FORM No. 721—QUITCLAIM DEED (Individual or Corporate). K-42860 COPYRIGHT 1990 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204

NE 28349

QUITCLAIM DEED

Vol. M91 Page 7121

KNOW ALL MEN BY THESE PRESENTS, That CHRISTINE M. GRAHAM, who too title as CHRISTINE M. JOHNSON for the consideration hereinafter stated, does hereby remise, release and quitclaim unto GARY R. GRAHAM hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in 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:

SE¼SW¼, SW¼SE¼, NW¼NW¼NW¼SE¼, W½W½SW¼NW¼SE¼ and W½SW¼NW¼NW¼SE¼, EXCEPTING THEREFROM the E½SW¼SE¼, AND FURTHER EXCEPTING a parcel of land situated in the SE¼SW¼, more particularly described as follows: Beginning at a 5/8" iron rod on the South line of said Section 20, said point being South 89°40'08" West along said South line a distance of 686.13 feet from the ¼ corner common to Sections 20 and 29; thence continuing South 89°40'08" West a distance of 631.84 feet to a 5/8" iron rod at the West 1/16 corner common to Sections 20 and 29; thence North 00°10'04" East, along the West line of the SE¼SW¼ of Section 20, a distance of 1380.10 feet to the SW 1/16 of Section 20; thence North 89°52'56" East along the North line of the SE¼SW¼ of Section 20, a distance of 631.82 feet to a 5/8" iron rod; thence South 00°10'04" West a distance of 1377.75 feet to the point of beginning. EXCEPTING THEREFROM any portion lying within the Miller Island Road right of Way. Together with an easement for irrigation and drainage purposes in the most Southerly 60 feet of the E½SW¼SE¼ of Section 20, Township 39 South, Range 9 East of the Willamette Meridian.

All situate in Section 20, Townshp 39 South, Range 9 East of the Willamette Meridian.

(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 $ -0-

①However, 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 ①, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 17th day of April, 19 91; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized thereto 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.

Christine M. Graham
CHRISTINE M. GRAHAM

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on April 17, 19 91, by Christine M. Graham

This instrument was acknowledged before me on ....., 19....., by ..... as ..... of .....

NOTARY PUBLIC — STATE OF OREGON

Debra Buckman Graham
Notary Public for Oregon

My commission expires 12-19-92

Christine M. Johnson
GRANTOR'S NAME AND ADDRESS

Gary E. Graham
GRANTEE'S NAME AND ADDRESS

After recording return to:

Gary E. Graham
707 Miller Island Rd.
Klamath Falls, Oregon 97601
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 } ss.

I certify that the within instrument was received for record on the 18th day of April, 19 91, at 2:41 o'clock P.M., and recorded in book/reel/volume No. M91 on page 7121 or as document/fee/file/instrument/microfilm No. 28349, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Darlene Muellendore Deputy

Fee $28.00

CERTIFICATION OF VITAL RECORD

068298
I.D. TAG NO.

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

121
Local File Number

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Helen; Middle: Marguerite; Last: CHAPMAN
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): April 9, 1991
4. SOCIAL SECURITY NUMBER: 541/30/2192
5a. AGE - Last Birthday (Years): 73
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Mitchell, Or.
7. DATE OF BIRTH (Month, Day, Year): April 7, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
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.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Stanley
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lakeview
13d. STREET AND NUMBER: 965 So. H Street
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97630
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): 8; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Roy J. Laird
18. MOTHER - NAME first middle maiden: Hettie - Jones
19. INFORMANT - NAME and relationship to deceased: Stanley Chapman / Husb.

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): APR 10 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: 0012 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)
30. DATE SIGNED (Month, Day, Year): 4/9/91

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): G. Craig Merhoff, MD / 2850 Daggett Avenue / 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: 3days
(b) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Insufficiency — Interval between onset and death: 9-12 mos
(c) COPD — Interval between onset and death: 20 years

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.: Laparotomy & Lysis For SBO 3/30/91

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 POSTMENTS FILED AND REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR. STATISTICS COPY

45-2 REV. 3-88

DATE ISSUED APR 10 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

8.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Stanley Chapman the 18th day of April A.D., 19 91 at 2:46 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 7122.

Evelyn Biehn · County Clerk
By Darlene Mullendore

FEE $8.00
Return: Stanley Chapman
P.O. Box 1255, Lakeview, Or. 97630