27934

Vol M91 Page 6338

RECORDING REQUESTED BY
Carl A. Garnett, II
1717 Duchess Drive, Apt. 2
Longmont, CO 80501

AND WHEN RECORDED MAIL TO

Name / Street Address / City & State
CARL A. GARNETT, II
Apartment 2
1717 Duchess Drive
Longmont, Colorado 80501

MAIL TAX STATEMENTS TO

Name / Street Address / City & State
CARL A. GARNETT, II
Apartment 2
1717 Duchess Drive
Longmont, Colorado 80501

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Carl A. Garnett, II

on this 9th day of April A.D., 19 91
at 3:00 o'clock P M. and duly recorded
in Vol. M91 of Deeds Page 6338.
Evelyn Biehn County Clerk
By Pauline Mullendore Deputy.

Fee, $28.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

CAT. NO. NN00580
TO 1922 CA (2-83)

# Individual Quitclaim Deed

THIS FORM FURNISHED BY TICOR TITLE INSURERS

ALL / PTN.

The undersigned grantor(s) declare(s):
Documentary transfer tax is $ e
( ) computed on full value of property conveyed, or
( ) computed on full value less value of liens and encumbrances remaining at time of sale.
( ) Unincorporated area: ( ) City of _____, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I

ANGELA C. MC KINNEY

hereby REMISES, RELEASES AND QUITCLAIMS to

CARL A. GARNETT

the following described real property in the SPRAGUE RIVER VALLEY
County of KLAMATH, State of ~~California~~ OREGON

LOTS NUMBER 1, 2, 13, AND 14 IN BLOCK NUMBER 16, OF SPRAGUE RIVER VALLEY ACRES, AS PER PLAT RECORDED IN RECORDS OF SAID COUNTY.

THIS IS A BONAFIDE GIFT AND THE GRANTOR RECEIVED NOTHING IN RETURN, R & T 11911.

91 APR 9 PM 3:00

Dated: March 25, 1991

Angela M Kinney
ANGELA C. MC KINNEY

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES } ss.

On _____ before
me, the undersigned, a Notary Public in and for said State,
personally appeared ANGELA C. MC KINNEY

personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name IS subscribed to the within instrument and acknowledged that SHE executed the same.
WITNESS my hand and official seal.

Signature Suzann M Stanbery

OFFICIAL SEAL
SUZANN M STANBERY
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires MAY 17, 1993

(This area for official notarial seal)

Title Order No. _____ Escrow or Loan No. _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

CERTIFICATION OF VITAL RECORD

086760 — I.D. TAG NO.

114 — Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

# CERTIFICATE OF DEATH

136- — State File Number

**DECEDENT**

1. DECEDENT'S NAME: First: Grace; Middle: -; Last: DelConte
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): April 8, 1991
4. SOCIAL SECURITY NUMBER: 566-26-9510
5a. AGE - Last Birthday (Years): 78
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Los Angeles, Ca
7. DATE OF BIRTH (Month, Day, Year): January 26, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify): Foster care
9b. FACILITY NAME (If not institution, give street and number): 4663 Frieda
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Engineer
10b. KIND OF BUSINESS/INDUSTRY: Telephone
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Sprague River
13d. STREET AND NUMBER: P.O. Box 342
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97639
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ 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+): 4

**PARENTS**

17. FATHER - NAME first middle last: John M. Allen
18. MOTHER - NAME first middle maiden: Alice D. McGee
19. INFORMANT - NAME and relationship to deceased: Edward Guze / son

**DISPOSITION**

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

**REGISTRAR**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Evelyn Jennings
21b. LICENSE NUMBER (Of Licensee): 1257
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main St./Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): APR 9 1991
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

**CERTIFIER**

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 8:30 A M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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): R. Rand Hale
30. DATE SIGNED (Month, Day, Year): 4/18/91

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): R. Rand Hale, MD 1000 Pine Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

**CAUSE OF DEATH**

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

36. 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) DUE TO, OR AS A CONSEQUENCE OF: Respiratory failure — Interval between onset and death: 5yrs
(b) DUE TO, OR AS A CONSEQUENCE OF: C.O.P.D. — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.
CHF, Aortic Stenosis

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY occurred
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. 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 DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR. CERTIFIED COPY

45-2 REV

DATE ISSUED APR 9 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 Ed Guze the 9th day of April A.D., 19 91 at 3:00 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 6339.

FEE $8.00

Evelyn Biehn, County Clerk
By Doreline Mulendore

Return: Ed Guze
2426 Vine, Klamath Falls, Or. 97601