


NE

37039

Vol. m91 Page 23394 

KNOW ALL MEN BY THESE PRESENTS, That Elsie M. Morris and Evelyn M. Franklin

Franklin _____, hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by Michael K. Knoke and Gwendolyn L. Knoke, husband and wife, _____ and Elsie M. Morris _____, 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 Five (5), and Six (6), Block Eleven (11),
First Addition to Bly, Klamath County, Oregon;
according to the duly recorded plat of said
addition on file in the office of the County
Clerk of said County.

(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 above granted 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 \$.....100.00.

① However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which).^①

In construing this deed and where the context so requires, the singular includes the plural.

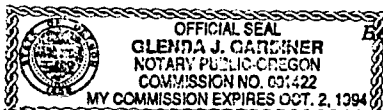
WITNESS grantor's hand this 6 day of November, 1991.

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.

STATE OF OREGON, County of Klamath) ss. 6 November, 1991

Personally appeared the above named Evelyn M. Franklin

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



Before me: Glenda J. Gardiner
Notary Public for Oregon
My commission expires 10/2/94

NOTE—The sentence between the symbols ①, if not applicable, should be deleted. See Chapter 462, Oregon Laws 1967, as amended by the 1967 Special Session.

Elsie M. Morris

P.O. Box 577

Bly, OR 97622

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Michael K. Knoke

H...C...64.....Box...26

Lakeview, OR 97630

NAME ADDRESS ZIP

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

Michael K. Knoke

H C 64 Box 26

Lakeview, OR.....97630

NAME ADDRESS ZIP

STATE OF OREGON, } ss.
County of Klamath..... }

I certify that the within instrument was received for record on the 7th day of Nov., 1991, at 11:15 o'clock AM., and recorded in book/reel/volume No. M91 on page 23394 or as fee/file/instrument/microfilm/reception No. 37089, Record of Deeds of said county.

Witness my hand and seal of
County affixed.

.....Evelyn Biehn, County Clerk
NAME . TITLE

By Ramona Mullins Deputy

Fee \$28.00

F 5297
I.D. TAG NO.406
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

15

16

17

1. DECEDENT'S NAME First Middle Last John R. LICHTENSTERN		2. SEX M	3. DATE OF DEATH (Month, Day, Year) November 4, 1991
4. SOCIAL SECURITY NUMBER 543-01-1307	5a. AGE Last Birthday (Years) 75	5b. Under 1 Year MOS. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Wasco, Oregon
7. DATE OF BIRTH (Month, Day, Year) May 1, 1916			
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 checked="" type="checkbox"/> Outpatient <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 (Five kind of work done during most of working life. Do not use retired) Heavy Equipment Mechanic		10b. KIND OF BUSINESS/INDUSTRY School Bus Transportation	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Virginia S.	
13a. STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls	13d. STREET AND NUMBER 965 North Alameda
14a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14b. ZIP CODE 97601	14c. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify	14d. RACE American Indian, Black, White, etc. (Specify) White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 16) 11		16. DECEDENT'S SIGNATURE <i>Michael Oke</i>	
17. FATHER'S NAME First Middle Last John Hills Lichtenstern		18. MOTHER'S NAME First Middle Maiden Bertha E. Davis	
19. INFORMANT NAME and relationship (Specify) Virginia S. Lichtenstern Spouse		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) NOV 04 1991	
24. SIGNATURE OF REGISTRAR <i>Dorcas A. Verling</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. TIME OF DEATH 4:15 A.M.		27. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) as I have stated. (Signature) <i>John J. Kleeman</i>		29. DATE SIGNED (Month, Day, Year) M.D.	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John J. Kleeman M.D. 1905 Main Street Klamath Falls, Oregon 97601		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
32. 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) Coronary Art. Disease (MI)		33. INTERVAL BETWEEN ONSET AND DEATH 10 min	
(b) DUE TO, OR AS A CONSEQUENCE OF:		34. INTERVAL BETWEEN ONSET AND DEATH	
(c) DUE TO, OR AS A CONSEQUENCE OF:		35. INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Diabetes, COPD		36. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
37. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		38. HAD ANY OTHER CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		40. DATE OF INJURY (Month, Day, Year)	
41. TIME OF INJURY M		42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		44. 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 NOV 04 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 Virginia Lichtenstern the 7th day
of Nov. A.D., 19 91 at 11:15 o'clock A.M., and duly recorded in Vol. 591
of Deeds on Page 23393Evelyn Biehn . County Clerk
By Donna A. Verling

FEE \$8.00

Return: Virginia Lichtenstern
965 N. Alameda, Klamath Falls, Or. 97601