

48-36946

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## RIGHT-OF-WAY EASEMENT AND AGREEMENT

LMJ Cattle Company, a partnership consisting of J.R. Owens, Lauren P. Owens and Mark E. Owens, hereinafter referred to as Grantor, hereby grants to TELEPHONE UTILITIES OF EASTERN OREGON, INC., dba PTI Communications, its successors and assigns, hereinafter referred to as the Company, the right to bury and maintain underground and aerial telephone facilities, together with all necessary wires and fixtures incidental thereto, under, upon, over and across that real property situated in Klamath County, Oregon and more particularly described as follows:

The NE $\frac{1}{4}$ NE $\frac{1}{4}$  Section 8 and in Government Lots 1, 2, 3 and 4, the NW $\frac{1}{4}$ NW $\frac{1}{4}$  and the NE $\frac{1}{4}$ SW $\frac{1}{4}$  Section 9, T.33S., R.7 $\frac{1}{2}$ E., W.M., EXCEPTING THEREFROM that portion thereof lying within the boundaries of the Crater Lake Highway.

the location of said facilities to be as generally delineated on Exhibit "A", attached hereto and made part hereof.

It is agreed that the Company, its successors and assigns, shall have access to said premises for the purposes stated and shall be responsible for any damage to said premises, including damage to growing crops, caused by the Company's exercise of the rights granted herein. Said easement is not to interfere with existing irrigation and drainage ditches and related structures and appurtenances except for crossings of such by said facilities at as near to a perpendicular angle thereto as reasonably possible.

No above-ground facilities are authorized by this easement grant except one (1) aerial facility crossing of that canal commonly known as the "pump ditch" near its intersection with the Easterly boundary of the above described property, said aerial facility crossing to be accomplished utilizing exiting utility poles only. Said property shall be restored, as nearly as reasonably possible to prior condition in a workmanlike manner, including all damages to said irrigation and drainage ditches and related structures and appurtenances.

All facilities authorized hereunder shall be placed to a minimum depth of twenty-four (24) inches below ground surface except 1) where obstruction such as severe rock outcropping causes this requirement to be unreasonable, in which case said facilities shall be placed to a depth which, as nearly as is reasonably possible, approaches the otherwise applicable minimum depth stated above; 2) facilities placed within the fenced Crater Lake Highway corridor, as it exists on the date of this grant; and, 3) the aerial facility crossing of that canal commonly known as the "pump ditch", as set out above.

Grantor reserves the right to use the above described property for any purpose not inconsistent with the rights granted herein and shall not be responsible for damage to the Company's underground or aerial facilities placed hereunder resulting from normal farming operations of the Grantor on the above described property, wilful and intentional damages excepted.

In consideration of the rights herein granted, the Company agrees that, within a reasonable time following the completion of construction of the Company's facilities authorized hereunder, the Company, or a representative thereof, shall present to Grantor a "Telephone Line Right-of-Way Easement and Release" in favor of the Company. Said Telephone Line Right-of-Way Easement and Release shall specify the location of a ten (10) foot wide easement centered on the facilities constructed hereunder and shall incorporate the terms and conditions of this agreement. Grantor shall have the option to replace this Easement and Agreement by executing said Telephone Line Right-of-Way Easement and Release within thirty (30) days following receipt of such and without further consideration or payment to Grantor. Once executed by the Grantor, said Telephone Line Right-of-Way Easement and Release shall promptly be executed by the Company and filed for public record in the office of the County Clerk, Klamath County, Oregon. In the event that Grantor, for any reason, shall fail to execute said "Telephone Line Right-of-Way Easement

4800

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I.D. TAG NO.

177

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First Middle Last <b>Raymond Doyle CALLOWAY</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>May 19, 1991</b>
4. SOCIAL SECURITY NUMBER <b>429-42-3644</b>		5a. AGE - Last Birthday (Years) <b>81</b>	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) <b>Hampton, Arkansas</b>		7. DATE OF BIRTH (Month, Day, Year) <b>April 10, 1910</b>	
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) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) <b>3127 Emerald Street</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
9d. 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>Car Checker</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Railroad</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		12. SPOUSE (If Married, Widowed) <b>Loy Elva Calloway</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	
13c. STREET AND NUMBER <b>3127 Emerald Street</b>			
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) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 15+) <b>9</b>			
17. FATHER - NAME first middle last <b>Dawsey - Calloway</b>		18. MOTHER - NAME first middle maiden <b>Nora - Hopkins</b>	
19. INFORMANT - NAME and relationship to decedent <b>Patricia Mollett Daughter</b>			
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) <b>Klamath Memorial Park</b>	
20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) <b>3287</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel</b> <b>515 Pine ST. Klamath Falls, OR 97601</b>			
23. DATE FILED (Month, Day, Year) <b>MAY 21 1991</b>		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>6:00 P.M.</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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. <i>[Signature]</i> M.D.			
30. DATE SIGNED (Month, Day, Year) <b>5-20-91</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Alden Glidden M.D. 2680 Uhrmann Road Klamath Falls, Oregon 97601</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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: <b>CHH</b>			
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Arteriosclerotic Cardiovascularly</b>			
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Hypertension</b>			
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
39. IF YES were findings considered in determining cause of death?			
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"/> Homicide <input type="checkbox"/> Legal Intervention			
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		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)	

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL VITAL STATISTICS COPY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV

DATE ISSUED **MAY 21 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 Patricia Mollett the 5th day  
of Nov. A.D. 19 91 at 10:12 o'clock AM., and duly recorded in Vol. M91  
of Deeds on Page 23117

Evelyn Biehn, County Clerk

By *[Signature]*

FEE \$8.00

Return: Patricia Mollett  
2556 Garden, Klamath Falls, Or. 97601

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