

K-43820
CREATION OF PRIVATE ROAD EASEMENT

KNOW ALL MEN BY THESE PRESENTS, that John C. Gretlein and Catherine L. Gretlein, in consideration of the benefits accruing to the above named, do hereby irrevocably create the following described non-exclusive easement to be appurtenant to the property hereinafter described with the rights and obligations hereinafter contained to run with the title to said parcels.

The Easement hereby created shall provide vehicular access over and across the following:

The Easterly 20 feet of Lots 20, 21, 22 and the Northerly 60 feet of Lot 23, Block 4, West Klamath Falls Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The appurtenant property is described as follows:

- Parcel 1: Lot 21, Less and Excepting the Northerly 22 feet and the Northerly 31 feet of Lot 22, Block 4, West Klamath Falls Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.
- Parcel 2: Lot 20 and the Northerly 22 feet of Lot 21, Block 4, West Klamath Falls Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.
- Parcel 3: Lot 22, Less and Excepting the Northerly 31 feet and the Northerly 60 feet of Lot 23, Block 4, West Klamath Falls Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

This easement shall bind and inure to the benefit of, as the circumstances may require, not only the immediate parties hereto, but also their respective heirs, executors, administrators and successors in interest.

IN WITNESS WHEREOF, the parties hereto have executed this easement on February 24, 1992.

John C. Gretlein
John C. Gretlein

Catherine L. Gretlein
Catherine L. Gretlein

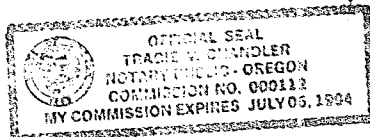
STATE OF Oregon)
County of Klamath) ss.

Personally appeared John C. Gretlein and Catherine L. Gretlein and acknowledged the foregoing instrument to be their voluntary act and deed.

After recording return to:
Klamath First Federal S&L
540 Main St.
Klamath Falls, OR 97601

BEFORE ME:

My Commission Expires 6-1-94



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 24th day of Feb. A.D. 1992 at 2:43 o'clock P. M., and duly recorded in Vol. M92 of Deeds on Page 3738

Evelyn Biehn, County Clerk

FEE \$30.00

By Ronnie J. [Signature]

FEB 24 1992

068247

ID TAG NO

32

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME Last: Jacobson First: Paul Middle: JACOBSEN		2. SEX M	3. DATE OF BIRTH February 7, 1932
4. SOCIAL SECURITY NUMBER 528/10/6345		5a. AGE - Last birthday 80	5b. Under 1 Year Days
6. BIRTHPLACE (City and State or foreign Country) Provo, UT.		7. DATE OF DEATH (Month, Day, Year) June 13, 1992	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Doctor's Home <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. COUNTY OF DEATH Klamath		12. DECEASED'S USUAL OCCUPATION Salesman	
13. KIND OF BUSINESS/INDUSTRY Furniture Store		14. MARITAL STATUS - Married, Divorced, Widowed, Single (Specify) Married	
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath	
17. CITY, TOWN, OR LOCATION Klamath Falls		18. STREET AND NUMBER Box 77A - Harriman Route	
19. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20. ZIP CODE 97601	
21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		22. RACE American Indian, Black, White, etc. (Specify) White	
23. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12)		24. DECEASED'S EDUCATION (Specify only highest grade completed) 2	
25. FATHER - NAME last middle first J. Elmer Jacobson		26. MOTHER - NAME last middle middle Edna - Cole	
27. INFORMANT - NAME and relationship to decedent Annabel Jacobsen / Wife		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
29. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		30. LOCATION - City or Town State Klamath Falls, Oregon	
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles H. Berven</i>		32. LICENSE NUMBER (Of Licensee) 3409	
33. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. 97601		34. REGISTRAR'S SIGNATURE <i>Charles Berven</i>	
35. DATE FILED (Month, Day, Year) FEB 12 1992		36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
37. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
38. TIME OF DEATH 1655		39. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Blake D. Berven</i>			
41. DATE SIGNED (Month, Day, Year) February 11, 1992			
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601			
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
44. 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) Respiratory failure		45. TIME BETWEEN ONSET AND DEATH 11 days	
DUE TO, OR AS A CONSEQUENCE OF:		46. TIME BETWEEN ONSET AND DEATH 20 years	
(b) COPD		DUE TO, OR AS A CONSEQUENCE OF:	
(c) Recent aortic aneurysm surgery		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.	
47. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		48. DATE OF INJURY (Month, Day, Year)	
49. TIME OF INJURY M		50. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
51. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		52. DESCRIBE HOW INJURY OCCURRED	
53. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

DATE ISSUED **FEB 12 1992**

Donna C. Vining
DONNA C. VINING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Annabel Jacobsen the 24th day of Feb. A.D., 19 92 at 3:18 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 3739.

Evelyn Biehn County Clerk

By *Donna C. Vining*

FEE \$10.00

Return: Annabel Jacobsen

26615 Forest Park Ln, Klamath Falls, Or. 97601