

42009

Vol. m92 Page 5035

ASPEN 37077

Highway Division
File 6076-006
10B-1-9

WARRANTY DEED

W. E. KISER, Grantor, conveys unto the STATE OF OREGON, by and through its DEPARTMENT OF TRANSPORTATION, Highway Division, Grantee, fee title to the following described property:

A parcel of land lying in the NW¼NE¼ of Section 18, Township 39 South, Range 9 East, W.M., Klamath County, Oregon and being a portion of that property described in that deed to W. E. Kiser and Norma A. Kiser, recorded in Book M-83, Page 3330 of Klamath County Record of Deeds; the said parcel being that portion of said property included in a strip of land 90 feet in width, lying on the Westerly side of the relocated The Dalles-California Highway, which center line is described as follows:

Beginning at Engineer's center line Station 247+76.35, said station being 12,553.26 feet North and 905.45 feet West of the Southeast corner of Section 19, Township 39 South, Range 9 East, W.M.; thence South 20° 35' 30" West 255.81 feet; thence on a spiral curve left (the long chord of which bears South 19° 33' West 499.93 feet) 500 feet; thence on an 4583.66 foot radius curve left (the long chord of which bears South 1° 51' 25.5" West 2466.75 feet) 2497.53 feet; thence on a spiral curve left (the long chord of which bears South 15° 50' 09" East 499.93 feet) 500 feet; thence South 16° 52' 39" East 1878.54 feet; thence on a spiral curve right (the long chord of which bears South 14° 52' 40" East 599.71 feet) 600 feet; thence on a 2864.79 foot radius curve right (the long chord of which bears South 6° 02' 16.5" East 483.38 feet) 483.96 feet; thence on a spiral curve right (the long chord of which bears South 2° 48' 07" West 599.71 feet) 600 feet; thence South 4° 48' 06" West 4533.62 feet; thence on a spiral curve right (the long chord of which bears South 6° 11' 26" West 499.88 feet) 500 feet; thence on a 3437.75 foot radius curve right (the long chord of which bears South 21° 14' 22" West 1461.30 feet) 1472.53 feet; thence on a spiral curve right (the long chord of which bears South 36° 17' 18" West 499.88 feet) 500 feet; thence South 37° 40' 38" West 2079.02 feet to Engineer's center line Station 411+77.36.

Bearings are based upon the Oregon State Co-ordinate System of 1927, South Zone.

The parcel of land to which this description applies contains 0.54 acre, more or less, outside of the existing right of way.

TOGETHER WITH ALL abutter's rights of access between the above-described parcel and Grantor's remaining real property, EXCEPT, however,

Reserving access rights, for the service of Grantor's remaining property, to and from said remaining property to the abutting highway at the following place, in the following width, and for the following purpose:

Hwy. Engr's Sta.	Side of Hwy.	Width	Purpose
279 + 55'	West	35'	unrestricted

12-31-91

92 MAR 10 PM 3 35

Grantee has the right to construct or otherwise provide at any future time a public frontage road or roads, or some other access road; whereupon all rights of access hereinabove reserved to and from the highway shall cease, but the Grantor, his heirs and assigns, shall have access to the frontage road or roads, or other access road for any purpose upon obtaining a permit from the State under the applicable statutes and regulations governing the same. Said road or roads shall be connected to the main highway or to other public ways only at such places as the Grantee may select.

The access rights reserved herein are subject to the statutes and regulations controlling access to the highway system. A standard Approach Road Permit must be applied for and obtained from the Highway Division's District Maintenance Office before construction is begun. When the State constructs the approach road, Grantor will be required to sign a standard Approach Road Permit to assure proper operation and maintenance of the approach road.

Grantor covenants to and with Grantee, its successors and assigns, that he is the owner of said property which is free from encumbrances, except for easements, conditions, and restrictions of record, and will warrant the same from all lawful claims whatsoever, except as stated herein.

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.

The true and actual consideration received by Grantor for this conveyance is

\$ 72,500.00.

Dated this 17th day of January, 1992.

W. E. Kiser
W. E. Kiser

STATE OF OREGON, County of CLATSOP

JANUARY 17, 1992, 1992. Personally appeared the above named W. E. Kiser, who acknowledged the foregoing instrument to be his voluntary act. Before me:

Earl D. [Signature]
Notary Public for Oregon
My Commission expires 12/14/93

1-9-92
Page 2 - WD
ael/

RETURN TO
OREGON STATE HIGHWAY DIVISION
RIGHT OF WAY SECTION
417 TRANSPORTATION BLDG.
SALEM, OREGON 97310

Account No.: _____

Property Address: _____

53963
I.D. TAG NO.

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

136-

5037

Local File Number

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GIVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First: Norma Middle: A. Last: KISER		2. SEX F	3. DATE OF DEATH (Month, Day, Year) August 2, 1989
4. SOCIAL SECURITY NUMBER 556-32-7381	5a. AGE - Last Birthday (Years) 62	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Stigler, OK
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) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) 210 Leach Drive		9c. CITY, TOWN, OR LOCATION OF DEATH Midland	9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Restaurant Owner / Manager		10b. KIND OF BUSINESS/INDUSTRY Restaurant	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Roy			
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Midland	13d. STREET AND NUMBER 210 Leach Drive
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97634	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 Specify:	15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+)			
17. FATHER - NAME first middle last Alonzo E. Ritchie		18. MOTHER - NAME first middle maiden Nettie Elizabeth Holloway	
19. INFORMANT - NAME and relationship to deceased Roy Kiser, husband			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Picard Cemetery	
20c. LOCATION - City or Town, State Dorris, California			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Berriel Beil</i>		21b. LICENSE NUMBER (Of Licensee) 3329	22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR. 97601
23. DATE FILED (Month, Day, Year)		24. REGISTRAR'S SIGNATURE	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
27. TIME OF DEATH 7:55 P. M. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <i>John M. Hobbs, Jr.</i> M.D.		30. DATE SIGNED (Month, Day, Year) August 3, 1989	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John M. Hobbs, M.D., 1900 Main Street, Klamath Falls, Oregon 97601		32. 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)	
33. DATE SIGNED (Month, Day, Year)		COUNTY	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
35. 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) Extensive metastatic carcinoma of cervix DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 1 1/2 yrs	
(b) Recurrent squamous cell carcinoma of cervix DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 6 mos.	
(c) Primary squamous cell carcinoma of cervix		Interval between onset and death 28 yrs	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco use contribute to this death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. 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"/> Homicide <input type="checkbox"/> Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> 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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 10th day of March A.D., 19 92 at 3:35 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 5035.

FEE \$20.00

Evelyn Biehn, County Clerk

By *Dorlene Mullender*