

K-43742
BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, That ETHEL K. PETERSON and ALICE B. FULLER, hereinafter called grantor, for the consideration hereinafter stated, do hereby grant, bargain, sell and convey unto ETHEL K. PETERSON, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Multnomah, State of Oregon, described as follows, to-wit:

The North one-half of Lot 6, REYNOLDS ACRES, which is the North 200 feet of the unrecorded plat more fully described as follows:

Beginning at a point in the South line of Section 25, Township 1 North, Range 3 East of the Willamette Meridian, which is South 89° 52' East 1040 feet from the Southwest corner thereof; thence continuing South 89° 52' West, 214 feet; thence North 0° 39' East along the center line of County Road No. 343, a distance of 425.02 feet; thence North 89° 52' East 216.23 feet; thence South 0° 21' West and parallel with the West line of said Section 25, a distance of 425 feet to the point of beginning; EXCEPTING therefrom the Southerly 25 feet lying in County Road No. 565, and EXCEPTING the Easterly 25 feet lying in County Road No. 343.

SUBJECT TO: An outstanding Contract between Ethel K. Peterson and Steven Irving dated December 16, 1988, which Contract is recorded in the Deed Records of Multnomah County, Oregon, Book 2168, Page 1498.

NOTE: The intent of this deed is to reconvey all interest of Ethel K. Peterson and Alice B. Fuller to Ethel K. Peterson as acquired in that certain deed from Ethel K. Peterson to Ethel K. Peterson and Alice B. Fuller, recorded in the Records of Multnomah County, Oregon, Book 2402, Page 139, on April 11, 1991.

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 \$ none.

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 19 day of December, 1991.

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.

Ethel K. Peterson
ETHEL K. PETERSON

Alice B. Fuller
ALICE B. FULLER

STATE OF OREGON)
) ss.
COUNTY OF KLAMATH)

The foregoing instrument was acknowledged before me this 19th day of December, 1991, by ETHEL K. PETERSON and ALICE B. FULLER.

(SEAL)



Lisa M. Lucas
Notary Public for Oregon
My Commission Expires 10/7/94

GRANTOR'S NAME AND ADDRESS:

Ethel K. Peterson and
Alice B. Fuller
4202 Fargo
Klamath Falls, OR 97603

GRANTEE'S NAME AND ADDRESS:

Ethel K. Peterson
4202 Fargo
Klamath Falls, OR 97603

AFTER RECORDING RETURN TO:

Jerry M. Molatore
426 Main Street
Klamath Falls, OR 97601

UNTIL A CHANGE IS REQUESTED, ALL
TAX STATEMENTS SHALL BE SENT TO
THE FOLLOWING ADDRESS:

Ethel K. Peterson
4202 Fargo
Klamath Falls, OR 97603

STATE OF OREGON,)
) ss.
COUNTY OF Klamath)

I certify that the within
instrument was received for record
on the 6th day of Jan., 1992,
at 2:41 o'clock P.M., and
recorded in book/reel/volume No.
M92 on page 280 or
as fee/file/instrument/microfilm/
reception No. 39485, Record
of Deeds of said county.

Witness my hand and seal of
County affixed.

Evelyn Biehn, County Clerk
Name Title
By Pauline Mullendore
Deputy

Fee \$33.00

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

State File Number

087854
I.D. TAG NO
490
Local File Number

1. DECEDENT'S NAME Milo Henry HARDIE		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) December 22, 1991	
4. SOCIAL SECURITY NUMBER 533-03-3424		5a. AGE - Last Birthday (Years) 83		5b. Under 1 Year Mon. Days Hours Mins.	
6. BIRTHPLACE (City and State or Foreign Country) Kalispell, Montana		7. DATE OF BIRTH (Month, Day, Year) January 22, 1908			
8a. 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)					
9. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pondman		10b. KIND OF BUSINESS/INDUSTRY Weyerhaeuser Co.		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12a. RESIDENCE - STATE Oregon		12b. CITY, TOWN, OR LOCATION Merrill		13. STREET AND NUMBER Box 32 -	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE 97633		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 Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) or Graduate 12			
17. FATHER - NAME first middle last John Hardie		18. MOTHER - NAME first middle maiden Gertrude Graves		19. INFORMANT - NAME and relationship to decedent Gladys Hardie / Spouse	
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) Eternal Hills Memorial Gardens		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b. LICENSE NUMBER (Of Licensee) 3224		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 97603 4711 Hwy #39/ Klamath Falls, Ore.	
23. DATE FILED (Month, Day, Year) DEC 30 1991		24. REGISTRAR'S SIGNATURE Nancy Kennedy			
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			
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 9:30 P. 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. Alden Glidden					
30. DATE SIGNED (Month, Day, Year) 12/24/91					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING/MEDICAL EXAMINER (Type or Print) Alden Glidden, MD - 2680 Uhrmann Rd. - 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. Natural causes					
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Cerebral Vasculitis - Embolism		Interval between onset and death 4-5 yrs			
(b) DUE TO, OR AS A CONSEQUENCE OF: Hyper eosinophilic Syndrome		Interval between onset and death 4-5 yrs			
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Periph. Vasc. dis & NIDDM		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 Manner <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 checked="" type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED			
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

45-2 REV. 90

DATE ISSUED **DEC 31 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 **Gladys Hardie** the **6th** day of **Jan.** A.D., 19 **92** at **3:37** o'clock **P** M., and duly recorded in Vol. **M92** of **Deeds** on Page **282**.

Evelyn Biehn County Clerk
By **Rauline Mueller**

FEE \$8.00

Return: Gladys Hardie
Box 32, Merrill, Or. 97633