

33889

BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, That MARCELLA MURRAY, hereinafter called the grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto RODNEY MURRAY as to an undivided 1/6 interest, and MARCELLA BELL as to an undivided 1/6 interest, and ROSEMARY YOUNG as to an undivided 1/6 interest, all as tenants in common, 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:

N $\frac{1}{2}$ SE $\frac{1}{4}$ of Section 36, Township 34 South, Range 13 East of the Willamette Meridian.

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 \$ gift.

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 26 day of August, 1991.

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.

Marcella Murray
MARCELLA MURRAY

STATE OF OREGON)
) ss.
COUNTY OF KLAMATH)

The foregoing instrument was acknowledged before me this 26 day of August, 1991, by MARCELLA MURRAY.

(SEAL)



Lisa M. Lucas
Notary Public for Oregon
My Commission Expires 10/7/94

GRANTOR'S NAME AND ADDRESS:

MARCELLA MURRAY
812 Pacific Terrace
Klamath Falls, OR 97601

GRANTEE'S NAME AND ADDRESS:

RODNEY MURRAY, et al.
1945 Painter Street
Klamath Falls, OR 97601

AFTER RECORDING RETURN TO:

Jerry M. Molatore, P.C.
426 Main Street
Klamath Falls, OR 97601

UNTIL A CHANGE IS REQUESTED, ALL
TAX STATEMENTS SHALL BE SENT TO
THE FOLLOWING ADDRESS:

RODNEY MURRAY
1945 Painter Street
Klamath Falls, OR 97601

STATE OF OREGON,)
) ss.
COUNTY OF KLAMATH)

I certify that the within
instrument was received for record
on the 29th day of Aug., 1991,
at 11:02 o'clock A.M., and
recorded in book/reel/volume No.
M91 on page 17258 or
as fee/file/instrument/microfilm/
reception No. 33889, Record
of Deeds of said county.

Witness my hand and seal of
County affixed.

Evelyn Biehn, County Clerk
Name Title

By Pauline M. M. M.
Deputy

Fee \$33.00

CERTIFICATION OF VITAL RECORD

087879
I.D. TAG NO.

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

136-

State File Number

DECEASED

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

10
11

CERTIFIER

12

13

14

CAUSE OF DEATH

15

16

17

1 DECEDENT'S NAME First: <u>Frank</u> Middle: <u>James</u> Last: <u>ROHAN, Jr.</u>		2 SEX <u>Male</u>	3 DATE OF DEATH (Month, Day, Year) <u>August 18, 1991</u>
4 SOCIAL SECURITY NUMBER <u>578-14-0751</u>		5a AGE - Last Birthday (Years) <u>76</u>	5b Under 1 Year Mins: <u> </u> Days: <u> </u> Hours: <u> </u> Mins: <u> </u>
6 BIRTHPLACE (City and State or Foreign Country) <u>Jennings, Kansas</u>		7 DATE OF BIRTH (Month, Day, Year) <u>April 17, 1915</u>	
8a WAS DECEDENT EVER IN ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8b PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <u> </u>			
9a FACILITY NAME (If not residential, give street and number) <u>Merle West Medical Center</u>		9b CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9c 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>Weyerhaeuser Lumber Co.</u>	
10b KIND OF BUSINESS/INDUSTRY <u>Widowed</u>		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Igaina</u>	
12a RESIDENCE - STATE <u>Oregon</u>		12b COUNTY <u>Klamath</u>	
12c CITY, TOWN, OR LOCATION <u>834 Eldorado</u>		13a STREET AND NUMBER <u>834 Eldorado</u>	
13b INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13c ZIP CODE <u>97601</u>	
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		15 RACE American Indian, Black, White, etc (Specify) <u>White</u>	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>		17 INFORMANT NAME and relationship to decedent <u>Frank Rohan - Self arranged</u>	
18 FATHER - NAME first middle last <u>Frank J. Rohan</u>		19 MOTHER - NAME first middle maiden <u>Laura - Frickey</u>	
20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <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>Eternal Hills Memorial Gardens</u>	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		21b LICENSE NUMBER (Of licensee) <u>3224</u>	
22 NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u>		23 DATE FILED (Month, Day, Year) <u>AUG 22 1991</u>	
24 REGISTRAR'S SIGNATURE <u>Nancy Kennedy</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			
27 TIME OF DEATH <u>1:56 P. M.</u>			
28 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <u>Sylvia Chatroux, MD</u>			
30 DATE SIGNED (Month, Day, Year) <u>8/19/91</u>			
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Sylvia Chatroux, MD - 2300 Clairmont - Klamath Falls, Ore. 97601</u>			
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33 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>Atherosclerotic Cardiovascular Disease</u>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		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 I.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	
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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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>M</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
42. 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.

DATE ISSUED - AUG 22 1991

Donna A. Verberg
DONNA A. VERBERG
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Catherine Drazil the 29th day of Aug. A.D. 19 91 at 11:02 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 17260

Evelyn Biehn - County Clerk

By Donna A. Verberg

FEE \$8.00

Return: Catherine Drazil
834 Eldorado, Klamath Falls, Or. 97601