

22 JUL 77 AM 11 31

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

PARCEL 2 of Minor Land Partition 61-91.

**fifty percent (50%) interest, and to ELOUISE BROWN AND DANIEL G. BROWN
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.

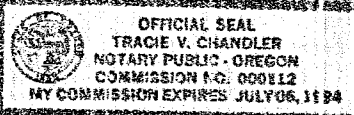
IN WITNESS WHEREOF, the grantor has executed this instrument this 14th day of July, 19 92.

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

Instrument to be their voluntary act and deed. and acknowledged the foregoing



Before me: Tracie V. Chandler
Notary Public for Oregon
My Commission Expires: 7-6-94

Daniel G. and Eloise 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

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

STATE OF OREGON, ss.
County of Klamath

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 Daniel M. ... Deputy

Fee \$30.00

FORM 685-2.5M

103063
I.D. TAG NO.
285
Local File Number

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

135-

State File Number

DECEDENT

1
2
3
4
5
6

PREVIOUS

DISPOSITION

7
8
9

REGISTRAR

10
11

CERTIFIER

12
13
14

CAUSE OF DEATH

15
16
17

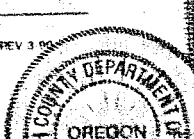
1 DECEDENT'S NAME Daisy Mae MORIN		2 SEX F	3 DATE OF DEATH (Month, Day, Year) June 28, 1992
4 SOCIAL SECURITY NUMBER 543/20/5554		5a AGE - Last Birthday (Years) 92	5b Under 1 Year 5c Under 1 Day
6 PLACE OF BIRTH (City and State or Foreign Country) Thomas Co., KS.		7 DATE OF BIRTH (Month, Day, Year) June 22, 1900	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
9a PLACE OF DEATH (Check only one) ☐ Hospital ☐ Outpatient ☐ DOR ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify) <u>Foster Home</u>			
10 FACILITY NAME (If not institution, give street and number) 5463 Knightwood Drive		11 CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12 COUNTY OF DEATH Klamath		13 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	
14 KIND OF BUSINESS/INDUSTRY Own Home		15 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
16 SPOUSE (If Married, Widowed) George F.		17 RESIDENCE - STATE Oregon	
18 COUNTY Klamath		19 CITY, TOWN, OR LOCATION Klamath Falls	
20 STREET AND NUMBER 1840 Homedale Road		21 INSIDE CITY LIMITS? ☐ Yes ☒ No	
22 ZIP CODE 97603		23 WAS DECEDENT OF THE MAJOR ORIGIN? (Specify No or Yes. If not, specify Cuban, Mexican, Puerto Rican, etc.) No	
24 RACE American Indian, Black, White, etc. (Specify) White		25 DECEDENT'S EDUCATION (Specify only highest grade completed) Secretary (10-12) College (13-4 or 5) 9	
26 MOTHER - NAME first middle last Elisha Latimer		27 FATHER - NAME first middle last Maude Virginia Barnett	
28 INFORMANT - NAME and relationship to decedent Virginia Richey / Dau.		29 METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal to State ☐ Donation ☐ Other (Specify) Klamath Cremation Service	
30 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon		31 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Robinson</i>	
32 LICENSE NUMBER (Of License) 3409		33 NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 145 Main Street Klamath Falls, Ore. / 97601	
34 DATE FILED (Month, Day, Year) JUL 01 1992		35 REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
36 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A			
37 TO BE COMPLETED BY CERTIFYING PHYSICIAN			
38 TIME OF DEATH 0400		39 YES ☒ NO ☐ MEDICAL EXAMINER NOTIFIED?	
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>Mark S. Rochevar MD</i>			
41 DATE SIGNED (Month, Day, Year) 6-29-92		42 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Mark S. Rochevar, MD / 1905 Main Street / Klamath Falls, Oregon / 97601	
43 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
44 IMMEDIATE CAUSE (ENTER ONE OR MORE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
(a) DUE TO, OR AS A CONSEQUENCE OF: <i>Pulmonary failure</i>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: <i>Congestive heart failure</i>		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS: <i>Arterio-sclerotic heart disease</i>		Interval between onset and death	
45 OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in 44 or 45. <i>None</i>			
46 MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Sudden ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention		47 DATE OF INJURY (Month, Day, Year)	
48 TIME OF INJURY		49 INJURY AT WORK? ☐ Yes ☒ No	
50 PLACE OF INJURY (If not home, farm, street, factory, office, building, etc. (Specify))		51 LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

45-2 REV 3-88

DATE ISSUED: JUL 01 1992

Donna O. Verberg
DONNA O. VERBERG
COUNTY REGISTRAR
KLAMATH COUNTY, 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

FEE \$10.00

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