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48958

WARRANTY DEED—STATUTORY FORM  
INDIVIDUAL GRANTOR

Vol. 92 Page 18179

WALTER DILLON HAGENBUCH

, Grantor,

conveys and warrants to WILLIAM R. LUCAS AND CINDY LUCAS, husband and wife

except as specifically set forth herein situated in KLAMATH County, Oregon, to-wit:  
 Lot 30 Block 3, TRACT 1069, according to the official plat thereof on file in the office  
 of the County Clerk of Klamath County, Oregon

TOGETHER WITH 1958 MOBILE HOME, LICENSE NUMBER X181582  
 TAX ACCT. NO. 2607-001 DO-06800

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The property is free from encumbrances except THOSE SHOWN ON THE REVERSE SIDE IF ANY

The true consideration for this conveyance is \$20,000.00 (Here comply with the requirements of ORS 93.030)

Dated this 11<sup>th</sup> day of August, 1992

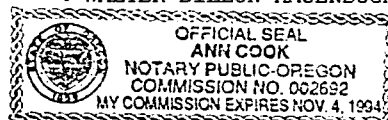
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

WALTER DILLON HAGENBUCH

STATE OF OREGON, County of Klamath ) SS.

This instrument was acknowledged before me on 8-11, 1992,

by WALTER DILLON HAGENBUCH.



Notary Public for Oregon

My commission expires 11-4-94

## WARRANTY DEED

WALTER DILLON HAGENBUCH GRANTOR  
 WILLIAM R. LUCAS GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

WILLIAM R. LUCAS  
 CINDY LUCAS  
 GENERAL DELIVERY P.O. Box 169  
 HUNTERS, WA 99137 Crescent, OR 97733

NAME, ADDRESS, ZIP

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

WILLIAM R. LUCAS-S11345CN  
 CINDY LUCAS  
 GENERAL DELIVERY P.O. Box 169  
 HUNTERS, WA 99137 Crescent, OR 97733

NAME, ADDRESS, ZIP

SPACE RESERVED  
 FOR  
 RECORDER'S USE

STATE OF OREGON,

} SS.

County of \_\_\_\_\_

I certify that the within instrument was received for record on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded in book/reel/volume No. \_\_\_\_\_ on page \_\_\_\_\_ or as fee/file/instrument/microfilm/reception No. \_\_\_\_\_, Record of Deeds of said County.

Witness my hand and seal of  
 County affixed.

NAME

TITLE

By \_\_\_\_\_ Deputy

1. 1992/93 Taxes, a lien not yet due and payable.
2. Mobile Home taxes for the fiscal year 1992-1992, a lien not yet due and payable.
3. Reservations and restrictions as contained in plat dedication, to wit:

"(1) 25 foot building set back from front and side property lines, (2) Public utilities easements 16 feet in width centered on all side and back lot lines. (3) One foot reserve strips (street plugs) as shown on the annexed plat to be dedicated to Klamath County and later released by resolution of the County Commissioners when adjoining property is properly developed. (4) All sanitary facilities subject to approval of the County Sanitarian. (5) Upper 35 feet from the high water mark, the mean thereof, of the Little Deschutes River is public Access easement. (6) Public access to the Little Deschutes River is provided by easements 10 feet in width as shown on the annexed plat. (7) All existing easements and reservations of record. (8) A sanitary line set back 100 feet from the flood plane of the Little Deschutes River as shown on the annexed plat."

4. Limited access in Deed, including the terms and provisions thereof, from Ivory Pine Co., a California corporation to State of Oregon, by and through its State Highway Commission recorded January 5, 1956 in Deed Book 280, Page 267, Deed Records of Klamath County, Oregon.
5. Articles of Association of Little Deschutes River Wood Owners Association, including the terms and provisions thereof, recorded in Volume M73, page 2951, an amendments thereto recorded in Volume M77, page 26644 and 26645, Microfilm Records of Klamath County, Oregon.
6. Subject to the terms and provisions of the Little Deschutes River Woods Owners Association.
7. Any improvement located upon the insured property which is described or defined as a Mobile Home under the provisions of Chapter 803 and 820, Oregon Revised Statutes, and is subject to registration as provided herein.
8. Electric Line Right of Way Easement, including the terms and provisions thereof;  
Dated: August 14, 1978  
Recorded: August 22, 1978  
Volume: M78, page 18615, Microfilm Records of Klamath County, Oregon  
In Favor Of: Midstate Electric Cooperative, Inc.



# CERTIFICATION OF VITAL RECORD

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

18181

E-3175  
I.D. TAG NO

378

Local File Number

136-

State File Number

1 DECEASED'S NAME <b>Betty Ruthford HAGENBUCH</b>		2 SEX <b>F</b>		3 DATE OF DEATH (Month, Day, Year) <b>September 2, 1990</b>	
4 SOCIAL SECURITY NUMBER <b>558-38-1791</b>		5a AGE - Last Birthday (Years) <b>65</b>		5b Under 1 Year Months Days Hours Mins	
6 WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7 BIRTHPLACE (City and State or Foreign) <b>Sydney, Nova Scotia</b>		8 DATE OF BIRTH (Month, Day, Year) <b>April 29, 1925</b>	
9 FACILITY NAME (If not institution, give street and number) <b>Plum Ridge Care Center</b>		10a DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) <b>Housewife</b>		10b KIND OF BUSINESS/INDUSTRY <b>Homemaking</b>	
11 RESIDENCE - STATE <b>Oregon</b>		12 COUNTY <b>Klamath</b>		13 CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	
14 INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15 ZIP CODE <b>97601</b>		16 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
17 FATHER - NAME first middle last <b>John Agnes McKellup</b>		18 MOTHER - NAME first middle last <b>Marguerite Morrison</b>		19 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input 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) <b>Eternal Hills Crematory</b>		21 SPOUSE (If Married, Widowed) <b>Walter D.</b>	
22 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		23 DATE FILED (Month, Day, Year) <b>SEP 4 1990</b>		24 REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
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 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27 NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>	
28 TIME OF DEATH <b>1020 A M</b>		29 DATE PRONOUNCED DEAD (Month, Day, Year) <b>SEP 4 1990</b>		30 DATE SIGNED (Month, Day, Year) <b>September 4, 1990</b>	
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Glenn Eric Hager, MD, 2860 Daggett Avenue, Klamath Falls, Oregon 97601</b>		32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33 DATE SIGNED (Month, Day, Year)	
34 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)		35 INTERVAL BETWEEN ONSET AND DEATH		36 INTERVAL BETWEEN ONSET AND DEATH	
(a) <b>Cardiovascular Arrest</b>		(b) <b>Myocardial Infarction</b>		(c) <b>Myocardial Infarction</b>	
37 DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38 AUTOPOST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39 YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" 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"/> Legal Intervention <input type="checkbox"/> Homicide		41a DATE OF INJURY (Month, Day, Year)		41b TIME OF INJURY	
41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" 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)		41g LOCATION (Street and Number or Rural Route Number, City or Town, State)		41h LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED **SEP 4 1990**

STATE OF OREGON: COUNTY OF KLAMATH: SS. \_\_\_\_\_ the **14th** day

Filed for record at request of **Mountain Title Co.** on **Aug 11:39** o'clock **A.M.**, and duly recorded in Vol. **M92** of **Deeds** on Page **18179**

By **Evelyn Biehn** County Clerk

FEE \$40.00