
Merrill OR 97633

NAME, ADDRESS, ZIP

Fee \$28.00

079775
I.D. TAG NO.
66OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

Local File Number

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS
IF ANY
WHICH GIVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

1. DECEASED'S NAME First: John Middle: Walter Last: HINZ			2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 26, 1991	
4. SOCIAL SECURITY NUMBER 540-40-6634		5a. AGE - Last Birthday (Years) 77	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Elizabeth, New Jersey	7. DATE OF BIRTH (Month, Day, Year) November 27, 1913
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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		9d. COUNTY OF DEATH Klamath
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Carpenter		10b. KIND OF BUSINESS/INDUSTRY Construction		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Malin	
13d. STREET AND NUMBER 2321 Rosicky Street		15. RACE American Indian, Black, White, etc. (Specify) White			
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97632		16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2	
17. FATHER - NAME first middle last John - Hinz			18. MOTHER - NAME first middle maiden Olga - Zechinato		
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) Malin Community Cemetery		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donna A. Verling</i>			21b. LICENSE NUMBER (Of Licensee) 3287		
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Oregon 97601			23. DATE FILED (Month, Day, Year) FEB 28 1991		
24. REGISTRAR'S SIGNATURE <i>Donna A. Verling</i>			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			27. TIME OF DEATH 12:40 P. M.		
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" 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>R. Rand Hale</i> M.D.		
30. DATE SIGNED (Month, Day, Year) February 26, 1991			31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) R. Rand Hale, M.D., 1000 Pine 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.) (a) Cerebrovascular accident DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (c) Atrial fibrillation Chronic obstructive pulmonary disease		
34. 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"/> Homicide <input type="checkbox"/> Legal Intervention			35. DATE OF INJURY (Month, Day, Year)		
36. TIME OF INJURY			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 ORIGINAL COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED FEB 28 1991

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Juanita Hinz
of March A.D., 19 91 at 2:24 o'clock P.M., and duly recorded in Vol. M91
of Deeds on Page 3869

FEE \$8.00

Return: Juanita Hinz
2321 Rosicky St., Malin, Or. 97632Evelyn Biehn County Clerk
By *Donna A. Verling*