

37284

Vol. 91 Page 23711

KNOW ALL MEN BY THESE PRESENTS, That Evelyn J. Herbert, 544 Benwood Road, Covina, Ca. 91722

in consideration of one Dollars,

to paid by Katherine L. Beckstrand and Thomas B. Beckstrand, H/W, 2826 The Strand, Hermosa Beach, Ca. 90254, grantee S., do hereby grant, bargain, sell and convey unto the said grantee S., and their heirs and assigns, all the following real property, with the tenements, hereditaments and appurtenances, situated in the County of Klamath and State of Oregon, bounded and described as follows, to-wit:

Township 35 South, Range 11 East, W.M.  
Section 13: South  $\frac{1}{2}$  of Southeast  $\frac{1}{4}$  of Southwest  $\frac{1}{4}$ . (20 acres).

This conveyance is made subject to easements, rights of way of record and those apparent on the land.

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.

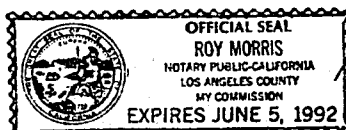
To Have and to Hold, the above described and granted premises unto the said grantee S., and their heirs and assigns forever.

Witness HER hand and seal this 24 day of September, 1991.

STATE OF OREGON,  
County of Los Angeles ss.

On this 24 day of Sept, 1991, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named EVELYN J. HERBERT who is known to me to be the identical individual..... described in and who executed the within instrument, and acknowledged to me that SHE executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal the day and year last above written.



STATE OF OREGON, ss.  
County of Klamath

My Commission Expires JUNE 5 - 1992

BARGAIN and SALE  
DEED

Courtesy of  
JOSEPHINE COUNTY TITLE CO.  
P.O. BOX 71, N.E. "C" ST.  
GRANTS PASS, OREGON

Filed for record at request of:

Tom Beckstrand  
on this 13th day of Nov. A.D., 19 91  
at 11:42 o'clock A.M. and duly recorded  
in Vol. M91 of Deeds Page 23711.  
Evelyn Biehn County Clerk  
By Douglas Mulindere Deputy.

RETURN TO  
Tom Beckstrand  
1784 Cal Young Rd. #2010  
Eugene, Or. 97401

ESCROWS  
TITLE INSURANCE

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS 138-  
CERTIFICATE OF DEATH

096416  
TAG NO.  
114  
Local File Number

State File Number  
2 SEX F  
3 DATE OF DEATH (Month, Day, Year)  
November 2, 1991  
7 DATE OF BIRTH (Month, Day, Year)  
May 3, 1933

1 DECEASED'S NAME First Middle Last  
Lila Mae COKER

4 SOCIAL SECURITY NUMBER 240-50-2158

5a AGE Last Birthday (Years) 58

5b Under 1 Year 5c Under 1 Day

8 BIRTHPLACE (City and State or Foreign Country) Cottage Grove, OR

9a PLACE OF DEATH (Check only one)  
☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b CITY, TOWN, OR LOCATION OF DEATH Crescent

10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) Homemaker

10b KIND OF BUSINESS/INDUSTRY Own Home

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married

12 SPOUSE (If Married, Widowed, Divorced) Dillard

13a RESIDENCE - STATE Oregon

13b COUNTY Klamath

13c CITY, TOWN OR LOCATION Crescent

13d STREET AND NUMBER Pinney Acre Road

14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

15 RACE American Indian, Black, White, etc. (Specify) White

16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10 12 Cottage (14 or 5+)

17 FATHER - NAME first middle last Floyd Chaffee

18 MOTHER - NAME first middle maiden Florence Doolittle

19 INFORMANT - NAME and relationship to decedent Dillard Coker Husband

20a METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) LaPine Community Cemetery

20c LOCATION - City or Town, State LaPine, OR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

21b LICENSE NUMBER (OF Licensee) 0087

22 NAME, ADDRESS AND ZIP OF FACILITY Niswonger-Reynolds, Inc.  
105 N.W. Irving Bend, OR 97701

23 DATE FILED (Month, Day, Year) NOV 0 8 1991

24 REGISTRAR'S SIGNATURE Nancy Kennedy

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH 10:35 A.

28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.

30 DATE SIGNED (Month, Day, Year) November 4, 1991

31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Richard H. Woods, M. D. 1501 N. E. Medical Center Drive Bend, OR 97701

32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH

31b DATE PRONOUNCED DEAD (Month, Day, Year) Hour M

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.

33 DATE SIGNED (Month, Day, Year)

COUNTY

34 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.)

(a) Cause carcinoma

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

35 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

36 AUTOPSY ☐ Yes ☒ No

37 Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unknown

38. AUTOPSY ☐ Yes ☒ No

39 If YES, were findings consistent with determining cause of death? ☐ Yes ☐ No ☒ N/A

40 MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a DATE OF INJURY (Month, Day, Year)

41b TIME OF INJURY

41c INJURY AT WORK? ☐ Yes ☒ 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 REPRODUCTION OF THE ORIGINAL DOCUMENT REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 0 8 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 Niswonger-Reynolds Inc. the 13th day of Nov. A.D., 19 91 at 11:42 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 23710

Evelyn Biehn County Clerk  
By Donna A. Verling

FEE \$8.00  
Return: Niswonger-Reynolds Inc.  
P.O. Box 229, Bend, Or. 97709