

1967

36738

02037369902637561

KNOW ALL MEN BY THESE PRESENTS, That

Evelyn F. McAtee

hereinafter called grantor,  
for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto  
Ernest J. Borgman and Dorothy J. Borgman, husband and wife

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:

A portion of Lot 36, LAKEWOOD HEIGHTS described as follows;

Beginning at the intersection of the Southerly line of said lot 36, and  
the Southwesterly boundary line of Secondary Highway No. 421 in Lakewood  
Heights; thence Northwesterly along the Northeasterly line of said Lot 36  
to the Northwesterly corner of said lot 36; thence South 35°25' West along  
the Northwesterly line of lot 36 a distance of 63.1 feet to the Southwest corner  
of lot 36; Thence south 64°46' East along the Southerly line of lot 36 a distance  
of 42.03 feet; thence South 78°51' East 57.61 feet to a point; thence South 62°  
21' East a distance of 13.15 feet; thence South 47°55' East a distance of 46.43  
feet to a point on the Southerly line of said lot 36; thence South 71°48' East  
along said Southerly line of lot 36 to the point of beginning.

(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 \$ 1,000.00

⓪ However, the actual consideration consists of or includes other property or value given or promised which is  
the whole consideration (indicate which).⓪

In construing this deed the singular includes the plural as the circumstances may require.  
Witness grantor's hand this 20th day of November, 1973

Evelyn F. McAtee

STATE OF OREGON, County of Klamath ) ss.

November 20, 1973

Personally appeared the above named Evelyn F. McAtee

and acknowledged the foregoing instrument to be her voluntary act and deed.

OFFICIAL SEAL

Marlene T. Addington

Notary Public for Oregon

My commission expires

Before me:

Marlene T. Addington

Notary Public for Oregon

My commission expires 3-21-77

## Bargain and Sale Deed

TO

AFTER RECORDING RETURN TO

ATC

(DON'T USE THIS  
SPACE! RESERVED  
FOR RECORDING  
LABEL IN COUN-  
TIES WHERE  
USED.)

## STATE OF OREGON

County of Klamath } ss.

I certify that the within instru-  
ment was received for record on the  
30th day of Oct., 1991,  
at 3:29 o'clock P.M., and recorded  
in book M91 on page 22739 or as  
filing fee number 36738, Rec-  
ord of Deeds of said County.

Witness my hand and seal of  
County affixed.

Evelyn Biehn

County Clerk

Title

By Pauline Mullenders Deputy

Fee \$28.00

91 OCT 30 PM 3 24

105737  
I.D. TAG NO.388  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S First Name <b>Richard</b>		Middle <b>Edwin</b>		Last <b>BOTENS</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>October 21, 1991</b>
4. SOCIAL SECURITY NUMBER <b>543-07-3461</b>		5a. AGE Last Birthday (Years) <b>71</b>	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Klamath Falls, OR</b>		7. DATE OF BIRTH (Month, Day, Year) <b>January 25, 1920</b>
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
9a. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>				9b. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		9c. COUNTY OF DEATH <b>Klamath</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Rancher</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Agriculture</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed) <b>Eileen M.</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>		13d. STREET AND NUMBER <b>6750 Redding Street</b>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>97603</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>White</b>		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. FATHER - Name first middle last <b>Fredrick Lewis Botens</b>		18. MOTHER - Name first middle maiden <b>Mary - Aleshire</b>		19. INFORMANT - Name and relationship to decedent <b>Eileen M. Botens, wife</b>	
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Memorial Gardens</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, OR 97603</b>		21. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Davenport</i>		23. LICENSE NUMBER (Of License) <b>47-3104</b>		24. REGISTRAR'S SIGNATURE <i>Dorothy Kennedy</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. DATE FILED (Month, Day, Year) <b>OCT 22 1991</b>		27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <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 <b>00:12 A</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH <b>M</b>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
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>Dale McDowell 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) <b>October 21, 1991</b>				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Dale S. McDowell, MD, 2600 Campus Drive, Klamath Falls, Oregon 97601</b>				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) <b>VENTRICULAR FIBRILLATION</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>CARDIOMYOPATHY AND VALVULAR HEART DIS.</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>IDIOPATHIC.</b>				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. H YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **OCT 22 1991**DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Eileen M. Botens the 30th day  
of Oct. A.D. 19 91 at 3:18 o'clock P M., and duly recorded in Vol. M91  
of Deeds on Page 22738.

Evelyn Biehn - County Clerk

By Donna A. Verling

FEE \$8.00

Return: Eileen M. Botens  
6750 Redding, Klamath Falls, Or. 97603