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WARRANTY DEED—SURVIVORSHIP

Vol. m92 Page 1648KNOW ALL MEN BY THESE PRESENTS, That Wilma B. Burleigh and George A. Homem, hereinafter called the grantor,

for the consideration hereinafter stated to the grantor paid by Wilma B. Burleigh and George A. Homem, hereinafter called grantees, hereby grants, bargains, sells and conveys unto the said grantees, not as tenants in common but with the right of survivorship, their assigns and the heirs of the survivor of said grantees, all of the following described real property with the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining, situated in the County of Klamath, State of Oregon, to-wit:

Lot 18 in Block 2 of Tract 1228, Lockford, according to the official 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 above described and granted premises unto the said grantees, their assigns and the heirs of such survivor, forever; provided that the grantees herein do not take the title in common but with the right of survivorship, that is, that the fee shall vest absolutely in the survivor of the grantees.

And the grantor above named hereby covenants to and with the above named grantees, their heirs and assigns, that grantor is lawfully seized in fee simple of said premises, that same are free from all encumbrances

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 \$1.00.
~~However, the actual consideration consists of or includes other property or value given or promised which is 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 23rd day of January, 1992; 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 California
 COUNTY OF Contra Costa ss.

On January 23, 1992 before me, the undersigned, a Notary Public in and for said State personally appeared Wilma B. Burleigh and George A. Homem

☐ Personally known to me OR ☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Melissa Lerdahl
 Signature of Notary

Melissa Lerdahl
 Name (Typed or Printed)

Capacity Claimed by Signer:

- ☒ Individual(s)
☐ Corporate Officer(s)

Title(s)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Subscribing Witness
☐ Guardian/Conservator

☒ Other: Warranty Deed Survivorship

Signer is Representing:

Name of person(s) or Entity(ies)



(This area for official notarial seal)

ATTENTION NOTARY: Although the information requested below is optional, it could prevent fraudulent attachment of this certificate to another document.

THIS CERTIFICATE
 MUST BE ATTACHED

Title or Type of Document

Warranty Deed - Survivorship

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Geo. Homem the 27th day of Jan. A.D., 19 92 at 11:19 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 1648

Evelyn Biehn . County Clerk

By Pauline Muelndere

FEE \$28.00

Return: Wilma B. Burleigh/Geo. A. Homem
 203 Corliss Dr., Moraga, Ca. 94556

105764

I.D. TAG NO.

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Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

DECEDENT

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1. DECEDENT'S NAME: Willard, Ralph BROOKSHIER

2. SEX: M

3. DATE OF DEATH (Month, Day, Year): January 13, 1992

4. SOCIAL SECURITY NUMBER: 563-26-7224

5a. AGE Last Birthday (Years): 66

5b. Under 1 Year: Mos. Days

5c. Under 1 Day: Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Monterey, CA

7. DATE OF BIRTH (Month, Day, Year): November 20, 1925

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

9a. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☒ Outpatient ☐ D.O.A. ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center (Cancer Treatmt)

9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9d. COUNTY OF DEATH: Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Corelayer

10b. KIND OF BUSINESS/INDUSTRY: Plywood Manufacturing

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Margaret L.

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 2941 Bisbee Street

13e. INSIDE CITY LIMITS? ☐ Yes ☒ No

13f. ZIP CODE: 97603

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes

15. RACE American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12) College (1-4 or 5+)

17. FATHER - NAME first middle last: Glenn - Brookshier

18. MOTHER - NAME first middle maiden: Margaret - Wilson

19. INFORMANT - NAME and relationship to decedent: Margaret L. Brookshier, wife

20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens

20c. LOCATION - City or Town, State: Klamath Falls, OR 97603

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *Charles Barcus*

21b. LICENSE NUMBER (Of Licensee): 53-0124

22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

23. DATE FILED (Month, Day, Year): JAN 15 1992

24. REGISTRAR'S SIGNATURE: *Charles Barcus*

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

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27. TIME OF DEATH: 12:15 P.M. ☐ Yes ☒ No

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) *Ralph Breitenstein*

30. DATE SIGNED (Month, Day, Year): January 15, 1992

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ralph A. Breitenstein, MD, 2622 Campus Drive, 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.)

PART I (a) *squamous cell carcinoma of lung*

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

DUE TO, OR AS A CONSEQUENCE OF:

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? ☒ Yes ☐ No ☐ Probably ☐ Unknown

38. AUTOPSY ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A

40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year):

41b. TIME OF INJURY: M ☐ Yes ☒ No

41c. INJURY AT WORK? ☐ Yes ☒ 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):

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED JAN 15 1992

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Margaget Brookshier the 27th day
of Jan. A.D., 19 92 at 11:36 o'clock A.M., and duly recorded in Vol. M92
of Deeds on Page 1649

FEE \$8.00

Return: Margaret Brookshier
2941 Bisbee, Klamath Falls, Or. 97603

By Evelyn Bieh County Clerk
Pauline Mueland