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K-43824
PERSONAL REPRESENTATIVE'S DEED

Vol. m92 Page 3087

THIS INDENTURE Made this 13th day of February, 1992, by and between James R. Uerlings the duly appointed, qualified and acting personal representative of the estate of Carl C. Hansen deceased, hereinafter called the first party, and Leslie M. Gilbert and Deanna M. Gilbert, husband and wife hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the said second party and second party's heirs, successors-in-interest and assigns all the estate, right and interest of the said deceased at the time of decedent's death, and all the right, title and interest that the said estate of said deceased by operation of the law or otherwise may have thereafter acquired in that certain real property situate in the County of Klamath, State of Oregon, described as follows, to-wit:

See Exhibit A attached hereto and incorporated by this reference. This property is sold "as is". The terms of this deed specifically incorporate the attached Exhibit B entitled WAIVER OF CLAIMS AND ACCEPTANCE OF PROPERTY AS IS, signed by the second party.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

TO HAVE AND TO HOLD the same unto the said second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 26,300.00

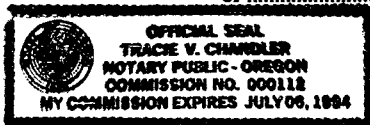
IN WITNESS WHEREOF, the said first party has executed this instrument; if first party is a corporation, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

James R. Uerlings
Personal Representative
of the Estate of Carl C. Hansen Deceased.

NOTE—The sentence between the symbols (1), if not applicable, should be deleted. See ORS 93.030.

STATE OF OREGON, County of Klamath ss.
This instrument was acknowledged before me on February 13, 1992,
by JAMES R. UERLINGS AS PERSONAL REPRESENTATIVE FOR
This instrument was acknowledged before me on THE ESTATE OF CARL C. HANSEN,
by _____
as _____
of _____



Tracey V. Chandler
Notary Public for Oregon
My commission expires 7-6-94

James R. Uerlings as Personal Representative
of the Estate of Carl C. Hansen
110 N. 6th, Klamath Falls, OR 97601
GRANTOR'S NAME AND ADDRESS

Leslie M. & Deanna M. Gilbert
507 1/2 #10 E. 11th
Tracy, CA
GRANTEE'S NAME AND ADDRESS

After recording return to:
Klamath First Federal Savings & Loan
540 Main St.
Klamath Falls, OR 97601
NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

STATE OF OREGON, ss.
County of _____
I certify that the within instrument was received for record on the _____ day of _____, 19_____, at _____ o'clock _____ M., and recorded in book/real/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

92 FEB 14 AM 10 22

EXHIBIT "A"

Beginning at the Northeast corner of Lot 1 in Block 59 in Nichols Addition to the City of Klamath Falls, Oregon; thence South along West line of East Street, 40 feet; thence West and parallel with South line of said Lot 1, 84½ feet; thence North and parallel with East Street 40 feet to the North line of said Lot 1; thence East along said North line of said Lot 1 to the place of beginning, a distance of 84½ feet, being a rectangular tract in the Northeast corner of said Lot 1 in Block 59, Nichols Addition having a frontage of 40 feet on East Street, according to the supplemental plat of said Addition on file in the office of the County Clerk of Klamath County, Oregon; less that portion deeded to Arlet C. Edsall on March 15, 1944 deed filed in Deed Volume 163 page 231, and described as: Beginning on the Westerly line of East Street in Klamath Falls, Oregon at a point thererof distant 37 feet Southerly from the Northeasterly corner of Block 59 of Nichols Addition to the City of Klamath Falls, Oregon; thence Westerly at right angles to East Street 84½ feet; thence Southerly parallel with East Street a distance of 3 feet; thence Easterly parallel with the Southerly line of said Lot 1, 84½ feet to East Street; thence Northerly along the Westerly line of East Street, 3 feet to the point of beginning.

VETERANS ADMINISTRATION U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT WOOD DESTROYING INSECT INFORMATION EXISTING CONSTRUCTION		1A. VA CASE NUMBER 1B. HUD/FHA CASE NUMBER	2. DATE <div style="font-size: 2em; font-weight: bold; text-align: center;">3089</div>
<p>PRIVACY ACT INFORMATION - The information requested on this form will be used in evaluating the property for a VA or HUD insured loan. Although you are not required by law to provide this information, failure to provide it can result in rejection of the property as security for your loan. The information collected will not be disclosed outside VA or HUD except as permitted by law. VA and HUD are authorized to request this information by statute (38 U.S.C. 1810(b)(4) and 12 U.S.C. 1701 et seq.).</p>			
READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM			
<p>1. The VA case number or HUD/FHA case number shall be inserted in Item 1 by the lender or the pest control company.</p> <p>2. When treatment is indicated in Item 8C, the insects treated will be named, the data on application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of warranty. Warranty information should also be entered below. Proper control measures are those which follow good acceptable industry practices.</p> <p>3. If visual evidence is found, the insects causing such evidence will be listed in Item 8A and damage resulting from such infestation will be noted in Item 8D.</p> <p>4. Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall covering, fixed ceilings, floor coverings, furniture or stored articles. The Pest Control Operator (PCO) should list, in Item 7, those obstructions or areas which inhibit the inspection.</p> <p>5. Item 8A may be checked when the PCO is not authorized to perform control measures by the owner/seller or control measures cannot be performed due to conditions beyond control, e.g., obstruction, weather, etc.</p> <p>6. Visible, evidence of conditions conducive to infestation from subterranean termites shall be reported on reverse of the form (tear-wood contact, faulty grades, insufficient ventilation, etc.)</p>			
3A. NAME OF INSPECTION COMPANY <div style="font-size: 1.2em; font-family: cursive;">Consolidated Inspection Service</div>		5A. NAME OF PROPERTY OWNER/SELLER 	
3B. ADDRESS OF INSPECTION COMPANY (Include ZIP Code) <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 5236 Klamath Falls, OR. 97601</div>		5B. ADDRESS OF PROPERTY <div style="font-size: 1.2em; font-family: cursive;">1238 East St.</div>	
3C. TELEPHONE NUMBER (Include Area Code) <div style="font-size: 1.2em; font-family: cursive;">(503) 783-2745</div>		4. PEST CONTROL OPERATOR LICENSE NUMBER <div style="font-size: 1.2em; font-family: cursive;">001377</div>	
6. WERE ANY AREAS OF THE PROPERTY OBSTRUCTED OR INACCESSIBLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes" complete Item 7)		7. OBSTRUCTIONS OR INACCESSIBLE AREAS (Specify) (Read Item 11B before completing.) 	
8. BASED ON CAREFUL VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Item 11A before completing.) <input type="checkbox"/> A. Visible evidence of wood destroying insects was observed. No control measures were performed. Insects observed: _____ <input type="checkbox"/> B. No visible evidence of infestation from wood destroying insects was observed. <input type="checkbox"/> C. Visible evidence of infestation was noted; proper control measures were performed. <input checked="" type="checkbox"/> D. Visible damage due to <u>Subterranean Termites</u> has been observed in the following areas: _____ <input type="checkbox"/> E. Visible evidence of previously treated infestation, which is now inactive, was observed. (Explain in Item 10)			
9. DAMAGE OBSERVED ABOVE, IF ANY. (Check One) <input type="checkbox"/> A. Will be/has been corrected by this company. <input type="checkbox"/> B. Will be corrected by another company (see attached contract). <input type="checkbox"/> C. Will not be corrected by this company. Recommend that damage be evaluated by qualified building expert.		10. ADDITIONAL COMMENTS (If necessary, continue on reverse) <div style="font-size: 1.5em; font-family: cursive;">See attachment</div>	
11. STATEMENT OF PEST CONTROL OPERATOR			
<p>A. The inspection covered the readily accessible areas of the property, including attics and crawl spaces which permit entry. Special attention was given to those accessible areas which experience has shown to be particularly susceptible to attack by wood destroying insects. Probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed.</p> <p>B. The inspection did not include areas which were obstructed or inaccessible at the time of inspection. (See instruction number 4 above.)</p> <p>C. This is not a structural damage report. Neither is this a warranty as to absence of wood destroying insects.</p> <p>D. Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.</p>			
12A. SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE <div style="font-size: 1.2em; font-family: cursive;">Wm L. Angler</div>		12B. TITLE <div style="font-size: 1.2em; font-family: cursive;">owner</div>	
12C. DATE <div style="font-size: 1.2em; font-family: cursive;">1-25-92</div>			
STATEMENT OF PURCHASER			
I have received the original or a legible copy of this form.			15. DATE
14. SIGNATURE OF PURCHASER			

3090

CONSOLIDATED INSPECTION SERVICE

P.O. Box 5236

883-7745

Klamath Falls, OR 97601

	Findings	
	Yes	No
(1) Fungi (Rot)	<i>see below</i>	<input checked="" type="checkbox"/>
(2) Dampwood Termites	<input checked="" type="checkbox"/>	
(3) Subterranean Termites		<input checked="" type="checkbox"/>
(4) Carpenter Ants		<input checked="" type="checkbox"/>
(5) Wood-Boring Beetles		
(6) Other		

1238 East St.

CONDITIONS FAVORING WOOD DESTROYING ORGANISMS

- | | |
|------------------------------|-------------------------------------|
| (1) Cellulose Debris | <input checked="" type="checkbox"/> |
| (2) Earth wood contact | <input checked="" type="checkbox"/> |
| (3) Excessive Moisture | <i>see below</i> |
| (4) Insufficient Ventilation | <input checked="" type="checkbox"/> |
| (5) Faulty Grade | <input checked="" type="checkbox"/> |
| (6) Dirt Fill | <input checked="" type="checkbox"/> |
| (7) Inadequate Clearance | <input checked="" type="checkbox"/> |
| (8) Other | |

Yes	No
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<i>see below</i>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

EXPLANATION OF FINDINGS:

Several areas in the understructure show fresh termite damage; These areas include wooden pouring forms around and under the concrete slab just below and behind the entry to the crawl space. Damage is also evident around the post/ pier pouring forms, in the partition wall at the front of the house and in the wood debris in direct contact with the ground.

RECOMMENDATIONS/CORRECTIVE MEASURES:

This report does not warrant any area that is not readily visible such as wall interiors, attic voids and sheathing, covered floors or subfloors and any area that is obscured by or covered with insulation.

Have termite treatment performed by licensed PCO. Remove wood partition at front of house that separates porch understructure from house understructure and replace with non-wood material and leaving same opening in the partition as exists now. Remove all other wood debris under house as well as any pouring forms, etc.

NOTE: House understructure is well ventilated now, but as there are no foundation vents partition noted above must be partially open to allow air flow from porch area to understructure.

Inspector's Signature:

Wm S. Sample

Date:

1-25-92

VETERANS ADMINISTRATION
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WOOD DESTROYING INSECT INFORMATION
EXISTING CONSTRUCTION

1A. VA CASE NUMBER

2. DATE

3091

1B. HUD/FHA CASE NUMBER

PRIVACY ACT INFORMATION - The information requested on this form will be used in evaluating the property for a VA or HUD insured loan. Although you are not required by law to provide this information, failure to provide it can result in rejection of the property as security for your loan. The information collected will not be disclosed outside VA or HUD except as permitted by law. VA and HUD are authorized to request this information by statute (38 U.S.C., 1810(b)(4) and 12 U.S.C., 1701 et seq.).

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

1. The VA case number or HUD/FHA case number shall be inserted in Item 1 by the lender or the pest control company.
2. When treatment is indicated in Item 8C, the insects treated will be named, the data on application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of warranty. Warranty information should also be entered below. Proper control measures are those which follow good acceptable industry practices.
3. If visual evidence is found, the insects causing such evidence will be listed in Item 8A and damage resulting from such infestation will be noted in Item 8D.
4. Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall covering, fixed ceilings, floor coverings, furniture or stored articles. The Pest Control Operator, (PCO) should list, in item 7, those obstructions or areas which inhibit the inspection.
5. Item 8A may be checked when the PCO is not authorized to perform control measures by the owner/seller or control measures cannot be performed due to conditions beyond control, e.g., obstruction, weather, etc.
6. Visible, evidence of conditions conducive to infestation from subterranean termites shall be reported on reverse of the form (earth wind contact, faulty grades, insufficient ventilation, etc.).

3A. NAME OF INSPECTION COMPANY

5A. NAME OF PROPERTY OWNER/SELLER

Consolidated Inspection Service

3B. ADDRESS OF INSPECTION COMPANY (Include ZIP Code)

5B. ADDRESS OF PROPERTY

P.O. Box 5236

1238 East St.

Klamath Falls, OR. 97601

3C. TELEPHONE NUMBER (Include Area Code)

4. PEST CONTROL OPERATOR LICENSE NUMBER

5C. STRUCTURE(S) INSPECTED

(503) 883-7745

001377

dwelling only

FINDINGS

6. WERE ANY AREAS OF THE PROPERTY OBSTRUCTED OR INACCESSIBLE?

7. OBSTRUCTIONS OR INACCESSIBLE AREAS (specify) (Read Item 11B before completing.)

☐ YES ☐ NO

(If "Yes" complete Item 7)

8. BASED ON CAREFUL VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Item 11A before completing.)

☐

A. Visible evidence of wood destroying insects was observed. No control measures were performed. Insects observed:

☐

B. No visible evidence of infestation from wood destroying insects was observed.

☐

C. Visible evidence of infestation was noted; proper control measures were performed.

☐

D. Visible damage due to _____

has been observed in the

following areas: _____

☐

E. Visible evidence of previously treated infestation, which is now inactive, was observed. (Explain in Item 10)

9. DAMAGE OBSERVED ABOVE, IF ANY. (Check One)

10. ADDITIONAL COMMENTS (If necessary, continue on reverse.)

☐

A. Will be/has been corrected by this company.

☐

B. Will be corrected by another company (see attached contract).

☐

C. Will not be corrected by this company. Recommend that damage be evaluated by qualified building expert.

Compliance work satisfactorily
Completed.

11. STATEMENT OF PEST CONTROL OPERATOR

- A. The inspection covered the readily accessible areas of the property, including attics and crawl spaces which permit entry. Special attention was given to those accessible areas which experience has shown to be particularly susceptible to attack by wood destroying insects. Probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed.
- B. The inspection did not include areas which were obstructed or inaccessible at the time of inspection. (See instruction number 4 above.)
- C. This is not a structural damage report. Neither is this a warranty as to absence of wood destroying insects.
- D. Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the property. I do further state that neither I nor the company for which I am acting is associated in any way with any party to this transaction.

12A. SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

12B. TITLE

12C. DATE

Wm L. Sample

owner

2-3-92

STATEMENT OF PURCHASER

I have received the original or a legible copy of this form.

14. SIGNATURE OF PURCHASER

15. DATE

CONSOLIDATED INSPECTION SERVICE

3092

P.O. Box 5236

883-7745

Klamath Falls, OR 97601

2-3-92

1238 East St.

Compliance work as per original inspection..... \$1028.00

Termite treatment includes one year guarantee, renewable each year (beginning the second year) for \$80.00 per anum.

3093

EXHIBIT B

WAIVER OF CLAIMS AND ACCEPTANCE OF PROPERTY AS IS

The undersigned buyers of the above premises have been afforded the opportunity to obtain, at their expense, an inspection of all the premises and facilities of the property located at 1238 East Street, Klamath Falls, Oregon 97601. The buyers have employed as their agent, Bill Snyder, to inspect the property for any problems or defects. The inspection noted only those problems as set forth on the attached inspection report, marked Exhibit A and incorporated by this reference. Thereafter, the buyers employed as their agent a contractor by the name of Bill Snyder, who performed all the repairs as set forth in the inspection report. The buyers have had an opportunity to inspect the premises on their own and to request any further inspections which they deem necessary. The buyers hereby accept the premises "as is". We further acknowledge that any and all repairs, as may be required pursuant to the attached inspection report, have been performed in a good and workmanlike manner. The buyers acknowledge that they have no further claim whatsoever against the seller as to the condition of the premises.

DATED this 12 day of Feb, 1992.

Leslie M. Gilbert
Leslie M. Gilbert

Deanna M. Gilbert
Deanna M. Gilbert

STATE OF OREGON: COUNTY OF KLAMATH: ss. _____ the 14th day
Filed for record at request of Klamath County Title Co. AM., and duly recorded in Vol. M92,
of Feb. A.D., 19 92 at 10:22 o'clock 3087 on Page
of Deeds Evelyn Biehn County Clerk
By Pauline Mulholland

FEE \$60.00