

40262

## STATUTORY BARGAIN &amp; SALE DEED

**SHERRIE BALDNER** who took title as **SHERRIE WRIGHT**, as Grantor, conveys to **JOHN L. WRIGHT**, Grantee, the following described real property in Klamath County, Oregon:

Lot #17: W1/2 W1/2 N1/2 NE1/4 NE1/4, Section 9, T25S, R8E, W.M.  
Five acres more or less.

## SUBJECT TO:

- 1) A 30-foot wide easement along the South boundary for mutual roadway and all other roadway purposes.
- 2) Easement for power utility use.
- 3) Reservations and restrictions of record.

FURTHER SUBJECT TO Margaret Ruth Wright, reservation of a life estate in said property.

The true and actual consideration for the conveyance is \$0.0, but other good and valuable consideration, which is the whole consideration.

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.

Dated this 22d day of January, 1992,

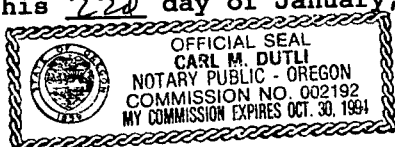
Sherrie Baldner  
Sherrie Baldner

STATE OF OREGON )

) ss.

County of Crook )

Personally appeared the above named **Sherrie Baldner**, and acknowledged the foregoing instrument to be her voluntary act and deed, before me this 22d day of January, 1992.



Send tax statements to:

**John L. Wright**  
64385 Crosswinds Rd  
Bend, OR 97701

Carl M. Dutli  
Notary Public for Oregon  
My Commission Expires: 10-30-94

Seller's address:  
**Sherrie Baldner**  
64385 Crosswinds Rd  
Bend, OR 97701

Return: Dutli & Wilson  
545 E. 7th St.  
Prineville, Or. 97754

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Dutli & Wilson  
on this 27th day of Jan. A.D., 19 92  
at 2:12 o'clock P.M. and duly recorded  
in Vol. M92 of Deeds Page 1685  
Evelyn Biehn County Clerk  
By Debra M. Mendenhall  
Deputy.

Fee, \$28.00

079643  
I.D. TAG NO.

51

Local File Number

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

State File Number

1. DECEDENT'S NAME First Middle Last <b>Maria Collavo COMETTO</b>		2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>January 23, 1992</b>
4. SOCIAL SECURITY NUMBER <b>544-46-6394</b>	5a. AGE Last Birthday (Years) <b>78</b>	5b. Under 1 Year Mos. Days <b>1 1</b>	5c. Under 1 Day Hours Mins. <b>1 1</b>
6. BIRTHPLACE (City and State or Foreign Country) <b>Alano di Piave Italy</b>		7. DATE OF BIRTH (Month, Day, Year) <b>April 5, 1913</b>	
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"/> Outpatient <input type="checkbox"/> DOA <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) <b>508 Plum Street</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
11. MARITAL STATUS - <b>Married</b> Never Married, Widowed, Divorced (Specify)		12. SPOUSE (if Married, Widowed) <b>Alberto Cometto</b>	
13a. RESIDENCE STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>	
13c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. STREET AND NUMBER <b>508 Plum Street</b>	
13e. ZIP CODE <b>97601</b>		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) <b>Italian</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) Postgraduate (17-24) <b>8</b>	
17. FATHER - NAME first middle last <b>Francisco Collavo</b>		18. MOTHER - NAME first middle maiden <b>Antonia Mazzier</b>	
19. INFORMANT NAME and relationship to decedent <b>Alberto Cometto Spouse</b>		20. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
21a. 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)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Memorial Park</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel, INC. 515 Pine ST. Klamath Falls, OR 97601</b>		23. DATE FILED (Month, Day, Year) <b>JAN 27 1992</b>	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		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. SIGNATURE OF REGISTRAR <i>[Signature]</i>		27. TIME OF DEATH <b>7:00 PM January 23, 1992</b>	
28. DATE SIGNED (Month, Day, Year) <b>January 25, 1992</b>		29. DATE PRONOUNCED (DEAD BY) (Month, Day, Year) <b>January 25, 1992</b>	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Robert N. Edwards M.D. M.E. 2865 Daggett Street Klamath Falls, Oregon 97601</b>		31. DATE SIGNED (Month, Day, Year) <b>January 25, 1992</b>	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. COUNTY <b>Klamath</b>	
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.)			
PART I (a) <b>Myocardial Infarction, Old &amp; Acute</b>			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) <b>Atherosclerotic Coronary Artery Disease</b>			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) <b>OTHER SIGNIFICANT CONDITIONS</b>			
Conditions contributing to death but not related to cause given in PART I.			
35. 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"/> Legal Intervention <input type="checkbox"/> Homicide		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Not	
37. DATE OF INJURY (Month, Day, Year)		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. TIME OF INJURY M <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N/A		40. DESCRIBE HOW INJURY OCCURRED	
41. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		42. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **JAN 27 1992**DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Joanne Hubler** the **27th** day  
of **Jan.** A.D., 19 **92** at **2:12** o'clock **P** M., and duly recorded in Vol. **M92**  
of **Deeds** on Page **1686**  
Evelyn Biehn County Clerk  
By *[Signature]*

FEE \$8.00

Return: Joanne Hubler  
14711 Wollam Rd., Brookings, Or. 97415