

NE 38697 QUITCLAIM DEED Vol. m91 Page 26188

KNOW ALL MEN BY THESE PRESENTS, That JAMES E. KIMBLER, hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and quitclaim unto PATRICIA A KIMBLER, hereinafter called grantee, and unto grantor'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:

LOT 5 OF BLOCK 4 WINEMA GARDENS FIRST ADDITION
AKA 6316 WINEMA WAY KLAMATH FALLS OREGON 97603

(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 \$ LOVE & AFFECTION

⓪ However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which) ⓪ (The sentence between the symbols ⓪, 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 18 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 authorized thereto by order of its board of directors.

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.

STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on November 18, 1991, by James Kimbler

This instrument was acknowledged before me on NOVEMBER 18, 1991,

by

as

of

Lane C. Csaptes
Notary Public for Oregon
My commission expires 8-11-90

JAMES E KIMBLER
6316 WINEMA WAY
KLAMATH FALLS, OR 97603
GRANTOR'S NAME AND ADDRESS

PATRICIA A KIMBLER
6316 WINEMA WAY
KLAMATH FALLS, OR 97603
GRANTEE'S NAME AND ADDRESS

After recording return to:

SAME AS GRANTEE

NAME, ADDRESS, ZIP

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

SAME AS GRANTEE

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath ss.

I certify that the within instrument was received for record on the 16th day of Dec., 1991, at 12:13 o'clock P.M., and recorded in book/reel/volume No. M91 on page 26188 or as document/fee/file/instrument/microfilm No. 38697, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Orlando T. Henderson Deputy

Fee \$28.00

91 DEC 16 PM 12 13

104923

I.D. TAG NO.

470

Local File Number

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

136-

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

15

16

17

1 DECEDENT'S NAME First: Dorance Middle: Theodore Last: DODD		2 SEX Male	3 DATE OF DEATH (Month, Day, Year) December 10, 1991
4 SOCIAL SECURITY NUMBER 550-16-4626		5a AGE - Last Birthday (Years) 78	5b Under 1 Year Months: 0 Days: 0 Hours: 0 Mins: 0
6 BIRTHPLACE (City and State or Foreign Country) Chippewa County, MN		7 DATE OF BIRTH (Month, Day, Year) September 9, 1913	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Eri/Outpatient <input type="checkbox"/> DCA <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 Hospital		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) Machinist		10b KIND OF BUSINESS/INDUSTRY Machine Shop	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12 SPOUSE (If Married, Widowed) Betty Jean	
13a RESIDENCE - STATE Oregon		13b COUNTY Klamath	
13c CITY, TOWN, OR LOCATION Keno		13d STREET AND NUMBER 16209 Riveredge Road	
13e INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f ZIP CODE 97627	
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15 RACE American Indian, Black, White, etc. (Specify) White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12)		17 INFORMANT - NAME and relationship to decedent Betty Jean Dodd - wife	
20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input 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) Hillcrest Memorial Park & Crematory	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Charles J. Loyal		21b LICENSE NUMBER (Of Licensee) 3239	
22 NAME, ADDRESS AND ZIP OF FACILITY Memory Gardens Mortuary		23 DATE FILED (Month, Day, Year) DEC 13 1991	
24 REGISTRAR'S SIGNATURE Nancy Kennedy		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 TIME OF DEATH 8:45 A.M.		27 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) Jon S. Wayland		29 DATE SIGNED (Month, Day, Year) 12-11-91	
30 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon S. Wayland M.D.		31 NAME OF AT TENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
32 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) Coronary heart block DUE TO, OR AS A CONSEQUENCE OF: (b) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (c) Coronary artery atherosclerosis OTHER SIGNIFICANT CONDITIONS: Surgery		33 INTERVAL BETWEEN ONSET AND DEATH	
34 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		35 DATE OF INJURY (Month, Day, Year)	
36 TIME OF INJURY M		37 INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Hospital		39 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.

45-2 REV 1-89

DEC 13 1991

DATE ISSUED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jean Dodd the 16th day of Dec. A.D., 19 91 at 2:22 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 26189.

FEE \$8.00

Return: Jean Dodd

P.O. Box 301, Keno, Or. 97627

Evelyn Biehn, County Clerk

By Donna A. Verling

Local File Number

1. DECEDENT'S NAME Fred L. SCHENK		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) December 7, 1991
4. SOCIAL SECURITY NUMBER 536-18-8168		5a. AGE Last Birthday (Years) 67	5b. Under 1 Year Mos. Days Hours Mins.
8. BIRTHPLACE (City and State or Foreign Country) Meyers Falls, WA		7. DATE OF BIRTH (Month, Day, Year) August 21, 1924	
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Private Home		9c. CITY, TOWN, OR LOCATION OF DEATH Bly	
9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heavy Equipment Operator		10b. KIND OF BUSINESS/INDUSTRY Lumber Mill Industry	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Mary Schenk	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Bly		13d. STREET AND NUMBER Box 584	
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 White		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 10		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 10	
17. FATHER - NAME first middle last Ruben - Schenk		18. MOTHER - NAME first middle maiden Kate - Viles	
19. INFORMANT - NAME and relationship to decedent Mary Schenk Spouse		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
20b. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James D. Beggs</i>		21b. LICENSE NUMBER (Of Licensee) 49-1275	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine ST. Klamath Falls, OR 97601		23. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
24. DATE FIRED (Month, Day, Year) DEC 9 1991		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TIME OF DEATH 11:23 A M			
28. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) December 7, 1991 11:23A M			
29. 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. <i>James M. D. M.E.</i> 12/9/91 Klamath			
30. DATE SIGNED (Month, Day, Year) 12/9/91			
31. NAME, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs M.D. M.E. 2300 Clairmont Street 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.			
34. INTERVAL BETWEEN ONSET AND DEATH			
35. INTERVAL BETWEEN ONSET AND DEATH			
36. INTERVAL BETWEEN ONSET AND DEATH			
37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
38. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN			
39. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
40. DID VITAL SIGNS CONTRIBUTE TO DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
41. 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			
42. DATE OF INJURY (Month, Day, Year)			
43. TIME OF INJURY M			
44. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
45. DESCRIBE HOW INJURY OCCURRED			
46. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)			
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED _____

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Schenk the 16th day
of Dec. A.D., 19 91 at 2:22 o'clock P M., and duly recorded in Vol. M91,
of Deeds on Page 26190.

FEE **\$8.00**

Return: Mary Schenk

P.O. Box 584, Bly, Or. 97622

Evelyn Biehn - County Clerk

By Quinn Mendenhall