

NE 35711

## BARGAIN AND SALE DEED

Vol. m91 Page 20899

KNOW ALL MEN BY THESE PRESENTS, That  
 RUSSELL G. CARPENTER AND FRANCES CARPENTER

for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto  
 THE 1986 CARPENTER LIVING TRUST  
 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:

Lot 3, Block 10, Tract 1152, NORTH HILLS, in the County of Klamath, State of Oregon,  
 according to the official plat thereof on file in the office of the County Clerk of  
 Klamath County, Oregon.

(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 \$ N/A

~~However, the actual consideration consists of or includes other property or promise which is~~  
 the whole consideration (indicate which).<sup>Ⓢ</sup> (The sentence between the symbols <sup>Ⓢ</sup>, 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 8th day of October, 1991.  
 if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly author-  
 ized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-  
 SCRIBED 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.

*Russell G. Carpenter*  
 RUSSELL G. CARPENTER

*Frances Carpenter*  
 FRANCES CARPENTER

STATE OF OREGON, County of KLAMATH

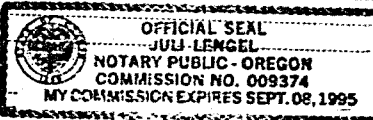
This instrument was acknowledged before me on October 8, 1991,  
 by RUSSELL G. CARPENTER AND FRANCES CARPENTER

This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_,  
 by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_

My commission expires 9/8/95



GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:  
 Russell & Frances Carpenter  
 6050 Indiana Ave.  
 Buena Park CA 90621

NAME, ADDRESS, ZIP

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

SAME AS ABOVE

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instru-  
 ment was received for record on the  
8th day of Oct., 1991,  
 at 12:53 o'clock P. M., and recorded  
 in book/reel/volume No. M91 on  
 page 20899 or as fee/file/instru-  
 ment/microfilm/reception No. 35711  
 Record of Deeds of said county.

Witness my hand and seal of  
 County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Debra L. Smith Deputy

Fee \$28.00

28.00

E 5288  
I.D. TAG NO.

362  
Local File Number

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

136-

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE OF  
DEATH

15

16

17

|  |  |  |   |
|--|--|--|---|
| 1. DECEDENT'S NAME<br>First: Manilaia Middle: Gladys Louise Last: RYLAH  |  | 2. SEX<br>F  | 3. DATE OF DEATH (Month, Day, Year)<br>October 4, 1991              |
| 4. SOCIAL SECURITY NUMBER<br>540-14-3434   |  | 5a. AGE Last Birthday (Years)<br>83  | 6. BIRTHPLACE (City and State or Foreign Country)<br>Seymore, Texas |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 9a. PLACE OF DEATH (Check only one)<br><input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): FOSTER CARE |   |
| 9b. FACILITY NAME (If not institution, give street and number)<br>Hillside Care Home   |  | 9c. CITY, TOWN, OR LOCATION OF DEATH<br>Klamath Falls  |   |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br>Homemaker   |  | 10b. KIND OF BUSINESS/INDUSTRY<br>Own Home   |   |
| 11. MARITAL STATUS - Married<br>Never Married, Widowed, Divorced (Specify):  |  | 12. SPOUSE (If Married, Widowed, Divorced)<br>Kenneth E. Rylah   |   |
| 13a. RESIDENCE - STATE<br>Oregon   |  | 13b. COUNTY<br>Klamath   |   |
| 13c. CITY, TOWN OR LOCATION<br>Klamath Falls   |  | 13d. STREET AND NUMBER<br>228 Miller Island Road   |   |
| 13e. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 13f. ZIP CODE<br>97603   |   |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  |  | 15. RACE American Indian, Black, White, etc. (Specify)<br>White  |   |
| 17. FATHER - NAME first middle last<br>Mathew D. Harper  |  | 18. MOTHER - NAME first middle maiden<br>Belle V. Gause  |   |
| 20a. 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):   |  | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br>Klamath Cremation Service   |   |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>James O. [Signature]</i>   |  | 21b. LICENSE NUMBER (Of Licensee)<br>49-1275   |   |
| 22. NAME, ADDRESS AND ZIP OF FACILITY<br>O'Hair's Funeral Chapel<br>515 Pine St. Klamath Falls, OR 97601   |  | 24. REGISTRAR'S SIGNATURE<br><i>Donna A. Verling</i>   |   |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A  |  | 26. WAS GIFT MADE?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A   |   |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN  |  |  |   |
| 27. TIME OF DEATH<br>5:40 P.M.   |  | 28. WAS MEDICAL EXAMINER NOTIFIED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| 29. In the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature)<br><i>R. Rand Hale M.D.</i>   |  |  |   |
| 30. DATE SIGNED (Month, Day, Year)<br>10/7/91  |  |  |   |
| 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br>R. Rand Hale M.D. 1000 Pine Street Klamath Falls, Oregon 97601   |  |  |   |
| 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  |  |   |
| 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) <i>Pneumonia</i>  |  | Interval between onset and death   |   |
| (b) <i>Alzheimer's Disease</i>   |  | Interval between onset and death   |   |
| (c)  |  | 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown   |  | 38. AUTOPSY?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| 39. If YES, were findings corroborated in laboratory? (Date of death)  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |   |
| 40. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide |  | 41a. DATE OF INJURY (Month, Day, Year)   |   |
| 41b. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)  |  | 41c. TIME OF INJURY  |   |
| 41d. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 41e. DESCRIBE HOW INJURY OCCURRED  |   |
| 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 COPY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED OCT 7 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 Kenneth Rylah the 8th day  
of Oct. A.D., 19 91 at 12:53 o'clock P.M. and duly recorded in Vol. M91  
of Deeds on Page 20900

Evelyn Biehn County Clerk

By *Donna A. Verling*

FEE \$8.00

Return: Kenneth Rylah

228 Miller Is. Rd., Klamath Falls, Or. 97603