SPECIAL WARRANTY DEED KNOW ALL MEN BY THESE PRESENTS, That John D Nitschke Lyle H Nitschke herein hereinafter called grantor, 5hirley Dewley for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto....

hereinafter called grantee, and unto grantee's 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 Klamalh , State of Oregon, described as follows, to-wit:

A portion of the NW4 SW14 NW4 Section 16, township 28 South, Range & East of the Willamette Meridian, in the County of Klamath, State of Oregon, lying West of the Old Oregon Trunk Railroad right of way

(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. And the grantor hereby covenants to and with the said grantee and grantee's heirs, successors and assigns that said real property is free from encumbrances created or suffered thereon by grantor and that grantor will warrant and defend the same and every part and parcel thereof against the lawful claims and demands of all persons claiming by, through, or under the grantor.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$...7,0.00.00....... OHowever, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which).⁽¹⁾ (The sentence between the symbols ⁽⁰⁾, it not applicable, should be deleted. See ORS 93.030.) In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument on; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly author-

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ized to do so by its board of directors.

FORM No. 762-SPECIAL WARRANTY DEED (Individual or Corporate)

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<u>....</u>

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-SCRIBED 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 executed by a corporation, affix corporate seal and use the form of acknowledgment opposite.)		
STATE OF OREGON, County of Wasco	STATE OF OREGON, County of	
This instrument was acknowledged before me on tell, 2.6., 19.9.1, by	19, by	wledged before me on
5. <u></u>	oł	
USEAAC My commission expires: Alc /3 /993	Notary Public for Oregon My commission expires:	(SEAL)
0F 0 ⁵ .		STATE OF OREGON,
GRANTOR'S NAME AND ADDRESS		County ofKlamath
GRANTEE'S NAME AND ADDRESS After recording rotum to: Chilley Blueley H.C. 30 Stor 114 Chilsonult One. 9.7.7.31 NAME, ADDRESS, ZIP		in book/reel/volume NoM91or page4096or as fee/file/instru- ment/microfilm/reception No26637 Record of Deeds of said county. Witness my hand and seal of County affixed.
Until a change is requested all tax statements shall be sent to the following a Same		Evelyn Biehn, County Clerk
NAME, ADDRESS, ZIP		By auline Mulendare Deput
	Fee \$28.00	

54 DECEDENT 1 2 3 4 5 1 2 3 4 02 138 6 XJ PARENTS JUSPOSITION	FACILITY NAME (# not institute orle West Medi Decebern's usual occ (Gwe Had of work done duri Do not use refired.) PUSEWILE RESIDENCE - STATE 113	Sa AGE - Last Birthday (Years) 71 23971AL: Dispatient ution, give steel and num. cal. Center UPATION 19 most of working like. 3b. COUNTY Clamath 14. WAS DE (Speed) 14. WAS DE (Speed) Maizan	Non Days Hours El ER/Outpatient DOA 201 106. MIND OF BUSINESS/INDU HOmemaking 136. CITY, TOWN, OR LOCAI ISC. CITY, TOWN, OR LOCAI CEDENT OF HISPANG ORIGIN	Mins Cr 9a PLACE OF DE DIMEB UNUSING DE CITY, TOWN, Klamat STRY TON LS	HIPLACE (City and St HOTE, Oklaho ATH (Check only one) Home Decodents I OR LOCATION OF DEL th Falls 11. MARTAL STAT. Never Married 13. STREET AND	Ma. Kome 🔲 Otho ATH IS - Marriod, Wdowod, Yy NUMBER	7. DATE OF B July (Specify)_	2, 1991 IRTH (Moret, Day, Year) 3, 1919 94 COUNTY OF DEATH Klamath (# Married, Widowed) T.	
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PARENTS JO			18 MOTHER - NAME first	Wł	iite	0		(U-12) Conege (1-4 or s	5+1
DISPOSITION		Halsell		-	L	oyd T.	Cooper	, husband	
	METHOD OF DISPOSITION Burial Cremation C Rem	oval from State	206 PLACE OF DISPOSITION (other place)			LOCATION - (
211	Donation DOther (Specify) SIGNATURE OF FUNERAL PERSON ACTING AS SUC		Eternal Hills	NUMBER 22.N	IAME, ADDRESS AND	ZIP OF FACILI	TY Daven	port's Chape	1
8	Jew	1. Dan	satt 53-0	124 of K	f the Good Lamath Fall	Shepher	d, 642	0 So. 6th St	t.,
REGISTRAR 23	23. DATE FILED (Moret, Ar, Yor) MAR 5 1991				24. REGISTRAFTS SIGNATURE				
25.		ATTVE MAKE REQUEST FO	OR ANATOMICAL GIFT CONSE	NT? 26. V	WAS GIFT MADE?	DI N/A	1		
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	TIME OF DEATH	MPLETED BY CERTIFYIN 8. WAS MEDICAL EXAMP		31a TR		DATE PRONO		EXAMINER (Month, Day, Yoar, Hour)	
	1357 P M	Ves E No	time, date, place and	32. On 1	M the basis of examination in the time, date, place and the time, date	on and/or inve	stigation, in m	y opinion death occurred	M
	(Signated)	OX VI	hoge		ne time, cate, place an (Signature)		acis) sud n		
12	DATE SIGNED (Month, Day, larch 4, 1991			33. DAT	E SIGNED (Month, Day	, Year J		COUNTY	
13 34	NAME, TITLE, ADDRESS A		Dical Examiner (Type or Pri D Main Street,		alls. Orem	n 9760	1		
CONDITIONS	NAME OF ATTENDING PHY								
F ANY WHICH GAVE RISE TO PAREDATE		ONLY ONE CAUSE PER L	INE FOR (0), (b), AND (c)) D	not enter mode of a	tying, e.g. Cardiac or R	espiratory Arres	t.	Interval between onse and death	et .
STATING THE UNDERLYING	(a) DUE TO, OR AS A CON	SEQUENCE OF:	t- "	No.				Interval between onse and death	et
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CAUSE OF DEATH PAR		ONDITIONS -		[37.0	Nd tobacco use contri	bute 3	AUTOPSY 3	IP. If YES were lindings cons	bered
15	Drabetec	be dealth but not related to a	-, fymeII		io the death? Yes 🖾 No 🛄 Probably	13 Urik 🗆	Yes DI No	In determining cause of d	
	MANNER OF DEATH	4 ta. DATE OF II (Month, Da	NJURY 415 TIME OF 41	at an ann	DESCRIBE HOW INJU				
17	Accident Inves	lermined	M INJURY - At home, farm, street,	Ves 2 No	LOCATION (Street and	Number **	al 12main 64	of City of Town Child	
~ (🛙 Homicida 🔲 Lega Inter	vention	INJUHY - At home, tarm, street, c. (Specify)	*****UT y, UI/CO 4 II.	FORMION (Sheet 900	Number or 190		or, only or nowing stand!	
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			an an Angeland Managera						