

39230

WARRANTY DEED

Vol. 591 Page 27092

KNOW ALL MEN BY THESE PRESENTS, That

Elsie Marie Mock

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

James V. Parker & Gladys E. Parker, Husband and Wife

, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that 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:

Tract No. 2, LEWIS TRACTS, in the County of Klamath, State of Oregon.

(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.

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 of the above granted premises, free from all encumbrances

Except as noted on attached Exhibit A incorporated herein by reference

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 \$9,000.00.

However, the actual consideration consists of ~~XXXXX~~ (The sentence between the symbols ~~XXXXX~~, 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 18 day of August, 1988; 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.

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

October 6 August 18, 1988

Personally appeared the above named
Elsie Marie Mock

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

Notary Public for Oregon

My commission expires: 1-15-90

Elsie Marie Mock

STATE OF OREGON, County of) ss.

Personally appeared , 19

and

who, being duly sworn, each for himself and not one for the other, did say that the former is the president and that the latter is the secretary of

, a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed.

Before me:

(OFFICIAL SEAL)

Notary Public for Oregon

My commission expires:

(If executed by a corporation, affix corporate seal)

STATE OF OREGON,

County of) ss.

I certify that the within instrument was received for record on the day of , 19, at o'clock M., and recorded in book/reel/volume No. on page or as fee/file/instrument/microfilm/reception No. Record of Deeds of said county.

Witness my hand and seal of County affixed.

NAME

TITLE

By Deputy

GRANTOR'S NAME AND ADDRESS

James V. & Gladys E. Parker

1624 Wiard

Klamath Falls OR 97603

GRANTEE'S NAME AND ADDRESS

After recording return to:

James V. & Gladys E. Parker

1624 Wiard

Klamath Falls OR 97603

NAME, ADDRESS, ZIP

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

James V. Parker & Gladys E. Parker

1624 Wiard

Klamath Falls OR 97603

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

EXHIBIT A

1. 1988-89 taxes, a lien not yet payable.
2. Conditions, Restrictions as shown on the recorded plat of Lewis Tracts.
3. Regulations, including levies, assessments, water and irrigation rights and easements for ditches and canals, of Enterprise Irrigation District.
4. Regulations, including levies, liens, assessments, rights of way and easements of the South Suburban Sanitary District, and as per Ordinance No. 29, recorded May 24, 1983 in book M-83 at page 8062 and as per Ordinance No. 30, recorded May 30, 1986 in Book M-86 at page 9346 as per Ordinance No. 31, recorded January 6, 1988 in book M-88 at page 207.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 30th day
of Dec. A.D., 19 91 at 10:54 o'clock A M., and duly recorded in Vol. M91,
of Deeds on Page 27092.

Evelyn Biehn . County Clerk

By David M. Mendenhall

FEE \$33.00

CERTIFICATION OF VITAL RECORD

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

103041
I.D. TAG NO.

479
Local File Number

136-

State File Number

1. DECEASED'S NAME Alden Morris Sheridan		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) December 19, 1991	
4. SOCIAL SECURITY NUMBER 509-05-7304		5a. AGE - Last Birthday (Years) 79		6. BIRTHPLACE (City and State or Foreign Country) Clements, KS	
7. DATE OF BIRTH (Month, Day, Year) July 18, 1912		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
8b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Photographer		10b. KIND OF BUSINESS/INDUSTRY Newspaper		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Ada McDaniel		13d. STREET AND NUMBER 332 North 10th			
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
14. WAS DECEASED OF HISPANIC ORIGIN? (Specify his or her - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes White		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEASED'S EDUCATION (Specify only highest grade completed) 12	
17. FATHER - NAME first middle last William T. Sheridan		18. MOTHER - NAME first middle maiden Etta - Morris		19. INFORMANT - NAME and relationship to decedent Ada Sheridan /spouse	
20a. 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) Eternal Hills Memorial Gardens		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon		21. 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. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			
24. DATE FILED (Month, Day, Year) DEC 20 1991		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. TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
27. TIME OF DEATH 1930		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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. (Signature) <i>Carol Fellows MD</i>	
30. DATE SIGNED (Month, Day, Year) 12-20-91		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Carol Fellows, MD 2610 Uhrmann Road Klamath Falls, Oregon 97601		32. DATE SIGNED (Month, Day, Year) 12-20-91	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		34. 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) Cancer of the prostate, metastatic to bone + liver			
35. DUE TO, OR AS A CONSEQUENCE OF:		36. DUE TO, OR AS A CONSEQUENCE OF:			
37. DUE TO, OR AS A CONSEQUENCE OF:		38. DUE TO, OR AS A CONSEQUENCE OF:			
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95. DUE TO, OR AS A CONSEQUENCE OF:		96. DUE TO, OR AS A CONSEQUENCE OF:			
97. DUE TO, OR AS A CONSEQUENCE OF:		98. DUE TO, OR AS A CONSEQUENCE OF:			
99. DUE TO, OR AS A CONSEQUENCE OF:		100. DUE TO, OR AS A CONSEQUENCE OF:			

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

DATE ISSUED **DEC 20 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 Ada Sheridan the 30th day
of Dec. A.D., 19 91 at 12:03 o'clock P M., and duly recorded in Vol. M91
of Deeds on Page 27094

Evelyn Biehn, County Clerk
By *Donna A. Verling*

FEE \$8.00

Return: ADA Sheridan
332 N. 10th, Klamath Falls, Or. 97601