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

NE 34881 QUITCLAIM DEED Vol. M91 Page 19026

KNOW ALL MEN BY THESE PRESENTS, That Nancy K. Plouffe, hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and quitclaim unto Prentice A. Nunn or Emma Viola Nunn, 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 ....., State of Oregon, described as follows, to-wit:

Parcel 1: Lot 10 of Graybael addition to the Town of Merrill, Ore, According to the duly recorded Plat there of on file in the office of the County clerk of Klamath Co., Ore.

Parcel 2: Beginning North west Corner Lot 1 Block 10 Graybael addition, thence North 30 feet, thene EAST 136.58 feet, thence South 30 feet to North EAST Corner of Said Lot 10, thence west 136.58 feet to the point of Beginning.

'91 SEP 20 PM 1 40

(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 $6,000.00

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 20th day of September, 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.

x Nancy K. Plouffe

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.

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on ....., 19....,

by Nancy K. Plouffe

This instrument was acknowledged before me on September 20, 19 91,

by Nancy K. Plouffe

as .....

of .....

OFFICIAL SEAL
SHIRLEY J. DRUMM
NOTARY PUBLIC-OREGON
COMMISSION NO. 006078
MY COMMISSION EXPIRES APR. 16, 1995

Shirley J. Drumm
Notary Public for Oregon

My commission expires April 16, 1995

Nancy K. Plouffe
P.O. Box 2
Merrill OR 97633
GRANTOR'S NAME AND ADDRESS

Prentice A. Nunn or Emma Viola Nunn
145 N. Willow Street
Merrill, Ore. 97633
GRANTEE'S NAME AND ADDRESS

After recording return to:
Prentice Nunn
145 N. Willow Street
Merrill, Ore. 97633
NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.
SAME
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 20th day of September, 19 91, at 1:40 o'clock P.M., and recorded in book/reel/volume No. M91 on page 19026 or as document/fee/file/instrument/microfilm No. 34881, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Bernetha A. Kelsch Deputy

Fee $28.00

et 28.00 1st cpy

CERTIFICATION OF VITAL RECORD

094007
I.D. TAG NO.
332
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME First: Glenn | Middle: E. | Last: HUFFMAN
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): September 12, 1991
4. SOCIAL SECURITY NUMBER: 543-07-3172
5a. AGE-Last Birthday (Years): 82
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR
7. DATE OF BIRTH (Month, Day, Year): March 20, 1909
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): Plum Ridge Care 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.): Carpenter
10b. KIND OF BUSINESS/INDUSTRY: Commercial Construction
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Marrid
12. SPOUSE (If Married, Widowed): Phyllis Huffman
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Bonanza
13d. STREET AND NUMBER: 3178 E. Langell Valley Road
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97623
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): 7; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Clyde E. Huffman
18. MOTHER - NAME first middle maiden: Blanche - Carlisle
19. INFORMANT - NAME and relationship to deceased: Phyllis Huffman Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Bonanza Memorial Park
20c. LOCATION - City or Town, State: Bonanza Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): SEP 16 1991
24. REGISTRAR'S SIGNATURE: Darcy 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: 5:07 A 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): Charles D. Bury M.D.
30. DATE SIGNED (Month, Day, Year): 9/12/91

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): Charles D. Bury M.D. 2300 Clairmont Street 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) Pneumonia — Interval between onset and death: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Poor Respiratory Effort — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) CVA — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.

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 ORIGINAL RECORD FILED WITH THE VITAL STATISTICS UNIT REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED SEP 16 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 Phyllis Huffman of Sept. A.D., 19 91 at 2:10 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 19027 the 20th day

Evelyn Biehn County Clerk
By [signature]

FEE $8.00
Return: Phyllis Huffman
3178 E. Langell Valley Rd., Bonanza, Or. 97623