

NE 26861

## BARGAIN AND SALE DEED

Vol. mg / Page 4452 

KNOW ALL MEN BY THESE PRESENTS, That..... M. MARIE DIVENS

, hereinafter called grantor,

for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto

MARIE DIVENS TRUST

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

The Southwesterly ½ of Lots 5 and 6, Block 46, HOT SPRINGS ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

(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 \$.....-00.

① However, if the sentence between the symbols ① and ② is not applicable, it should be deleted. See ORS 93.030.)

In Witness Whereof, the grantor has executed this instrument this 4 day of March, 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 to do so 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.

M. MARIE DIVENS

STATE OF OREGON, County of Klamath ) ss.

This instrument was acknowledged before me on March 6, 1991.

by .....M. Marie Divens

This instrument was acknowledged before me on \_\_\_\_\_ 19\_\_\_\_

by

as

of

**Notary Public for Oregon**

My commission expires 6-18-92

M. MARIE DIVENS

GRANTOR'S NAME AND ADDRESS

MARIE DIVENS TRUST

GRANTEE'S NAME AND ADDRESS

**After recording return to:**

Donald R. Crane  
296 Main Street  
Klamath Falls, OR 97601  
NAME, ADDRESS, ZIP

NAME, ADDRESS, ZIP

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

Marie Divens  
601 Pacific Terrace  
Klamath Falls, OR 97601

NAME ADDRESS ZIP

STATE OF OREGON.

County of .....Klamath

*I certify that the within instrument was received for record on the 12th day of March, 1991, at 3:47 o'clock P.M., and recorded in book/reel/volume No. M91 on page 4452 or as fee/file/instrument/microfilm/reception No. 26861. Record of Deeds of said county.*

Witness my hand and seal of  
County affixed.

Evelyn Biehn, County Clerk	
NAME	TITLE

NAME \_\_\_\_\_

**TITLE**

By Dakota Meadows Deputy

SPACE RESERVED  
FOR  
RECORDER'S USE

Fee \$28.00

082567  
I.D. TAG NO.  
544  
Local File Number

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

136-

State File Number

DECEDENT

1  
2  
3  
4  
5  
6

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

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1. DECEDENT'S NAME First: <b>Clifford</b> Middle: <b>Maurice</b> Last: <b>BROMLEY</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>December 23, 1990</b>
4. SOCIAL SECURITY NUMBER <b>542-05-6693</b>		5a. AGE - Last Birthday (Years) <b>71</b>	5b. Under 1 Year 5c. Under 1 Day
6. BIRTHPLACE (City and State or Foreign Country) <b>Lima, Montana</b>		7. DATE OF BIRTH (Month, Day, Year) <b>May 21, 1919</b>	
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) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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) <b>Merle West Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Conductor</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Railroad Transportation</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed) <b>Helen E.</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>	
13c. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13d. ZIP CODE <b>97603</b>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (11-4 or S+) <b>3</b>		17. FATHER - NAME first middle last <b>Bertram - Merritt</b>	
18. MOTHER - NAME first middle maiden <b>Dorothea - Maynard</b>		19. INFORMANT - NAME and relationship to decedent <b>Helen E. Bromley, wife</b>	
20a. METHOD OF DISPOSITION <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) <b>Haven of Rest, Eternal Hills Memorial Gardens</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Davenport</i>		21b. LICENSE NUMBER (Of Licensee) <b>47-3104</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>		23. DATE FILED (Month, Day, Year) <b>DEC 26 1990</b>	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. TIME OF DEATH <b>0710 AM</b>		27. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. 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>		29. DATE SIGNED (Month, Day, Year) <b>December 24, 1990</b>	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601</b>		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Kenneth L. Tuttle, MD, 2850 Daggett Street, Klamath Falls, Oregon 97601</b>	
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) <b>Carcinoma Liver</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:		33. INTERVAL BETWEEN ONSET AND DEATH (a) <b>1 MO</b> (b) (c) 	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <b>Diabetes, CA Colon, CA Pancreas, CA Throat</b>		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		39. DATE OF INJURY (Month, Day, Year) <b>11/11/90</b>	
40. TIME OF INJURY <b>11:00 AM</b>		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>At home</b>		43. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>3307 Shasta Way, Klamath Falls, Oregon 97603</b>	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLERK OF THE COUNTY OF KLAMATH, OREGON.

DATE ISSUED **JAN 3 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 **Helen E. Bromley** the **12th** day of **March** A.D., 19 **91** at **3:56** o'clock **P M.**, and duly recorded in Vol. **M91** of **Deeds** on Page **4453**.

FEE \$8.00

Return: Helen Bromley

3307 Shasta Way, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk  
By *Pauline Mueller*