



37390

Aspen
TITLE & ESCROW, INC.01037755
WARRANTY DEEDVol. m91 Page 23875AFTER RECORDING RETURN TO:
ANNA MARIE OATESP.O. Box 1962
Klamath Falls, OR 97601UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVEDOROTHY M. CHIERO also known as DOROTHY CHIERO, hereinafter
called GRANTOR(S), convey(s) to ANNA MARIE OATES, hereinafter
called GRANTEE(S), all that real property situated in the County
of Klamath, State of Oregon, described as:Lots 5 and 6 in Block 20 of CHELSEA ADDITION TO THE CITY OF
KLAMATH FALLS, in the County of Klamath, State of Oregon.

Code 1, Map 3809-19AD, Tax Lot 4000.

"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." NOand covenant(s) that grantor is the owner of the above described
property free of all encumbrances except covenants, conditions,
restrictions, reservations, rights, rights of way and easements
of record, if any, and apparent upon the land,and will warrant and defend the same against all persons who may
lawfully claim the same, except as shown above.The true and actual consideration for this transfer is
\$30,000.00.In construing this deed and where the context so requires, the
singular includes the plural.IN WITNESS WHEREOF, the grantor has executed this instrument
this 6th day of November 1991.Dorothy M. Chiero by Thomas Osborn
DOROTHY M. CHIERO BY THOMAS OSBORN, her attorney in fact

STATE OF OREGON

County of KlamathNovember 13, 1991Personally appeared THOMAS OSBORN, who being duly sworn did say
that he is the attorney in fact for the above named DOROTHY M.
CHIERO and acknowledged that he executed the foregoing
instrument by authority of and in behalf of said principal, and
he acknowledged said instrument to be the act and deed of said
principal.Before me: W. Darlene V. Addington
Notary Public for Oregon
My Commission Expires: 3-22-93

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 14th day
of Nov. A.D. 19 91 at 3:38 o'clock P.M., and duly recorded in Vol. M91,
of Deeds on Page 23875.Evelyn Biehn - County Clerk
By Darlene V. Addington

FEE \$28.00

91 NOV 14 PM 3 38

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Local File Number

State File Number

DECEASED - NAME FRANK		Last CHIERO, JR.		DATE OF DEATH (month, day, year) January 18, 1982	
RACE - White		SEX Male	AGE - Last birthday (years) 52	DATE OF BIRTH (month, day, year) October 30, 1929	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME West Medical Center		COUNTY OF DEATH Klamath	
STATE OF BIRTH (if not in U.S.) Illinois		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, DIVORCED, ANNUITY (Specify) Married	
SOCIAL SECURITY NUMBER 324 - 22 - 9827		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Security Guard		KIND OF BUSINESS OR INDUSTRY Burns Security Service	
RESIDENCE - STATE Oregon		COUNTY Klamath	CITY, TOWN OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 3409 Lindberg 97601	Inside City Limits (Specify yes or no) No
FATHER - NAME Frank Chiero, Sr.		MOTHER - Maiden Name Mary		INFORMANT - NAME and relationship to deceased Dorothy Chiero / Wife	
BURIAL, CREMATION, REINTERMENT, MAINT. (Specify) Cremation		CEMETERY OR CREMATORY - NAME Eternal Hills Crematory		LOCATION Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <i>James F. Novak</i>		NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon			
To be Completed by CERTIFYING PHYSICIAN Only		DATE RECEIVED BY REGISTRAR (MO, Day, Yr) JAN 21 1982		REGISTRAR <i>Handwritten Signature</i>	
PART I (a) Cardiac Arrest		DATE SIGNED (MO, Day, Yr) 1-19-82		HOUR OF DEATH 4:25 P.M.	
DUE TO, OR AS A CONSEQUENCE OF: ARTERIOSCLEROTIC Heart disease		NAME AND ADDRESS OF CERTIFIER (Type or Print) James F. Novak, MD / 1905 Main / Klamath Falls, Oregon / 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
PART II Diabetes Mellitus		DATE RECEIVED BY REGISTRAR (MO, Day, Yr) JAN 21 1982		REGISTRAR <i>Handwritten Signature</i>	
DUE TO, OR AS A CONSEQUENCE OF: HYPERTENSION		DATE SIGNED (MO, Day, Yr) 1-19-82		HOUR OF DEATH 4:25 P.M.	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
ACCIDENT (Specify Yes or No) No		DATE OF INJURY (MO, Day, Yr) 26b		HOUR OF INJURY 26c	
INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g	
STREET OR R.F.D. NO.		CITY OR TOWN		STATE	

HS-2 (Rev. 1/80)

STATE OF OREGON
County of Klamath
This certifies that the foregoing is a correct and complete transcript of a
record of death on file with the Klamath County Department of Health Services.
Dorothy M. Chiero
4145 East Kipp
Phoenix, AZ
MARIAN ACKERMAN, Registrar Vital Statistics
By [Signature], Deputy Registrar

MARTIN ACKERMAN, Registrar Vital Statistics

By Wendy Kramis, Deputy Registrar
Date JAN 21 1982

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE Klamath Co. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: SS.

STATE OF OREGON: COUNTY OF KEMAH
Filed for record at request of Aspen Title Co. the 14th day
of Nov. A.D., 19 91 at 3:38 o'clock P M., and duly recorded in Vol. M91,
of _____ Deeds _____ on Page 23874.
_____ County Clerk

on Page 23874.
Evelyn Biehn, County Clerk
By Orlene M. Mulender

FEE **\$8.00**