

36731

Vol. m91 Page 22732BARGAIN AND SALE DEED  
(Statutory Form ORS 93.860)

James E. Parrett and Irene I. Parrett, husband and wife, grantors, convey to John Fisher and Cindy Fisher, husband and wife, Grantees, the following described real property:

Lot 6, Block 6, Tract No. 1042, TWO RIVERS NORTH, situated in Section 36, T 25 S, and Section 1, T 26 S, R 7 E, W.M., Klamath County Oregon.

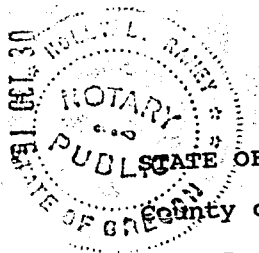
The true consideration for this conveyance is: \$6,000.00

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.

Dated this 2 day of October, 1991.

James E. Parrett  
James E. Parrett  
Irene I. Parrett  
Irene I. Parrett

44  
PM 2  
OCT 30 1991



STATE OF OREGON )  
County of Lane ) ss.

Personally appeared the above-named James E. Parrett and Irene I. Parrett, and acknowledged the foregoing instrument to be their voluntary act and deed.

BEFORE ME this 2 day of October, 1991.

Shelly J. Sample  
Notary Public for Oregon  
My Commission Expires: 2-6-93

Title #:

Until a change is requested,  
send all tax statements to:

John & Cindy Fisher  
860 Ironwood  
Eagle Point, OR 97524

Tax Code #:

After recording, return to:

Richard L. Fredericks  
Attorney At Law  
644 North "A" Street  
Springfield, OR 97477

## BARGAIN AND SALE DEED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard L. Fredericks the 30th day  
of Oct. A.D. 19 91 at 2:44 o'clock PM., and duly recorded in Vol. M91  
of Deeds on Page 22732.

FEE \$28.00

Evelyn Biehu County Clerk  
By Pauline M. [Signature]

105721  
I.D. TAG NO.  
282  
Local File Number

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

138-

State File Number

1. DECEDENT'S NAME First: Robert Middle: Louis Last: RANDOL		2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 3, 1991
4. SOCIAL SECURITY NUMBER 448-16-9460	5a. AGE-Last Birthday (Years) 67	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Flat River, MO
7. DATE OF BIRTH (Month, Day, Year) September 28, 1923			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 2006 Wiard Street		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.) Diesel Electrician		10b. KIND OF BUSINESS/INDUSTRY So. Pacific Rail Road	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) B. Marie	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 2006 Wiard Street			
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE 97603	
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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 15+) 2			
17. FATHER - NAME first middle last Robert Troy Randol		18. MOTHER - NAME first middle maiden Ada O. Parker	
19. INFORMANT - NAME and relationship to decedent B. Marie Randol, wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input 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) Eternal Hills Memorial Gardens	
20c. LOCATION - City or Town, State Klamath Falls, OR 97603			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)		21b. LICENSE NUMBER (For Licensee) 53-0124	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year) AUG 7 1991		24. REGISTRAR'S SIGNATURE (Signature)	
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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 02:00 A M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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)			
30. DATE SIGNED (Month, Day, Year) August 5, 1991			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) G. Craig Merhoff, MD, 2850 Daggett Street, Klamath Falls, OR 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
CAUSE OF DEATH			
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) DUE TO, OR AS A CONSEQUENCE OF: Metastatic Cancer to Colon (b) DUE TO, OR AS A CONSEQUENCE OF: Cancer Against Colon		Interval between onset and death 3 mos Interval between onset and death 3 mos Interval between onset and death 3 mos	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. None		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES, was autopsy considered in determining cause of death? <input type="checkbox"/> Yes <input 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) M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41b. TIME OF INJURY M <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	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

DATE ISSUED AUG 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 B. Marie Randol the 30th day  
of Oct. A.D. 19 91 at 2:27 o'clock P.M., and duly recorded in Vol. M91  
of Deeds on Page 22731

Evelyn Biehn - County Clerk

By Pauline Muslander

FEE \$8.00

Return: B. Marie Randol  
2006 Wiard, Klamath Falls, Or. 97603

## EXHIBIT "A"

DESCRIPTION OF PROPERTY

The following described real property situated in Klamath County, Oregon:

PARCEL 1: That portion of S½SW¼, in Section 25, Township 39 South, Range 9 E.W.M. EXCEPTING HOWEVER, from the effect of this conveyance, the South 126.7 feet thereof; Containing after making the aforesaid exception, 72.3 acres, and SAVING and EXCEPTING any portion lying in Homedale Road.

PARCEL 2: The N½NE of Section 35 Township 39 South, Range 9 E.W.M., Klamath County, Oregon, SAVING AND EXCEPTING such portions of said premises as have been conveyed to the United States of America by deed recorded in Volume 326 at page 239, by deed recorded in Volume 30 at page 563, by deed recorded in Volume 45 at page 239, and by deed recorded in Volume 88 at page 309 of Deed Records of Klamath County, Oregon; and ALSO EXCEPTING that portion of said realty acquired by the United States of America under a declaration of taking in Volume 293 at page 183 of Deed Records of Klamath County, Oregon; ALSO EXCEPTING THEREFROM any portion lying within Homedale Road.

PARCEL 3: Tract 19 of "400" Subdivision, EXCEPTING THEREFROM that portion deeded to United States of America by deed recorded February 7, 1936, in Deed Volume 105, page 608 for 1-B-1-A Drain purposes. ALSO EXCEPTING THEREFROM that portion deeded to the United States of America by deed recorded August 26, 1960 in Deed Volume 323, page 581.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co. the 30th day of Oct. A.D., 19 91 at 2:18 o'clock P M., and duly recorded in Vol. M91 of Mortgages on Page 22729.

Evelyn Biehn County Clerk

By Darlene Muelendore

FEE \$13.00