

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF KLAMATH

TONY RAY DICKEY,

Plaintiff,

vs.

VIVIAN SHIGEKO DICKEY,

Defendant,

No. 9104084 CV

NOTICE OF PENDENCY
OF AN ACTION

Pursuant to ORS 93.740, the undersigned states:

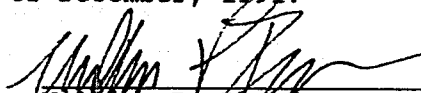
1. As Plaintiff, Tony Ray Dickey has filed an action in the Circuit Court for Klamath County, State of Oregon;
2. The Defendant is: Vivian Shigeko Dickey;
3. The object of the action is: A suit for specific performance and suit for statutory equitable remedies.
4. The description of the real property to be affected is:

All that portion of Tracts 32 and 36, ENTERPRISE TRACTS, situated in the Northwest Quarter of Section 3, Township 39 South, Range 9 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows: Beginning at the Southeast corner of said Tract 32; thence North 89°30'45" West a distance of 281.8 feet (West 281.7 feet by previous records) to an iron pipe on the Northwesterly line of Austin Street as deeded to Klamath County by Deed Volume 229, page 300, Klamath County Deed Records; thence North 34°07'30" East at right angles to South Sixth Street and along the Northwesterly line of Austin Street a distance of 183.08 feet to an iron pin on a point on a line that is parallel to and 180 feet distant at right angles from the East line of said Tract 32; thence North 0°20'45" East along said parallel line and along the Westerly line of Austin Street a distance of 722.70 feet to an iron pin being the true point of beginning of this description; said point being South 0°20'45" West a distance of 400.02 feet from the iron pin marking the Southerly line of Shasta Way; thence North 89°39'15" West a distance of 629.67 feet to an iron pin on the Southeasterly line of Avalon Street; thence North 30°37' East along the Southeasterly line of Avalon Street a distance of 284.57 feet to an iron pipe; thence North 89°56' East a distance of 110.32 feet to an iron pipe; thence North 0°07'30" West a distance of 150.11 feet to an iron pipe on the Southerly line of Shasta Way; thence North 89°50'30" East along the Southerly line of

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Shasta Way a distance of 377.21 feet to an iron pin on the West line of Austin Street; thence South 0°20'45" West along the West line of Austin Street a distance of 400.02 feet to the true point of beginning of this description.

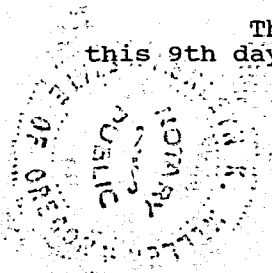
DATED this 9th day of December, 1991.

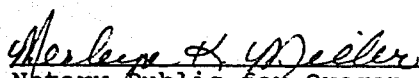

 William P. Brandsness
 Plaintiff's Attorney
 BRANDSNESS & BRANDSNESS, P.C.
 411 Pine Street
 Klamath Falls, Oregon 97601
 (503) 882-6616

STATE OF OREGON)
)
 County of Klamath)

ss. *December 9, 1991.*

The foregoing instrument was acknowledged before me this 9th day of December, 1991 by William P. Brandsness.




 Notary Public for Oregon
 My commission expires: *12/11/93*

STATE OF OREGON, ss.
 County of Klamath

Filed for record at request of:

AFTER RECORDING RETURN TO:

Brandsness & Brandsness, P.C.
 411 Pine Street
 Klamath Falls, OR 97601

Brandsness, Brandsness
 on this 10th day of Dec. A.D., 19 91
 at 11:21 o'clock A M. and duly recorded
 in Vol. M91 of Mortgages Page 25732
 Evelyn Biehn County Clerk
 By Pauline Mullendore
 Deputy.

Fee. \$13.00

2. NOTICE OF PENDENCY OF AN ACTION

dickto01.005

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

103025
103025

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1. DECEDENT'S NAME First: Ruth Middle: Anna Last: PALMER		2. SEX F	3. DATE OF DEATH (Month, Day, Year) October 7, 1991
4. SOCIAL SECURITY NUMBER 544-16-4181	5a. AGE - Last Birthday (Years) 98	5b. Under 1 Year Mos. Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Corvallis, OR
7. DATE OF BIRTH (Month, Day, Year) April 24, 1893		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) 1129 Crescent Avenue		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12. SPOUSE (If married, widow, divorced (Specify) Widowed	
13. RESIDENCE STATE Oregon		14. COUNTY OF DEATH Klamath	
15. INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		16. ZIP CODE 97601	
17. FATHER - NAME first middle last Chester P. Avery		18. MOTHER - NAME first middle last Adda Smith	
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Linkville Cemetery	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Veronica Jennings</i>		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) OCT 8 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	

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 11:20 A.M.	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year) M
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>Steven K. Bidleman</i>		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. (Signature) <i>W. C. ...</i>	
30. DATE SIGNED (Month, Day, Year) 10-7-91		33. DATE SIGNED (Month, Day, Year)	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Oregon 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

36. 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) Cerebral Infarction			
(b) Cerebrovascular Disease			
PART II 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 type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Ind	38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. YES - Was handling appropriate in the circumstances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"/> Homicide <input type="checkbox"/> Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

DATE ISSUED NOV 2 2 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 Barbara Young the 10th day
of Dec. A.D., 19 91 at 11:55 o'clock A.M., and duly recorded in Vol. M91
of Deeds on Page 25734
Evelyn Biehn County Clerk
By *Pauline Mulendore*

FEE \$8.00

Return: Barbara Young
1940 Melrose, Klamath Falls, Or. 97601