

CK

QUITCLAIM DEED

Vol 92 Page 614

39679

LOIS DOTY

KNOW ALL MEN BY THESE PRESENTS, That.....

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and quitclaim unto THE KLAMATH BASIN SENIOR CITIZENS COUNCIL hereinafter called grantee, and unto grantee'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 anywise appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Her one-half interest in the property beginning at the most Westerly corner of Lot 23 in Block 21 of Industrial Addition to the City of Klamath Falls, Oregon; thence Northeasterly at right angles to Martin Street, 100 feet to Division Street, thence Southeasterly along the Southwesterly line of Division Street, 27 feet 2 inches; thence parallel with Martin Street, 10 feet 4 inches; thence Southwesterly at right angles to Martin Street, 50 feet to Martin Street; thence Northwesterly long the Northeasterly line of Martin Street, 37-1/2 feet to the place of beginning, being a part of Lots 22 and 23 of said Block and Addition, as shown on the duly recorded plat thereof on file in the office of the County Clerk of Klamath County, 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. a Gift.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$..... However, the actual consideration consists of or includes other property or value given or promised which the whole 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 31 day of July, 1991; 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

Personally appeared the above named Lois Doty

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

Before me: Camilla Krueger
Notary Public for Oregon
My commission expires: 9-22-92

STATE OF OREGON, County of Klamath ss.

Personally appeared..... 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.....

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:

Notary Public for Oregon
My commission expires:

(If executed by a corporation, affix corporate seal)

Lois Doty
2157 Reclamation

Klamath Falls, OR 97601

Klamath Basin Senior Citizens Council

2045 Arthur Street

Klamath Falls, OR 97603

After recording return for:

Klamath Basin Senior Citizens Council

2045 Arthur Street

Klamath Falls, OR 97603

NAME, ADDRESS, ZIP

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

Marvin Doty c/o Barbara Kosta

1931 Huron Street

Klamath Falls, OR 97601

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath ss.

I certify that the within instrument was received for record on the 10th day of Jan., 1992, at 2:30 o'clock P.M., and recorded in book/reel/volume No. M92 on page 614 or as document/fee/file/instrument/microfilm No. 39679. Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Denise Mullendore Deputy

Fee \$28.00

JAN 10 PM 2 30

CK
28.00

103154
I.D. TAG NO.

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: Mazie Middle: Eldora Last: MONETT		2. SEX F	3. DATE OF DEATH (Month, Day, Year) Nov. 24, 1991
4. SOCIAL SECURITY NUMBER 561/26/4663	5a. AGE - Last Birthday (Years) 75	5b. Under 1 Year Months: _____ Days: _____	5c. Under 1 Day Hours: _____ Mins: _____
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) Oct. 13, 1916	
8. BIRTHPLACE (City and State or Foreign Country) Yuma City, Co.			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> 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) 3611 Highway # 97 No - Space # 50		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Salesperson		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Write name) Carl		13. STREET AND NUMBER P.O. Box 411 / Hwy Cut-off	
14. RESIDENCE - STATE Oregon	15. COUNTY Klamath	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) (13-14) (15-16) (17-18) (19-20) 10	
17. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. ZIP CODE 97639	19. RACE American Indian, Black, White, etc. (Specify) White	
20. 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		21. INFORMANT - Name and relationship to decedent Carl Monnett / Husband	
22. FATHER - Name first middle last Edward E. Andrews		23. MOTHER - Name first middle maiden Buelha - Marchant	
24. 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): _____		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James R. 2nd</i>		27. LICENSE NUMBER (Of License) 3409	
28. DATE FILED (Month, Day, Year) NOV 27 1991		29. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		31. REGISTRAR'S SIGNATURE <i>Charlene Barcus</i>	
32. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		33. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
34. TIME OF DEATH 1254		35. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <i>Jerri L. Britsch, MD</i>		37. 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)	
38. DATE SIGNED (Month, Day, Year) 11-25-91		39. DATE SIGNED (Month, Day, Year)	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jerri Britsch, MD / 1905 Main Street / Klamath Falls, Oregon / 97601		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
42. 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.)		43. INTERVAL BETWEEN ONSET AND DEATH	
(a) Metastatic colon cancer		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death	
44. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		45. DATE OF INJURY (Month, Day, Year)	
46. TIME OF INJURY M		47. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		49. DESCRIBE HOW INJURY OCCURRED	
50. LOCATION (Street and Number or Rural Route Number, City or Town, State)		51. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
52. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		53. YES WERE FINDINGS CONSISTENT IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **JAN 6 1992**DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 10th day
of Jan. A.D., 19 92 at 2:38 o'clock P M., and duly recorded in Vol. M92
of Deeds on Page 615Evelyn Biehn County Clerk
By Donna A. Verling

FEE \$8.00

Return: Neal G. Buchanan
601 Main St. #215, Klamath Falls, Or. 97601