20

## 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 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 grantee, and unto grantee's heirs, successors and appurtenances thereunto real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath, belonging or described as follows, to-wit:

 $N_2^1$  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  $\widehat{\mathcal{H}}$  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

STATE OF OREGON ) ss.

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

(SEAL)



Notary Public for Oregon 194
My Commission Expires 19794

130/

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  $29 \rm thday$  of Aug.,  $19 \, 91$ , at 11:02 o'clock AM., 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.

Name

Evelyn Biehn, County Clerk

Title

By Oxuling Markensick

Deputy

Fee \$33.00

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ONNITIONS IF ANY	DATE ISS  Splate Signed (M)  34 NAME, HITLE, AE  Sylvia Che  35 NAME OF ATTEN  DUE TO, OR A  (C)  DUE TO, OR A  (C)  PART OTHER SIGNI (C)  Accident (C) Sulconditions co  40. MANNER OF DE  W Natural (C) Sulconditions co  THIS IS A  REGISTE  DATE ISS  OREGON: COU	TRUE AND ERED AT THE COURTY OF	OF CERTIFIERS ID  N IF OTHER THA  ONE CAUSE PER  LICE OF:  NCE OF:  NCE OF:  IDNS  I	MEDICAL EXAMINATION OF THE KLAMA  MEDICA	ovine (1/p) 2300 (1/p) or P (b), AND (c)  on in PART  me OF  TH COU!	Clairmor  Clairmor  (Int)  Do not enter mo  AT WORK  Ver XI No  treet, factory, office  SOUMENT  REGISTE	Sold of dying Discontinuous Annual Control of the C	INTERPOLATION (STATE OF A CONTROL OF A CONTR	in, Day, Year)  Lath Fall  cor Respiratory  e contribute  bably Munk  w INJURY OCC  ALA  DONN  COUNT  KLAMATHO	38. AUTOPSY  [] Yes Kino  ORED  OF BURBI BOUL  AN VERLING Y REGISTRA  OUNTY, ORE	9760  Intervand d	al between onset leath val between onset death val
ONNITIONS IF ANY	DATE ISS  Splate Signed (M)  34 NAME, HITLE, AE  Sylvia Che  35 NAME OF ATTEN  DUE TO, OR A  (C)  DUE TO, OR A  (C)  PART OTHER SIGNI (C)  Accident (C) Sulconditions co  40. MANNER OF DE  W Natural (C) Sulconditions co  THIS IS A  REGISTE  DATE ISS  OREGON: COU	TRUE AND ERED AT THE COURTY OF	OF CERTIFIERS  ID  N IF OTHER THA  ONE CAUSE PER  LECOT:  NCE OF:	MEDICAL EXAMA AN CERTIFIER  RUNE FOR (a).  (A)  INJURY 416 T.  (NOTE: INJURY A16 T.  (NO	winer (1/p) 2300 (1/p) or P (b), AND(c)  en in PART  ME OF HJURY  M  mm, (arm, a)  OVITA  TH COU!	e Drazi	OATE SHE SHE STATE	M. an	Lach Fall.  In Day, Year)  Lach Fall.  Cor Respiratory  Le contribute  Cobably Wunk  W INJURY OCC  BONN  COUNT  KLAMATH C	38. AUTOPSY  [] Yes Kino  ORED  OF BURBI BOUL  AN VERLING Y REGISTRA  OUNTY, ORE	9760  Intervand d	al between onset leath val between onset death val
ONNITIONS IF ANY	ON DATE SIGNED (M)  34 NAME, TITLE, AE  Sylvia Chr.  35 NAME OF ATTEN  36 IMMEDIATE CAUS  PART (a)  DUE TO, OR A  (b)  DUE TO, OR A  (c)  PART OTHER SIGNI  Conditions co  40. MANNER OF DE  W Natural  Accident  [] Suicide  [] Homicide  RESERVED FOR RE  THIS IS A  REGISTE	TRUE AND ERED AT THE COURTY OF	OF CERTIFIERS  ID  N IF OTHER THA  ONE CAUSE PER  LECOT:  NCE OF:	MEDICAL EXAMINATION OF THE KLAMA  MEDICA	winer (1/p) 2300 (1/p) or P (b), AND(c)  en in PART  ME OF HJURY  M  mm, (arm, a)  OVITA  TH COU!	Claimor  Claimor  (Int)  Do not enter mo  AT WORK  Ves XI No  treet, factory, office  Parazi  O'clock	DO SCO OF CHILD OF STATE	GATION (Street	in, Day, Year)  Lath Fall  cor Respiratory  e contribute  bably Munk  w INJURY OCC  TO DONN  COUNT  KLAMATHO  17260	38. AUTOPSY  [] Yes Ki No  Or Bural Rout  Or Bural Rout  A NEGISTRA  OUNTY, ORE  the	9760  Intervand d	al between onset leath val bet
ONNITIONS IF ANY	DATE ISS  Splate Signed (M)  34 NAME, HITLE, AE  Sylvia Che  35 NAME OF ATTEN  DUE TO, OR A  (C)  DUE TO, OR A  (C)  PART OTHER SIGNI (C)  Accident (C) Sulconditions co  40. MANNER OF DE  W Natural (C) Sulconditions co  THIS IS A  REGISTE  DATE ISS  OREGON: COU	TRUE AND ERED AT THE COURTY OF	OF CERTIFIERS  ID  N IF OTHER THA  ONE CAUSE PER  LECOT:  NCE OF:	MEDICAL EXAMA AN CERTIFIER  RUNE FOR (a).  (A)  INJURY 416 T.  (NOTE: INJURY A16 T.  (NO	winer (1/p) 2300 (1/p) or P (b), AND(c)  en in PART  ME OF HJURY  M  mm, (arm, a)  OVITA  TH COU!	Claimor  Claimor  (Int)  Do not enter mo  AT WORK  Ves XI No  treet, factory, office  Parazi  O'clock	DO SCO OF CHILD OF STATE	GATION (Street	in, Day, Year)  Lath Fall  cor Respiratory  e contribute  bably Munk  w INJURY OCC  TO DONN  COUNT  KLAMATHO  17260	38. AUTOPSY  [] Yes Ki No  Or Bural Rout  Or Bural Rout  A NEGISTRA  OUNTY, ORE  the	9760  Intervand d	al between onset leath val between onset death val