

NE

37889

QUITCLAIM DEED

Vol. m91 Page 24806

KNOW ALL MEN BY THESE PRESENTS, That Harvey F. & Lina Curtis, Husband & Wife., hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and quitclaim unto William O. & Cynthia J. Sheridan, Husband & Wife. 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 Klamath, State of Oregon, described as follows, to-wit:

That portion of the SE 1/4 of the NE 1/4 of Section 13 Township 39, S.R.8, E.W.6. more particularly described as follows: Beginning at a point on the West line of said SE 1/4 NE 1/4. 12 feet South of the Northwest corner thereof; thence East 300 feet to the true point of beginning of this description; thence South, at right angles to the North line of said SE 1/4 NE 1/4, a distance of 98.0 feet; thence West, parallel with said North line, a distance of 50.0 feet; thence North, at right angles to said North line, a distance of 98.0 feet, thence East, parallel with said North line, a distance of 50.0 feet to the point of beginning; said parcel being the South 98 feet of vacated lot 6, Block 40 of West Klamath, according to the recorded plat thereof. Together with that portion of vacated Holliday Drive vacated by order dated October 31, 1955 that in-urred thereto.

(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 \$ 0.00. However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the 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 26th day of November, 1991; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly au- thorized thereto by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE- Scribed 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.

Harvey F. Curtis
Lina Curtis

STATE OF OREGON, County of Klamath

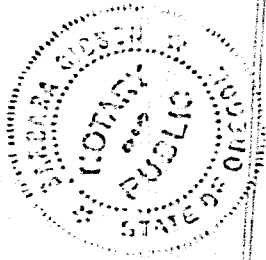
This instrument was acknowledged before me on 26th day of November, 1991, by Harvey F & Lina Curtis.

This instrument was acknowledged before me on _____ day of _____, 19____, by _____, as _____ of _____.

Barbara Nelson

Notary Public for Oregon

My commission expires 7-9-93



Harvey F & Lina Curtis
4555 Weyerhaeuser Rd.
Klamath Falls Or. 97601

GRANTOR'S NAME AND ADDRESS

William O & Cynthia J Sheridan
4523 Weyerhaeuser Rd.
Klamath Falls Or. 97601

GRANTEE'S NAME AND ADDRESS

After recording return to:

William O & Cynthia J Sheridan
4523 Weyerhaeuser Rd.
Klamath Falls Or. 97601

NAME, ADDRESS, ZIP

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

William O & Cynthia J Sheridan
4523 Weyerhaeuser Rd.
Klamath Falls Or. 97601

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath

I certify that the within instru- ment was received for record on the 26th day of Nov., 1991, at 11:26 o'clock AM., and recorded in book/reel/volume No. M91 on page 24806 or as document/fee/file/ instrument/microfilm No. 37889. Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

Fee \$28.00

By Debra M. Nordmark Deputy

CA 28.00

105748
I.D. TAG NO.

439

Local File Number

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

State File Number

1. DECEDENT'S NAME Donald Louis PATTERSON		2. SEX M	3. DATE OF DEATH (Month, Day, Year) November 24, 1991
4. SOCIAL SECURITY NUMBER 482-12-7846	5a. AGE Last Birthday (Year) 83	5b. Under 1 Year Mos Days	5c. Under 1 Day Hours
6. BIRTHPLACE (City and State or Foreign Country) Ledy, Illinois		7. DATE OF BIRTH (Month, Day, Year) December 25, 1907	
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 checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <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	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Painter		10b. KIND OF BUSINESS/INDUSTRY Building Trades	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Myrtle T.	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 2008 Arthur Street		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Ind. or Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12	
17. FATHER - NAME first middle last Graver Patterson		18. MOTHER - NAME first middle maiden Neva P. Carlock	
19. INFORMANT - NAME and relationship to decedent Myrtle T. Patterson, wife		20. LOCATION - City or Town, State Eagle Point, OR 97524	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) Eagle Point National Cemetery	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) NOV 25 1991	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		25. LICENSE NUMBER (Of Licensee) 53-0124	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
29. TIME OF DEATH 00:15 A		30. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>[Signature]</i>			
32. DATE SIGNED (Month, Day, Year) November 25, 1991			
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD, 2300 Clairmont, Klamath Falls, Oregon 97601			
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
35. 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) Respiratory Failure			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Progressive pleural effusions, probably malignant			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) CHF, Obstructive Hypertension			
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. AUTOPTSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not done			
39. IF YES, was findings consistent in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
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)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DEATH CERTIFICATE
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **NOV 26 1991**DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the **26th** day
of **Nov.** A.D., 19 **91** at **12:56** o'clock **P** M., and duly recorded in Vol. **M91**
of _____ Deeds on Page **24807**

FEE \$8.00

Return: Myrtle Patterson
2008 Arthur, Klamath Falls, Or. 97603Evelyn Biehn - County Clerk
By *[Signature]*