

92 SEP 30 PM 2 08

51649

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, That ALFRED J LAMONT

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by INA LORA RIST and her husband Susan Meier and Patty Cameron 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 pertaining, situated in the County of KLAMATH and State of Oregon, described as follows, to-wit:

BLOCK 66 LOTS 72 AND 73 OF THE FIFTH
ADDITION TO MIM ROD PARK
ITS SHOWN ON MAP IN OFFICIAL RECORDS OF
SAID COUNTY

(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 said 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 \$ 4,000.
However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). (The sentence between the symbols ©, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

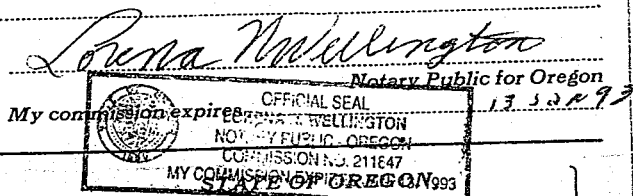
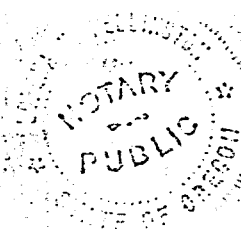
In Witness Whereof, the grantor has executed this instrument this 3rd day of MAY, 1991, if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

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 Klamath ss.
This instrument was acknowledged before me on 3 MAY, 1991,

by the above
This instrument was acknowledged before me on 3 MAY, 1991,

by the above
as the above
of the above



Alfred J. Lamont
PO Box 89
SPRAGUE RIVER OR 97679
GRANTOR'S NAME AND ADDRESS

After recording return to:

Ina S. Rist
Gen. Mgr.
Sprague River, OR 97679
NAME, ADDRESS, ZIP

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

Ina S. Rist
P.O. Box 177
Chiloquin, OR 97624
NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

County of Klamath ss.
I certify that the within instrument was received for record on the 30th day of Sept., 1992, at 2:08 o'clock P.M., and recorded in book/reel/volume No. M92 on page 22834 or as fee/title/instrument/microfilm/reception No. 51649 Record of Deeds of said county.
Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Pauline Mullendore Deputy

Fee \$30.00

1. DECEDENT'S NAME First: Robert, Middle: Louis, Last: PRYOR			2. SEX M		3. DATE OF DEATH (Month, Day, Year) September 23, 1992	
4. SOCIAL SECURITY NUMBER 315-28-0509		5a. AGE Last Birthday (Years) 61	5b. Under 1 Year Mos: Days: Hours: Mins:	5c. Under 1 Day Hours: Mins:	6. BIRTHPLACE (City and State or Foreign Country) Indianapolis, IN	
7. DATE OF BIRTH (Month, Day, Year) September 27, 1930		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) 2609 Reclamation Avenue			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.) Forester			10b. KIND OF BUSINESS/INDUSTRY D. G. Shelter Products		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed, Divorced (Specify)) Wilma J.			13a. RESIDENCE - STATE Oregon			
13b. COUNTY Klamath			13c. CITY, TOWN OR LOCATION Klamath Falls			
13d. STREET AND NUMBER 2609 Reclamation Avenue			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) College (14 or 5+) 5+			
17. FATHER - NAME first middle last Horace Herbert Pryor			18. MOTHER - NAME first middle maiden Anna - Ruddell		19. INFORMANT - NAME and relationship to deceased Wilma J. Pryor, wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" 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) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, OR 97601	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Robinson</i>			21b. LICENSE NUMBER (Of Licensee) 53-0124		22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
23. DATE FILED (Month, Day, Year) SEP 24 1992			24. REGISTRAR'S SIGNATURE <i>Charles Robinson</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. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 04:02 A M	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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>Ralph A. Breitenstein</i>		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) <i>Ralph A. Breitenstein</i>	
30. DATE SIGNED (Month, Day, Year) September 23, 1992		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ralph A. Breitenstein, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

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)		Interval between onset and death
PART I (a) <i>Pneumonia</i>		2 days
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <i>Alzheimer's</i>		
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 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 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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)	

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 791

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

DATE ISSUED: SEP 24 1992

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. L. Sisemore the 30th day
of Sept. A.D., 19 92 at 2:09 o'clock P.M., and duly recorded in Vol. M92
of Deeds on Page 22835.

FEE \$10.00

Evelyn Biehn - County Clerk
By *Pauline Mickelthaler*

Return: Wilma J. Pryor
2609 Reclamation, Klamath Falls, Or. 97601