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47964

Aspen TITLE & ESCROW, INC. Vol M92 Page 16384

WARRANTY DEED (INDIVIDUAL)

DANIEL G. BROWN and ELOUISE BROWN, TRUSTEES OF THE DANIEL G. BROWN TRUST U.T.A.D. DECEMBER 20, 1990, as to an undivided ** , hereinafter called grantor, convey(s) to G. MICHAEL DUNLAP and DELRA J. DUNLAP, husband and wife

County of Klamath , State of Oregon, described as: all that real property situated in the

PARCEL 2 of Minor Land Partition 61-91.

**fifty percent (50%) Interest, and to ELOUISE BROWN AND DANIEL G. BROWN, TRUSTEES OF THE DANIEL G. BROWN TRUST U.T.A.D. DECEMBER 20, 1990, as to an undivided fifty percent (50%) interest as tenants in common.

"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."

THIS INSTRUMENT DOES NOT GUARANTEE THAT ANY PARTICULAR USE MAY BE MADE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except Covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and those apparent on the land,

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is $1.00 and other valuable considerations. However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which)° (Delete between symbols; if not applicable. See ORS 93.030)

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

IN WITNESS WHEREOF, the grantor has executed this instrument this 14th day of July, 19 92.

Daniel G. Brown TR

Eloise Brown TR

STATE OF OREGON, County of Klamath)ss.

July 14, 19 92.

Personally appeared the above named Daniel G. Brown and Eloise Brown and acknowledged the foregoing instrument to be their voluntary act and deed.

OFFICIAL SEAL
TRACIE V. CHANDLER
NOTARY PUBLIC - OREGON
COMMISSION NO. 000112
MY COMMISSION EXPIRES JULY 06, 1994

Before me: Tracie V. Chandler

Notary Public for Oregon

My Commission Expires: 7-6-94

Daniel G. and Elouise Brown

GRANTOR'S NAME AND ADDRESS

G. Michael and Delra J. Dunlap
4043 Valinda Way
Klamath Falls, OR 97603

GRANTEE'S NAME AND ADDRESS

After recording return to:

G. Michael and Delra J. Dunlap
1745 Washburn Way
Klamath Falls, OR 97603

Until requested otherwise, send all tax statements to:

G. Michael and Delra J. Dunlap
1745 Washburn Way
Klamath Falls, OR 97603

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 24th day of July, 19 92, at 11:31 o'clock A M., and recorded in book/reel/volume No. M92 on page 16384 or as document/fee/file/instrument/microfilm No. 47964, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Deputy

Fee $30.00

FORM 685-2.5M

CERTIFICATION OF VITAL RECORD

103063
I.D. TAG NO.

285
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
136-
State File Number

CERTIFICATE OF DEATH

DECEDENT

1 DECEDENT'S NAME — First: Daisy; Middle: Mae; Last: MORIN
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): June 28, 1992
4 SOCIAL SECURITY NUMBER: 543/20/5554
5a AGE - Last Birthday (Years): 92
5b Under 1 Year: Months / Days
5c Under 1 Day: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign Country): Thomas Co., KS.
7 DATE OF BIRTH (Month, Day, Year): June 22, 1900
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify): Foster Home
9b FACILITY NAME (If not institution, give street and number): 5463 Knightwood Drive
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): Widowed
12 SPOUSE (If Married, Widowed): George F.
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 1840 Homedale Road
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97603
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): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

17 FATHER - NAME first middle last: Elisha - Latimer
18 MOTHER - NAME first middle maiden: Maude Virginia Barnett
19 INFORMANT - NAME and relationship to deceased: Virginia Richey / Dau.

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c LOCATION - City or Town, State: Klamath Falls, Oregon
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b LICENSE NUMBER (Of Licensee): 3409
22 NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

REGISTRAR

23 DATE FILED (Month, Day, Year): JUL 01 1992
24 REGISTRAR'S SIGNATURE: [signature]
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: 0400 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): [signature] M.D.
30 DATE SIGNED (Month, Day, Year): 6-29-92
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Mark S. Kochevar, MD / 1965 Main Street / Klamath Falls, Oregon / 97601
35 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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

CAUSE OF DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST →

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) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary failure — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: Congestive heart failure — Interval between onset and death: years
(c) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic heart disease — Interval between onset and death: years

PART II
OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I: None

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 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

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

DATE ISSUED: JUL 01 1992

Donna A. Verley
DONNA A. VERLEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-2 REV 3 90

KLAMATH COUNTY DEPARTMENT OF VITAL STATISTICS OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Crane & Foltyn the 24th day of July A.D., 1992 at 11:31 o'clock A.M., and duly recorded in Vol. M92, of Deeds on Page 16385.

Evelyn Biehn County Clerk
By [signature]

FEE $10.00

Return: Crane & Foltyn, 635 Main, Klamath Falls, Or. 97601