

NE

34881

QUITCLAIM DEED

Vol. 91 Page 19026

KNOW ALL MEN BY THESE PRESENTS, That Nancy K. Plouffe

, hereinafter called grantor,

for the consideration hereinafter stated, does hereby remise, release and quitclaim unto Prentice A. Nunn or Emma Viola Nunn, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any-wise appertaining, situated in the County of _____, State of Oregon, described as follows, to-wit:

Parcel 1: Lot 10 of Graybael addition to the Town of Merrill, Ore. According to the duly recorded Plat thereof on file in the office of the County clerk of Klamath Co., Ore.

Lot 10 Block 1 ^{PN}

Parcel 2: Beginning North west Corner ~~Lot 1~~ Block 10 Graybael addition, thence North 30 feet, thence East 136.58 feet, thence South 30 feet to North East Corner of Said Lot 10, thence West 136.58 feet to the point of Beginning.
Being re-recorded to correct legal description

(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 \$6,000.00.

Ⓢ 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, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 20th day of September, 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 thereto 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.

Nancy K. Plouffe

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on _____, 19____,
by Nancy K. Plouffe

This instrument was acknowledged before me on September 20, 1991,
by Nancy K. Plouffe

as _____



Shirley J. Drumm

Notary Public for Oregon

My commission expires April 16, 1995

Nancy K. Plouffe
Box 2
Merrill, OR 97633

GRANTOR'S NAME AND ADDRESS

Prentice A. Nunn or Emma Viola Nunn
245 N. Willow Street
Merrill, Ore. 97633

STATE OF OREGON,) ss.
County of Klamath

Filed for record at request of:

Prentice A. Nunnon this 13th day of Nov, A.D., 1991at 10:45 o'clock A M. and duly recordedin Vol. M91 of Deeds Page 23689

Evelyn Biehn, County Clerk

By Deborah M. Mullins Deputy.

STATE OF OREGON,) ss.

County of Klamath

I certify that the within instrument was received for record on the 20th day of September, 1991, at 1:40 o'clock P.M., and recorded in book/reel/volume No. M91 on page 19026 or as document/fee/file/instrument/microfilm No. 34881, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

By Bernetha A. Hefley Deputy

Fee \$28.00

INDEXED

Fee, \$5.00

103001
TAG NO.
401
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH 138-

State File Number

DECEDENT

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1. DECEDENT'S NAME First: <u>Jonnie</u> Middle: <u>Thelma</u> Last: <u>MARTIN</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>October 30, 1991</u>
4. SOCIAL SECURITY NUMBER <u>540-16-8329</u>	5a. AGE - Last Birthday (Years) <u>82</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Weatherford, Texas</u>
7. DATE OF BIRTH (Month, Day, Year) <u>May 11, 1909</u>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Foster Care</u>	
9a. FACILITY NAME (If not institution, give street and number) <u>2459 Patterson</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9c. COUNTY OF DEATH <u>Klamath</u>		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Dental Assistant</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Dental</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>Clair</u>		13a. RESIDENCE - STATE <u>Oregon</u>	
13b. CITY <u>Klamath</u>		13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	
13d. STREET AND NUMBER <u>2245 Vine</u>		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 Specify: <u>White</u>	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (13-16 or S+)	

PARENTS

DISPOSITION

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17. FATHER - NAME First: <u>John</u> Middle: <u>-</u> Last: <u>Overton</u>		18. MOTHER - NAME First: <u>Mary</u> Middle: <u>-</u> Last: <u>-</u>		19. INFORMANT - NAME and relationship to decedent <u>Clair / spouse</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	

REGISTRAR

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21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Shirley J. Jennings</u>		21b. LICENSE NUMBER (Of License) <u>53-0280</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main St./Klamath Falls, OR 97601</u>	
23. DATE FILED (Month, Day, Year) <u>OCT 31 1991</u>		24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		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					

CERTIFIER

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27. TIME OF DEATH <u>8:50 P M</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH <u>M</u>	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>James N. Beggs</u>		30. DATE SIGNED (Month, Day, Year) <u>10/31/91</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>	
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) <u>James N. Beggs</u>		33. DATE SIGNED (Month, Day, Year) <u>10/31/91</u>		34. COUNTY <u>Klamath</u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>James N. Beggs, MD / 2300 Clairmont / Klamath Falls, Oregon 97601</u>		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			

CONDITIONS

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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) <u>Bibasilar Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u> </u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Alzheimer's Disease</u> 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 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 we, findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Interval between onset and death: <u>3 weeks</u>			
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) <u> </u>		41b. TIME OF INJURY <u> </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		41d. DESCRIBE HOW INJURY OCCURRED <u> </u>			
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>					

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV 3

DATE ISSUED OCT 31 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 Clair Martin the 13th day of Nov. A.D., 19 91 at 10:09 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 23688
Evelyn Biehn - County Clerk
By Debra M. Nussendore

FEE \$8.00

Return: Clair Martin
2245 Vine, Klamath Falls, Or. 97601