

KNOW ALL MEN BY THESE PRESENTS, That
APRIL LEE WILSON

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by

K. MICHAEL ZIEGLER

, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, the certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of KLAMATH and State of Oregon, described as follows, to-wit:

Lots 3 and 4, Block 29, TRACT NO. 1113, OREGON SHORES UNIT 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. TOGETHER WITH: 1978 mobile home license

#X151929, which is firmly affixed to the above real property.

SUBJECT TO: Contract of Sale dated 10/2/85 and recorded 10/2/85 in Volume M85 page 16023 wherein the Vendor is The State of Oregon, by and through the Director of Veterans' Affairs. Assigned by instrument on 9/15/86, Volume M86, page 16609 and on 1/29/87, Volume M87, page 1387. All in Microfilm Records of Klamath County, Oregon. The above Grantee does agree to assume and pay in full.

"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 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

except those 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 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 \$ 34,000.00

However, the actual consideration consists of or includes other property or value given or promised which is the whole or 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 and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 13th day of December, 19 91; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

STATE OF OREGON,)
County of Cane) ss.
12/3, 19 91.

Personally appeared the above named
APRIL LEE WILSON

and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me:

Rouglas E. Wilkin
Notary Public for Oregon
My commission expires: 5/2/94

STATE OF OREGON, County of _____) ss.

The foregoing instrument was acknowledged before me this

_____, 19 _____, by _____,

_____, president, and by _____,

_____, secretary of _____

a _____ corporation, on behalf of the corporation.

Notary Public for Oregon _____

My commission expires: _____ (SEAL)

APRIL LEE WILSON

1311 E STREET

SPRINGFIELD, OR 97477

GRANTOR'S NAME AND ADDRESS

K. MICHAEL ZIEGLER

HC 30 BOX 1306

CHILOQUIN, OR 97624

GRANTEE'S NAME AND ADDRESS

After recording return to:

K. MICHAEL ZIEGLER

HC 30 BOX 1306

CHILOQUIN, OR 97624

NAME, ADDRESS, ZIP

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

K. MICHAEL ZIEGLER

HC 30 BOX 1306

CHILOQUIN, OR 97624

NAME, ADDRESS, ZIP

STATE OF OREGON,

ss.

County of Klamath

I certify that the within instrument was received for record on the 9th day of Dec., 19 91.

at 4:02 o'clock P M., and recorded in book M91 on page 25682 or as file/reel number 38412.

Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

Recording Officer

By Caroline Muehlbauer, Deputy

Fee \$28.00

91 DEC 9 PM 4 02

MOUNTAIN TITLE COMPANY

MOUNTAIN TITLE COMPANY

103097
I.D. TAG NO.
459
Local File Number

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

136-

State File Number

DECEDENT

1. DECEDENT'S NAME First: Ica Middle: May Last: STILWELL		2. SEX F	3. DATE OF DEATH (Month, Day, Year) December 3, 1991
4. SOCIAL SECURITY NUMBER 544-24-2641	5a. AGE - Last Birthday (Years) 98	5b. Under 1 Year Mon: Days: Hours: Mins:	6. BIRTHPLACE (City and State or Foreign Country) Clarksville, AR
7. DATE OF BIRTH (Month, Day, Year) November 10, 1893		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 type="checkbox"/> Other (Specify):	
9a. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9c. COUNTY OF DEATH Klamath		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker	
10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) Fred		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 6743 Patterson		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17+) 6	
17. FATHER - NAME first middle last James M. Johnson		18. MOTHER - NAME first middle maiden Mary J. Trusty	
19. INFORMANT - NAME and relationship to decedent Mark Stilwell / son		20a. 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):	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles D. Bury</i>		21b. LICENSE NUMBER (Of Licensee) 53-0280	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St./Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) DEC 5 1991	
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		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		27. TIME OF DEATH 1345 M	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Charles D. Bury</i>	
30. DATE SIGNED (Month, Day, Year) December 5 1991		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury, MD 2300 Clairmont Klamath Falls, Oregon 97601	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. 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) <i>Natural Cause undetermined</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		35. DATE OF INJURY (Month, Day, Year) M	
36. TIME OF INJURY M		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Link	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
40. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41. DESCRIBE HOW INJURY OCCURRED	
42. LOCATION (Street and Number or Rural Route Number, City or Town, State)		43. RESERVED FOR REGISTRAR'S USE	

CERTIFIER

CAUSE OF DEATH

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

DATE ISSUED DEC 5 1991

Donna A. Verling
DONNA A. VERLING
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Florence Ramsey the 9th day of Dec. A.D., 19 91 at 4:08 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 25683.

FEE \$8.00

Evelyn Biehn - County Clerk

By *Donna A. Verling*

Return: Florence Ramsey
6632 Patterson, Klamath Falls, Or. 97603