

\_\_\_\_\_, herein called grantor,  
for the consideration herein stated, does hereby grant, bargain, sell and convey  
unto William J. Tjerrild and Karen R. Tjerrild, husband and wife,  
herein 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:

SUBJECT TO: Real Estate Contract, a memorandum of which was recorded March 20, 1991 in Volume M91, page 5016, Microfilm Records of Klamath County, Oregon wherein Klamath County is the Vendor. The above grantees hereby agree to assume and pay this contract in full and hold Grantor harmless therefrom. 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.

In construing this deed and where the context so requires, the singular includes the plural and 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 \_\_\_\_ day of April, 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.

X By:

JEFF BREITBARTH, SECRETARY

Of this instrument was acknowledged before me on \_\_\_\_\_, 19 \_\_\_\_

by This instrument was acknowledged before me on April 7th, 1991  
by Jeff Breitbarth  
as Secretary  
of Citicapital Corporation

Notary Public of Oregon

My commission expires 07-05-91

Grantor: Citicapital Corporation

P.O. Box 687

Medford, OR 97501

Grantee: William J. Tjerrild, et al.

730 Old Midland Road  
Klamath Falls, OR 97603

STATE OF OREGON.

County of Klamath }

I certify that the within instrument was received for record on the 11th day of April, 19 91, at 1:54 o'clock p M., and recorded in book/reel/volume No. M91 on page 6507 or as fee/file/instrument/microfilm/reception No. 28045. Record of Deeds of said County.

Witness by my hand and seal of County affixed

**AFTER RECORDING RETURN TO:**

William J. Tjerrild & Karen R. Tjerrild  
730 Old Midland Raod  
Klamath Falls, OR 97603

EVELYN BIEHN, County Clerk

NAME \_\_\_\_\_

**TITLE**

By Deborah Millender Deputy

086735  
I. U. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

State File Number

Local File Number

1. DECEDENT'S NAME <b>Robert Clarence COOK</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>April 5, 1991</b>
4. SOCIAL SECURITY NUMBER <b>558-03-8547</b>	5a. AGE - Last Birthday (Years) <b>82</b>	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) <b>Escondido, CA</b>		7. DATE OF BIRTH (Month, Day, Year) <b>January 21, 1909</b>	
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"/> E/R/Outpatient <input type="checkbox"/> D.O.A. <input checked="" type="checkbox"/> Other: <input checked="" 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>Plum Ridge Care Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls, Oregon</b>	
9d. COUNTY OF DEATH <b>Klamath</b>		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Carpenter</b>	
10a. DECEDENT'S KIND OF BUSINESS/INDUSTRY <b>Construction</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
12. SPOUSE (If Married, Widowed) <b>Rhea</b>		13a. STREET AND NUMBER <b>HC 30 Box 121</b>	
13a. RESIDENCE - STATE <b>Oregon</b>	13b. COUNTY <b>Klamath</b>	13c. CITY, TOWN, OR LOCATION <b>Chiloquin</b>	
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13e. ZIP CODE <b>97624</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) <b>2</b>	
17. FATHER - NAME first middle last <b>Albert - Cook</b>		18. MOTHER - NAME first middle maiden <b>Mary - Koehler</b>	
19. INFORMANT - NAME and relationship to deceased <b>Rhea / spouse</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
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) <b>Eternal Hills Memorial Gardens</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Terilyn Jennings</i>		21b. LICENSE NUMBER (Of Licensee) <b>1257</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home 1945 Main St. / Klamath Falls, OR 97601</b>		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
23. DATE FILED (Month, Day, Year) <b>APR 9 1991</b>		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			
27. TIME OF DEATH <b>4:30 P M</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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>Alden B. Glidden</i>			
30. DATE SIGNED (Month, Day, Year) <b>4/8/91</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Alden B. Glidden 2680 B Uhrmann Road Klamath Falls, Oregon 97601</b>			
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. 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.)			
35. PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <b>Pneumonia</b>		Interval between onset and death <b>4 days</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Immobilization</b>		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <b>Stroke</b>		Interval between onset and death <b>2/16/91</b>	
36. 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		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If Yes, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. DATE OF INJURY (Month, Day, Year) <b>4/5/91</b>		41. TIME OF INJURY <b>M</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>At home</b>		43. DESCRIBE HOW INJURY OCCURRED	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL RECORD COPY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **APR 9 1991**DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

45-2 REV 8

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of **Rhea Cook** the **11th** day  
of **April** A.D., 19 **91** at **2:13** o'clock **P.M.**, and duly recorded in Vol. **M91**  
of **Deeds** on Page **6508**

Evelyn Biehn - County Clerk

By *Donna A. Verling*

FEE \$8.00

Return: Rhea Cook

HC 30, Box 121, Chiloquin, Or. 97624