

IRRIGATION DITCH EASEMENT

PH 2 11 16 SEP '91

We, LOREN LOVENESS and ELSIE LOVENESS, husband and wife, hereinafter referred to as Grantors, for the consideration herein-after stated, hereby grant to WINIFRED MENDIBOURE, her respective successors, assigns, lessees and agents, hereinafter referred to as Grantee, a right-of-way and easement to construct, maintain and repair an irrigation ditch across Grantors' property, to be located within a 16-foot wide strip of land described as follows, to-wit:

A 16-foot strip of land situated in the Southwest quarter of the Southwest quarter of Section 18, and the Northwest quarter of the Northwest quarter of Section 19, Township 41 South, Range 13 East, of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows: A strip of land 16 feet in width, lying Westerly of and adjacent to the Westerly right-of-way line of Stastny Road from the centerline of the Malin Irrigation District Canal, in said Section 18 (being 930 feet, more or less, North of the South line of said Section 18), to the South line of the Loveness property in said Section 19 (being 213 feet, more or less, South of the North line of said Section 19) as shown on record of Survey No. 5020.

Such easement includes the right of the Grantee to enter onto Grantors' property for the purpose of constructing, maintaining or repairing said irrigation ditch; however, in doing so,

Grantee shall not disturb the land any more than is reasonably necessary, and shall restore the land as near as possible to the condition it was in prior to doing any such work.

Grantee shall have the obligation to maintain such irrigation ditch so as to keep any water from flowing out of the bounds of the ditch easement. Grantee shall not construct or maintain any fence along said ditch where it crosses Grantors' property.

Grantor shall have the right to allow livestock to water out of said ditch.

Such easement is for the benefit of and is appurtenant to the real property owned by Grantee and described in Exhibit "A", attached hereto and by this reference made a part hereof.

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There is no monetary consideration given for this easement, the consideration being the mutual benefits to accrue to the parties under the agreement for easement.

DATED this 6 day of Sept, 1991.

Loren Loveness
Loren Loveness

Elsie Loveness
Elsie Loveness

STATE OF OREGON)
)
County of Klamath)

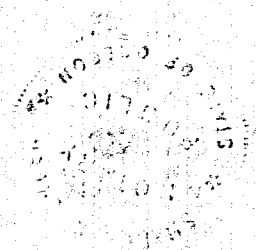
ss.

Sept. 6, 1991

Personally appeared the above-named LOREN LOVENESS and ELSIE LOVENESS, husband and wife, and acknowledged the foregoing instrument to be their voluntary act and deed.

BEFORE ME:

Harion K. Green
Notary Public for Oregon
My Commission Expires: 10/11/93



The following described real property in Klamath County, Oregon:

A parcel of land situate in Government Lot 1 of Section 19, Township 41 South, Range 13 East of the Willamette Meridian, more particularly described as follows:

Beginning at the intersection of the South line of said Lot 1 and the East right of way of the highway in said Lot 1; thence

North along said East right of way line 1124 feet more or less to the South right of way line of a irrigation ditch, as shown on the Klamath County, assessors areal photo map, thence

Easterly and Southeasterly along the South right of way of said irrigation ditch to the South line of said Government Lot 1, thence

West along the South line of Lot 1 to the point of beginning.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Loyal H Loveness the 11 day of Sept A.D. 19 91 at 2:18 o'clock p M., and duly recorded in Vol. 491 of Deeds on Page 18249.

FEE 43.00

Winifred Merdiboure
P O Box 23
Malin, Ore 97632

By Evelyn Biehn County Clerk
Pauline M. Mendenhall

F 1998
I.D. TAG NO.
295

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME Kenneth F. COLLINS		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) August 19, 1991	
4. SOCIAL SECURITY NUMBER 494-20-2932		5. AGE Last (Years) 67		6. BIRTHPLACE (City and State or Foreign Country) Cedar Creek, MO	
7. DATE OF BIRTH (Month, Day, Year) January 20, 1924		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Lathe Operator		13. KIND OF BUSINESS/INDUSTRY Lumber Mill Industry		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
15. RESIDENCE - STATE Oregon		16. CITY, TOWN OR LOCATION Klamath Falls		17. STREET AND NUMBER 1610 Hope Street	
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. ZIP CODE 97603		20. WAS DECEDENT OF HISPANIC ORIGIN? Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc. (Specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
21. FATHER - NAME (first, middle, last) George Fredrick Collins		22. MOTHER - NAME (first, middle, maiden) Vernie Blair		23. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		26. LOCATION - City or Town, State Klamath Falls, Oregon	
27. SIGNATURE OF FUNERAL SERVICE PERSON ACTING AS SUCH <i>Merle West</i>		28. LICENSE NUMBER (If License) 3329		29. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST Klamath Falls, OR 97601	
30. DATE FILED (Month, Day, Year) AUG 20 1991		31. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		32. WAS GIFT MADE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		34. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
35. TIME OF DEATH 10:50 P M		36. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
38. To the best of my knowledge, death occurred at the time, date, place and cause stated (Signature) <i>[Signature]</i>		39. M.D.		40. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated (Signature)	
41. DATE SIGNED (Month, Day, Year) August 20 1991		42. DATE SIGNED (Month, Day, Year) COUNTY			
43. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert S. Bohnen M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601		44. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
45. 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)		46. INTERVAL BETWEEN ONSET AND DEATH 9 hrs.		47. INTERVAL BETWEEN ONSET AND DEATH	
48. DUE TO, OR AS A CONSEQUENCE OF:		49. INTERVAL BETWEEN ONSET AND DEATH		50. INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITION - Conditions contributing to death but not related to cause given in PART 1. None		52. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		53. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
54. 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		55. DATE OF INJURY (Month, Day, Year)		56. TIME OF INJURY	
57. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		58. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		59. DESCRIBE HOW INJURY OCCURRED	
60. LOCATION (Street and Number or Rural Route Number, City or Town, State)		61. RESERVED FOR REGISTRAR'S USE			

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

DATE ISSUED **AUG 20 1991**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the **11** day
of **Sept** A.D., 19 **91** at **3:06** o'clock **P** M., and duly recorded in Vol. **M91**
of **18253** on Page **18253**

FEE **8.00**

Return: Bessie Collins
1610 Hope, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By *Donna A. Verling*