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311.18105

EASEMENT

In consideration of an exchange of easements, the STATE OF OREGON, acting by and through its Board of Forestry (GRANTOR), grants and conveys to Daniel T. McAuliffe (GRANTEE), a non-exclusive easement over, upon and across:

Portions of the Northeast Quarter of the Southeast Quarter (NE 1/4 SE 1/4) of Section 10 and the Northeast Quarter of the Northwest Quarter (NE 1/4 NW 1/4) of Section 14, Township 40 South, Range 7 East, Willamette Meridian, Benton County, Oregon, as shown on the attached Exhibit "A".

To have and to hold said easement FOREVER, subject to the following terms:

- 1. The rights herein granted are for the purposes of maintaining, repairing, and using a roadway by GRANTEE and by GRANTEE's licensees and permittees, for access to GRANTEE's property, including, but not limited to, the transportation of forest and mineral products over said roadway.
- 2. GRANTOR reserves the exclusive right to grant further easements across the above described land.
- 3. GRANTEE shall save and hold harmless the GRANTOR from any and all liability claims of any kind whatsoever associated with this easement.
- 4. GRANTEE shall observe and comply with all federal, state, and local laws and regulations which in any manner affect the activities of GRANTEE under this easement.
- 5. This easement may be terminated by GRANTOR and all rights herein granted cease immediately in the event:
 - a. If for a period of 10 years GRANTEE shall fail to use or otherwise abandon said easement; or
 - b. If GRANTEE shall fail, neglect, or refuse to keep, observe, or perform any of the conditions or agreements herein contained, for a period of 30 days after having been given written notice to comply therewith; or
 - c. Immediately upon insolvency, adjudication of bankruptcy or appointment of a receiver for the property of GRANTEE.

43.00

37296

	Local File Numb	er		CATE OF	Last		Stat	3 DATE OF	DEATH (Month, Day, Year)
(1. DECEDENT'S First NAME Shar	Lee	Lee COBLE			E Female		November 5, 1991	
(4. SOCIAL SECURITY NUM		ay 5b. Under 1 Year Mca. Days	Sc. Under 1 Hours Min	Kla	mäth Fal	ls,OR	March	20, 1942
	8.WAS DECEDENT EVER IN U.S. ARMED FORCES?	1				Home Deced		ther (Specify)	
DECEDENT	9b. FACILITY NAME (If not	institution, give street a	int []ERVOutpetient		CITY, TOWN,	OR LOCATION			SI COUNTY OF DEATH
1	30. FACTURE TABLE A Marada Way Klamath Fails SPOUSE (II) Marial Status - Mariad, Vidowed, Coperation								
2	(Give kind of work done Do <u>not</u> use retired.)	during most of working i	Education	Transno	rtation	Mar	ried	Eddy	G. Coble
3	Bus Driver	13b. COUNTY	13c. CITY, TOWN	OR LOCATION		130. STHEET	La Mar	ada Way	v
5	Oregon 13e. INSIDE CITY 13I. Z LIMITS?	Sneri	AS DECEDENT OF HISP	POILA CROWN'	15. RA Black	CE American Ind White, etc. (Spi	Han, (16. DECEDE Specify only his	NT'S EDUCATION ghest grade completed y (0-12) College (1-4 or 5+1
6		97603	an, Puerto Rican, elc.) L /y:	.940 LI 141		hite		12	relationship to deceased
PARENTS	TT. FATHER - NAME ILIST	middle las	Annah	al - Ki	rby	·	Eddy (G. Coble	e Spouse
	William J.	TION []Mausoleum	206. PLACE OF DI other placet	SPOSITION (Nam	e of cemetery,		20c. LOGATION		
DISPOSITION	Strengton Cremation	ecify)		Hills Me		Gardens	1		s, Oregon
8	2/3. SIGNATURE OF FUNI PERSON ACTING AS	SUCH		D. LICENSE NUN (Of Licensee)		'Hair's F	uneral (Chapel	lls, OR 97601
3	CI. DATE FILEO (Month, E	V/fig	22 l'	9-1275		EGISTRAR'S SK			
REGISTRAP	NOV 0 7 1991				ONSENT? 28 WAS GIFT MATO?			•	
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10	<u>}</u>	E COMPLETED BY CER		<u>.</u>		50 BE (COMPLETED ON	LY BY MEDICA	L EXAMINER
11	10 BE COMPLETED BY CENTIFYING PHYSICIAN 27. TIME OF DEATH 78 WAS MEDICAL EXAMINER NOTIFIED? M Xyes Ding					TO BE COMPLETED ONLY OF DEAD (Month, Day, Yerr, Hourt 10:30A M November 5, 1991 10:30A M			
	29. To the best of my kno due to the cause(s) ar	32. On at 1	2 On the basis of examination and/or investigation, in my optimion (teath occurred at the time, date, place and due to the cause(s) and manner stated.						
CLATIFIER.	(Signature)						uler/	JSV	M.D.M.E.
12	30. DATE SIGHED (Monil	h. Day. Yeni)			CD. DA	TE SIGNED (Mor) 71	991	Klamath
13	34. NAME, TITLE, ADDR	SS AND ZIP OF CERTI	FIERMEDICAL EXAMINE	R (Type or Print)			math F-	dis Or	egon 97601
14	Charles D.	BURY M.D.	M.E. 2300	Clairmon or Print)	IL SIFE				
CONFITTONS IF ANY VAICH GAVE				a dia si si di si sela.	of enter mode	of dying, e.g. Ca	indiac or Respira	tory Arrest.	interval between onset and death
PISE TO	PART (a) Sul	30. IN/MEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. Inter- PART (a) Suicide by drug ingestion Inter- DUE TO, OR AS & CONSEQUENCE OF:							Interval between creat
CAUSE STATING THE UNDERLYING CAUSE LAST	B(Amy	otrophic La	teral Scieros	is					Interval between coset
CAUSE OF	DUE TO, OR AS	CONSEQUENCE OF:						a Autore	39 If YES ware fundings comprised
GEATH	PART OTHER SIGNIFICANT CONDITIONS - 1 OTHER SIGNIFICANT CONDITIONS - 1 Conditions contributing to death but not related to cause given in PART 1. 1 Conditions contributing to death						contribute		w determined table of the fit.
15	LIS DATE OF INJURY 415. THE OF				AT WORK?				Dyes DNo 1114
16		H 41a.DATI Pending Investigation	E OF INJURY 41b. THAE nin, Day, Yeart RNJU		WORK?		an a		
17	Accident	Undetermined Manner	ICE OF INJURY - Athon	M Ye	tory,office 41	LOCATION (SI	est and Number	r or Rural Rout	le Number, City or Town, State)
	Homicide	Intervention Out	Iding etc. (Specify)						
	RESERVED FOR REGIS	TRAR S USE							
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A CONTRACTOR	L	UE AND EXACT RED AT THE OFFICE	OF THE KLAMATH	COUNTY RE	GISTRAR.	e de la companya de l	•	1	
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	DATE ISSUE	D	• • • • • • • • • • • • • • • • • • •				COUNT KLAMATH C	Y REGISTRAF	GON
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f	Nov.	A.D., 19 <u>91</u>	at2:2	.0 oʻc	lock	<u>Р</u> М., а	nd duly r	ecorded i	n Vol. <u>M91</u>
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check with the appropriate 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 and the above granted premises, free from all encumbrances of record and those apparent upon the land, if any, as the date of this deed and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims granuor will warrant and jorever accent the same presence claiming under the above described encumbrances 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 \$ The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ The true and actual consideration paid for this transfer, stated in terms of the state of the terms of terms of the terms of terms o THE REAL PRODUCT OF LEGA MOUNTAIN TITLE COMPANY In construing this deed and where the context so requires, the singular includes the plural and all grammatical CALOR OF BOOK changes shall be implied to make the provisions hereof apply equally to corporations and to individuals. , *1*9_91 In Witness Whereof, the grantor has executed this instrument this 26 day of July If a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by DEL AZEVED Sorder of its board of directors. X wido _____) .ss. JANA STATE OF OREGON. AZEVEDO County of ____Josephine. July 26 <u>19_91</u> ÷. Personally appeared the above named DEL, AZEVEDO JANA L. AZEVEDO and acknowledged the foregoing instrument ___voluntary act and deed. to be THEIR Before me: D. Kelinan D. Wight STATE OF OREGON, County of _ The foregoing instrument was acknowledged before me this . 19 _ , by Notary Public for Oregon president, and by O My commission expires: 5-8-93 PUBLIC secretary of . ÷. corporation, on behalf of the corporation. TE OF ORES Notary Public for Oregon (SEAL) My commission expires: DEL AZEVEDO and JANA L. AZEVEDO STATE OF OREGON, SS. 704 NW PARKER Nati County of Klamath 1.10 GRANTS PASS, OR 97526 I certify that the within instrument was 190 received for record on the 13th NTUR'S NAME AND A JEFFERY A. BRICCO and CINDY L. BRICCO day of <u>Nov</u>, 19 <u>91</u>, at 1:32 o'clock <u>P. M.</u>, and recorded in book <u>M91</u> on page <u>23723</u> or as 2640 PATTERSON State State KLAMATH FALLS, OR 97603 GRANTEE'S NAME AND ADDRESS BESTEVET file/reel number _____ 37294 TOR Record of Deeds of said county. JEFFERY A. BRICCO and CINDY L. BRICCO Witness my hand and seal of County KLAMATH FALLS, OR 97603 affixed. NAME, ADDRESS, ZIP Evelyn Biehn, County Clerk JEFFERY A. BRICCO and CINDY L. BRICCO Recording Officer B) Dauline Multinolor Deputy 6325 Denais Dr. KLAMATH FALLS, OR 97603 Fee \$28.00 SPECCEX, IS MOUNTAIN TITLE COMPANY 191 NOV 13 PH 2 20 Vol. mg/ Page 23724 37295