FORM No. 633-1—WARRANTY DEED. COPYRIGHT 1988 STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204

Vol. M92 Page 5302

NE 42190

KNOW ALL MEN BY THESE PRESENTS, That Elsie M. Morris and Michael K. Knoke and Gwendolyn L. Knoke, husband and wife.

..... hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by Elsie M. Morris, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lot Five (5), and Six (6), Block Eleven (11), First Addition of Bly, Klamath County, Oregon; according to the duly recorded plat of said addition on file in the office of the County Clerk of said County.

'92 MAR 13 AM 11 45

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances and that grantor will warrant and forever defend the above granted 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 $ .00

①However, the actual consideration consists of or includes other property or value given or promised which is part of the whole consideration (indicate which).①

In construing this deed and where the context so requires, the singular includes the plural.

WITNESS grantor's hand this 12 day of March, 19 92

Michael K. Knoke / Gwendolyn L. Knoke

Elsie M. Morris / Gwendolyn L. Knoke, guardian

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 OREGON, County of Lake) ss. March 12, 1992

Personally appeared the above named michael k. knoke, Gwendolyn L knoke

Elsie M. Morris

and acknowledged the foregoing instrument to be voluntary act and deed.

OFFICIAL SEAL
LINDA L CONWAY
NOTARY PUBLIC - OREGON
COMMISSION NO. 008793
MY COMMISSION EXPIRES AUG. 03, 1995

Before me: Linda L Conway
Notary Public for Oregon
My commission expires 8-8-1995

NOTE—The sentence between the symbols ①, if not applicable, should be deleted. See Chapter 462, Oregon Laws 1967, as amended by the 1967 Special Session.

Elsie M. Morris
1800 N. 4th Street Space No. 45
Lakeview, OR 97630
GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:
Elsie M. Morris
H C 64 Box 26
Lakeview, OR 97630
NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 13th day of March, 19 92, at 11:45 o'clock AM., and recorded in book/reel/volume No. M92 on page 5302 or as fee/file/instrument/microfilm/reception No. 42190, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Darlene Mendenhall Deputy

Fee $30.00

CA 30.00

103113
I.D. TAG NO.

449
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Arlene; Middle: Lannis; Last: HEMMINGWAY
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): Nov. 19, 1991
4. SOCIAL SECURITY NUMBER: 541-50-6169
5a. AGE - Last Birthday (Years): 47
5b. If Under 1 Year: Months / Days
5c. If Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Portland, Or.
7. DATE OF BIRTH (Month, Day, Year): Nov. 14, 1944
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): ☒ HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; ☐ OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
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): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If wife, give maiden name): Charles
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 309 Commercial
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): Amer. Ind.
16. DECEDENT'S EDUCATION (Specify only highest grade completed) - Elementary, Secondary (0-12) / College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME: First: – ; Middle: – ; Last: –
18. MOTHER - NAME: First: Marjorie ; Middle: – ; Maiden: Pete
19. INFORMANT - NAME and Relationship: C. Hemmingway / Husb.

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ 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, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Or License): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601
23. DATE FILED (Month, Day, Year): NOV 27 1991
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1721 M
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): Thomas E. Klump MD
30. DATE SIGNED (Month, Day, Year): 11/25/91

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year)
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)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Thomas E. Klump, MD / 2600 Clover / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

36. 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) INTRA CRANIAL HEMORRHAGE — Interval between onset and death: 7 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(b) PROBABLE INTRACRANIAL ANEURYSM. RUPTURE — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Interval between onset and death:
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 ☐ Unk
38. AUTOPSY: ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY Ooccurred
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)

42. RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED FEB 04 1992

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

$10.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Phil Studenberg the 13th day of March A.D., 19 92 at 11:45 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 5303.

Evelyn Biehn, County Clerk
By Darlene Mellendorf

FEE $10.00

Return: Phil Studenberg
110 N. 7th, Klamath Falls, Or. 97601