

NE 27145

BARGAIN AND SALE DEED

Vol 91 Page 4960

RUDOLPH PAYGR and MARY JANE PAYGR, TRUSTEES, or their
 KNOW ALL MEN BY THESE PRESENTS, That successors in trust, under the PAYGR
 LOVING TRUST dated October 24, 1990, and any amendments, hereinafter called grantor,
 for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto ALAN J. PRESCOTT

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:

Beginning at a point that is 647.40 feet East of the Southwest corner
 of the NW1/4SE1/4 Section 36 Township 40 South Range 11 East, Willamette
 Meridian, Klamath County, Oregon.
 Thence East (along the 1/16 line) approx. 1992.6 feet to the section line
 common to Section 36 and Section 6.
 Thence South approx. 200 feet to the northerly right of way line of
 Paygr Way (County Road 1113).
 Thence westerly along the northerly right of way line of Paygr Way
 (County Road 1113) to a point that is 65 feet south of the point of
 beginning.
 Thence North 65 feet to the point of beginning.

(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 \$1.00

However, the actual consideration consists of or includes other property or value given or promised which is
 the whole consideration (indicate which). (The sentence between the symbols ©, if 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 this 15 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 author-
 ized to do so by order of its board of directors.

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.

* Rudolph Paygr Trustee
 Mary Jane Paygr Trustee

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on March 15, 1991,

by Rudolph Paygr, Trustee and Mary Jane Paygr Trustee

This instrument was acknowledged before me on , 19

by

as

of

Sharon K. Green

Notary Public for Oregon

My commission expires 10/11/93

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Alan J. Prescott
 29772 Transformer Rd.
 Malin, Or. 97632

NAME, ADDRESS, ZIP

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

Same as above

NAME, ADDRESS, ZIP

SPACE RESERVED
 FOR
 RECORDER'S USE

STATE OF OREGON,

County of Klamath

I certify that the within instru-
 ment was received for record on the
 20th day of March, 1991,
 at 11:00 o'clock AM., and recorded
 in book/reel/volume No. M91 on
 page 4960 or as fee/file/instru-
 ment/microfilm/reception No. 27145.,
 Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Pauline Muelhahn Deputy

Fee \$28.00

G-0270
I.D. TAG NO.

91

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

1. DECEDENT'S NAME First: <u>Lucy</u> Middle: <u>Luretta</u> Last: <u>SMITH</u>			2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>March 11, 1991</u>		
4. SOCIAL SECURITY NUMBER <u>550-40-4630</u>		5a. AGE - Last Birthday (Years) <u>85</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u>	5c. Under 1 Day Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or foreign Country) <u>Thurston Co., NE</u>	7. DATE OF BIRTH (Month, Day, Year) <u>October 11, 1905</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>						
9b. FACILITY NAME (If not institution, give street and number) <u>HC 32 Box 477</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Gilchrist</u>		9d. COUNTY OF DEATH <u>Klamath</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Owner/Operator</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Food Services</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>Floyd G.</u>
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN, OR LOCATION <u>Gilchrist</u>		13d. STREET AND NUMBER <u>HC 32 Box 477</u>
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97737</u>		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) <u>White</u>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u>		17. FATHER - NAME first middle last <u>Porter Oliver McFarland</u>		18. MOTHER - NAME first middle maiden <u>Susie Ellen Carrier</u>		19. INFORMANT - NAME and relationship to decedent <u>Fred C. McFarland, Brother</u>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Central Oregon Cremation Assoc.</u>		20c. LOCATION - City or Town, State <u>Bend, Oregon</u>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>3221</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Oregon 97701</u>		
23. DATE FILED (Month, Day, Year) <u>MAR 18 1991</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>		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 <u>10:30 PM</u>		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. <u>[Signature]</u>						
30. DATE SIGNED (Month, Day, Year) <u>March 12, 1991</u>						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Richard H. Woods, M.D. 1501 N.E. Medical Center Drive Bend, Oregon 97701</u>						
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
TO BE COMPLETED ONLY BY MEDICAL EXAMINER						
31a. TIME OF DEATH <u> </u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </u> M <u> </u> M				
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. <u>[Signature]</u>						
33. DATE SIGNED (Month, Day, Year) COUNTY						
34. 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) <u>Chronic lymphocytic leukemia</u>				
PART II		(b) <u> </u>				
PART III		(c) <u> </u>				
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
40. 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"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY <u> </u> M <u> </u> M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED	
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV 3/80

DATE ISSUED

MAR 19 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 Niswonger-Reynolds Inc. the 20th day
of March A.D., 19 91 at 11:50 o'clock A.M., and duly recorded in Vol. M91
of Deeds on Page 4961

Evelyn Biehn, County Clerk
By [Signature]

FEE \$8.00

Return: Niswonger-Reynolds, Inc.
105 NW Irving, Bend, Or. 97701