

33613

WARRANTY DEED

Vol. M91 Page 16800

KNOW ALL MEN BY THESE PRESENTS, That MICHAEL B. JAGER and MARGARET H. JAGER, husband and wife, and CLARK J. KENYON, a single man

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by THOMAS STRAZA, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lot 18, Block 1, Tract #1122

(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. And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except contracts, liens, assessments, rules and regulations for drainage, irrigation, and sewage, reservations, restrictions, easements, and rights of way of record and those apparent on the land and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 3,850.00. 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 ①, 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 9th day of September, 1979; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

(If executed by a corporation affix corporate seal)



OFFICIAL SEAL
ELSIE M. CORY
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
My commission expires NOV. 12, 1981

STATE OF CALIFORNIA, ss.
County of ORANGE
November 8, 1979

STATE OF OREGON, County of Klamath, ss.
November 8, 1979

Personally appeared the above named Michael B. Jager, Margaret H. Jager and Clark J. Kenyon

and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me: *Elsie M. Cory*
(OFFICIAL SEAL) Notary Public for California
My commission expires: Nov. 12, 1981

Notary Public for Oregon
My commission expires:

JAGER, JAGER & KENYON
P.O. BOX 345
GLENBROOK, NV 89413
GRANTOR'S NAME AND ADDRESS

THOMAS STRAZA
468 BOLERO WAY
NEWPORT BEACH, CA 92663
GRANTEE'S NAME AND ADDRESS

After recording return to:

THOMAS STRAZA
468 BOLERO WAY
NEWPORT BEACH CA 92663
NAME, ADDRESS, ZIP

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

THOMAS STRAZA
468 BOLERO WAY
NEWPORT BEACH CA 92663
NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, ss.
County of Klamath

I certify that the within instrument was received for record on the 22nd day of Aug., 1991, at 1:28 o'clock P. M., and recorded in book M91 on page 16800 or as file/reel number 33613, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer
By *D. Deane Mulendor* Deputy

Fee \$28.00

91 AUG 22 PM 1 28

068263
I.D. TAG NO.

319

Local File Number

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

136

State File Number

1. DECEDENT'S NAME First: <u>Thomas</u> Middle: <u>Harvey</u> Last: <u>MONEYPENNY</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>July 29, 1990</u>
4. SOCIAL SECURITY NUMBER <u>549-56-8675</u>		5a. AGE - Last Birthday <u>50</u> Mos. <u>0</u> Days <u>0</u> Hours <u>0</u> Mins.	6. BIRTHPLACE (City and State or Foreign Country) <u>Newton Falls, OH</u>
7. DATE OF BIRTH (Month, Day, Year) <u>Nov. 5, 1939</u>		8. PLACE OF DEATH (Check only one) <u>Highway</u>	
9. FACILITY NAME (If not institution, give street and number) <u>M.P. 21.6, Sprague River Highway</u>			
10. CITY, TOWN, OR LOCATION OF DEATH <u>Sprague River</u>			
11. COUNTY OF DEATH <u>Klamath</u>			
12. SPOUSE (If Married, Widowed, Divorced (Specify)) <u>Delores Ann</u>		13. STREET AND NUMBER <u>HC 63, Box 598 A</u>	
14. RESIDENCE - STATE <u>Oregon</u>		15. COUNTY <u>Klamath</u>	
16. CITY, TOWN, OR LOCATION <u>Chiloquin</u>		17. ZIP CODE <u>97624</u>	
18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <u>No</u>		19. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
20. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) <u>Truck Driver</u>		21. KIND OF BUSINESS/INDUSTRY <u>Trucking</u>	
22. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		23. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>	
24. FATHER - NAME first middle last <u>Harvey C. Moneypenny</u>		25. MOTHER - NAME first middle maiden <u>Ora Heckathorn</u>	
26. 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>P. L. Fry & Son</u>		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Manteca, California</u>	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>James A. Chapel</u>		29. LICENSE NUMBER (Of license) <u>3080</u>	
30. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home 97601 1945 Main St., Klamath Falls, OR</u>		31. DATE FILED (Month, Day, Year) <u>JUL 31 1990</u>	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		33. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
34. TIME OF DEATH <u>2345</u>		35. DATE PRONOUNCED DEAD (Month, Day, Year) <u>July 29, 1990 2350</u>	
36. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Charles D. Bury</u>		37. DATE SIGNED (Month, Day, Year) <u>July 31 1990</u>	
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Charles D. Bury, M.D. 2300 Clairmont, Klamath Falls, OR 97601</u>		39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
40. 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)			
(a) <u>Asphyxiation</u>		Interval between onset and death	
(b) <u>Basilar Skull Fracture</u>		Interval between onset and death	
(c) <u>Other Significant Conditions</u>		Interval between onset and death	
41. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide			
42. DATE OF INJURY (Month, Day, Year) <u>7/29/90</u>		43. TIME OF INJURY <u>2345</u>	
44. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) <u>Highway</u>		45. DESCRIBE HOW INJURY OCCURRED <u>Auto rolled over and pinned driver underneath it.</u>	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>M.P. 21.6 Sprague River OR</u>		47. COUNTY <u>Klamath</u>	

ORIGINAL - VITAL STATISTICS COPY

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

45-2 REV. 1-89

DATE ISSUED JUL 31 1990Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Delores Moneypenny the 22nd day of Aug. A.D. 19 91 at 2:13 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 16801

FEE \$8.00

Return: Delores Moneypenny

HC 63, Box 598 A, Chiloquin, OR. 97624

Evelyn Biehn County Clerk

By Donna A. Verling