

OK

36954

WARRANTY DEED—STATUTORY FORM
INDIVIDUAL GRANTORVol. 799 / Page 231379

JEROME F. ROTH

Grantor,

conveys and warrants to LARRY A. WOLF and SUE W. WOLF, Husband and Wife

Grantee, the following described real property free of encumbrances except as specifically set forth herein situated in KLAMATH County, Oregon, to-wit: Lot 14 in Block 3 of TRACT 1060, SUN FOREST ESTATES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

TAX ACCT #2310 026B0 06600 KEY 139576

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The said property is free from encumbrances except THOSE SHOWN ON THE REVERSE SIDE IF ANY

The true consideration for this conveyance is \$ 3,500.00 (Here comply with the requirements of ORS 93.030)Dated this 15th day of OCTOBER, 1991

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.

WASHINGTON

STATE OF OREGON, County of Clark) ss.This instrument was acknowledged before me on October 15, 1991,

by JEROME F. ROTH

Notary Public for OREGON WASHINGTONMy commission expires 04-01-93

WARRANTY DEED

JEROME F. ROTH

GRANTOR

LARRY A. WOLF

GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

LARRY A. WOLF

SUE W. WOLF

35183 BIRCH RD.

BARSTOW, CA 92311

NAME, ADDRESS, ZIP

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

SAME AS ABOVE S10452CN

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of _____) ss.

I certify that the within instrument was received for record on the _____ day of _____, 19_____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/tile/instrument/microfilm/reception No. _____, Record of Deeds of said county.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy

91 NOV 5 AM 11 32

Vicki Lee ROTH				female	Feb. 13, 1990		146	STATE FILE NUMBER	
4 AGE LAST BIRTHDAY (Yr)		5 UNDER 1 YEAR		6 UNDER 1 DAY		7 BIRTHDATE (Mo, Day, Yr)		8 BIRTH STATE (If not in USA give country)	
38		MOS		DAYS		HOURS		MINS	
38		Apr. 28, 1951		Illinois		U.S.A.		Clark	
11 CITY, TOWN OR LOCATION OF DEATH				12 PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME				13 SMOKING IN LAST 15 YEARS? (Yes/No)	
Battle Ground				182nd and Risto Road				no	
14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		15 SURVIVING SPOUSE (If wife, give maiden name)		16 WAS DECIDENT EVER IN U.S. ARMED FORCES? (Yes/No)		17 SOCIAL SECURITY NO		18 HIGH SCHOOL GRADUATE? (Yes/No)	
Married		Jerome F. Roth		No		324-44-6824		Yes	
19 USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED)				20 KIND OF BUSINESS OR INDUSTRY		21 Was Decedent of Hispanic Origin or ancestry? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.)		22 RACE (White, Black, Asian or Pacific Islander, Am Ind, Hispanic, etc. (Specify))	
Loan Clerk				Banking		1 Yes 2 No		White	
23 RESIDENCE - NUMBER AND STREET				24 CITY/TOWN OR LOCATION		25 INSIDE CITY LIMITS? (Yes/No)		26 COUNTY	
20105 NE Risto Road				Battle Ground		no		Clark	
26 STATE				27 ZIP CODE		28 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME			
Washington				98604		Barbara Rick			
29 FATHER'S NAME — FIRST, MIDDLE, LAST				30 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME		31 INFORMANT — NAME			
Victor Kuchera				Barbara Rick		Jerome Roth			
32 MAILING ADDRESS				STREET OR RFD NO		CITY OR TOWN		STATE	
20105 NE Risto Road				Battle Ground		Washington		98604	
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify)		34 DATE (Mo, Day, Yr)		35 CEMETERY/CREMATORY — NAME		36 LOCATION — CITY/TOWN, STATE			
Cremation		Feb. 16, 1990		Uniservice Crematory		Portland, Oregon			
37 FUNERAL DIRECTOR SIGNATURE		38 NAME OF FACILITY		39 ADDRESS OF FACILITY		40 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			
X <i>John W. Davis</i>		Memorial Gardens Mortuary		Vancouver, Wa. 98684		41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED			
42 DATE SIGNED (Mo, Day, Yr)		43 HOUR OF DEATH (24 Hrs)		44 DATE SIGNED (Mo, Day, Yr)		45 HOUR OF DEATH (24 Hrs)		46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
X		February 27, 1990		1300		February 13, 1990		1300	
47. PRONOUNCED DEAD (Mo, Day, Yr)		48 HOUR PRONOUNCED DEAD (24 Hrs)		49. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)					
February 13, 1990		1300		Archie Hamilton MD, Coroner 304 E. 37th Street Vancouver, Washington 98663					
50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.									
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST				(A) Gunshot wound to the chest		INTERVAL BETWEEN ONSET AND DEATH			
				(B) Suicide		INTERVAL BETWEEN ONSET AND DEATH			
				(C)		INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. AUTOPSY? (Yes/No)		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)			
				Yes		Yes			
54. ACC. SUICIDE NO. UNDER OR PENDING INVESTIGATION		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED			
Suicide		2-13-90		1300		Gunshot wound to the chest, self-inflicted			
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC (Specify)		60. LOCATION — STREET OR RFD NO, CITY/TOWN, STATE					
No		Home		20105 NE Risto Road Battle Ground, WA					
61. REGISTRAR SIGNATURE		62. DATE RECEIVED (Mo, Day, Yr)							
X <i>Karen Steingart, MD</i>		MAR 1 1990							

DOH 110-008 (Rev. 8/88) (formerly DSHS 9-150)

AFTER RECORDING RETURN TO:
Jerome F. Roth
25612 N.E. 150th Ave.
Battleground, WA 98604

Karen Steingart, MD

MAR 2 1990

SEAL

KAREN STEINGART M.D.
HEALTH DISTRICT OFFICER

DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of Mountain Title Co. the 5th day
of Nov. A.D., 19 91 at 11:32 o'clock A. M., and duly recorded in Vol. m91
of Deeds on Page 23136
Evelyn Biehn, County Clerk
By *Deanne Y. Nishikawa*
FEE \$8.00