

OK

36736

WARRANTY DEED

Vol. 1991 Page 22737

KNOW ALL MEN BY THESE PRESENTS, That Jeanette K. Potter and Diane M. Smith Co-Trustees for the Ruby R. Parsons - Living Trust hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by William K. Parsons, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lot 58, Pleasant Home Tracts, in the County of Klamath, State of Oregon.

Subject to:

1. Conditions, restrictions as shown on the recorded plat.
2. Regulations, including levies, liens, assessments, rights of way and easements of Enterprise Irrigation District and of South Suburban Sanitary District.
3. Conditions and restrictions in Deed recorded in Book 145 at page 429.

(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.

And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances

and that

grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$0 as in trust.
 However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). (The sentence between the symbols ©, 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 30th day of Oct., 1991; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

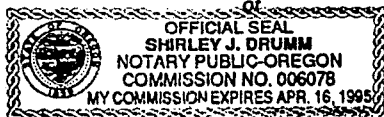
Ruby Parsons Living Trust
Jeanette K. Potter Co-trustee
Diane M. Smith Co-trustee

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on _____, 19____,

by _____

This instrument was acknowledged before me on October 30, 1991,
 by Jeanette K. Potter and Diane M. Smith, Co-Trustees for the
 as Ruby R. Parsons Living Trust



Shirley J. Drumm
 Notary Public for Oregon
 My commission expires April 16, 1995

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

William K. Parsons4224 AlvaKlamath Falls, Ore 97603

NAME, ADDRESS, ZIP

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

Same

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath) ss.

I certify that the within instrument was received for record on the 30th day of Oct., 1991, at 3:06 o'clock P.M., and recorded in book/reel/volume No. M91 on page 22737 or as fee/title/instrument/microfilm/reception No. 36736, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
 NAME TITLE

B. Pauline J. Neillanders Deputy

Fee \$28.00

91 OCT 30 PM 3 06

105739

I.D. TAG NO.

393

Local File Number

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

136

State File Number

1 DECEDENT'S First Name Ruby		Middle Rose		Last PARSONS		2 SEX F	3 DATE OF DEATH (Month, Day, Year) October 24, 1991
4 SOCIAL SECURITY NUMBER 540-86-9081		5a AGE Last Birthday (Years) 75	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.	6 BIRTHPLACE (City and State or Foreign) Richland, Oregon		7 DATE OF BIRTH (Month, Day, Year) August 9, 1916
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical 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) Housewife		10b. KIND OF BUSINESS/INDUSTRY Homemaking		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Francis Eugene	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3645 Laverne Avenue	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. 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		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 5+)		17. DECEDENT'S EDUCATION 8					
17 FATHER - Name first middle last Lewis - Smith		18. MOTHER - Name first middle maiden Annie May Hartley		19. INFORMANT - Name and relationship to decedent Diane Smith, daughter			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" 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 97601			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donna A. Verling</i>		21b. LICENSE NUMBER (Of 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) OCT 24 1991		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		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				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 21:20 P M		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29a. TIME OF DEATH M		29b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>James F. Novak MD</i>				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)			
30. DATE SIGNED (Month, Day, Year) October 25, 1991		33. DATE SIGNED (Month, Day, Year) COUNTY					
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James F. Novak, 1905 Main 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) Disseminated carcinomatosis		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 1 1/2 hrs		Interval between onset and death	
PART I (b) BREAST CANCER		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Diabetes Mellitus		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES, were findings confirmed 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)		41b. TIME OF INJURY M		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. 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
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Diane M. Smith the 30th day
of Oct. A.D., 19 91 at 3:06 o'clock PM., and duly recorded in Vol. M91,
of Deeds on Page 22736.

Evelyn Biehn. County Clerk

By *Donna A. Verling*

FEE \$8.00

Return: Diane M. Smith

3823 Bisbee, Klamath Falls, Or. 97603