

52716 92 OCT 23 AM 10 20

QUITCLAIM DEED—STATUTORY FORM
INDIVIDUAL GRANTORVol. m92 Page 24843

BETTY L. SORENSEN

Grantor,

releases and quitclaims to DONALD R. SORENSENGrantee, all right, title and interest in and to the following described real property situated in KLAMATH FALLS County, Oregon, to-wit:LEGAL LOT 17, Block 6, Tax #2309-2590-7400 (JACK PINE VILLAGE-BILLS RD, GILCHRIST, OR)

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The true consideration for this conveyance is \$ 700.00 (Here comply with the requirements of ORS 93.030)AND SURRENDER OF RIGHT TO 2ND MORTGAGE ON PROPERTY IN DESCHUTES COUNTY, LOT 52, BLOCK 3, LAZY RIVER SOUTH 16760 ELK COUNTRY LANE, OR 97739Dated this 22 day of October, 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.

Donald R. Sorensen
Betty L. SorensenSTATE OF OREGON, County of SACRAMENTO ss.Personally appeared the above named Betty L. Sorensen 10-22, 1992Donald R. Sorensenand acknowledged the foregoing instrument to be A voluntary act and deed.OFFICIAL SEAL
J.D. SAUERS
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY
My Commission Exp. JUNE 2, 1995

Before me:

Notary Public for Oregon—My commission expires: JUNE 2, 1995

QUITCLAIM DEED

GRANTOR

GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

Donald R. Sorensen
HC 32 Bx 154
Gilchrist OR 97737

NAME, ADDRESS, ZIP

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

Same as above

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE.

STATE OF OREGON,

ss.

County of KlamathI certify that the within instrument was received for record on the 23rd day of Oct, 1992, at 10:20 o'clock A.M., and recorded in book/reel/volume No. M92 on page 24843 or as fee/file/instrument/microfilm/reception No. 52716, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Donna M. Mullender Deputy

Fee \$30.00

60
30.00

I.D. TAG NO.

463

CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

Local File Number

1. DECEDENT'S First Name Terrence E. Tennant		2. SEX M		3. DATE OF DEATH (Month, Day, Year) October 15, 1992	
4. SOCIAL SECURITY NUMBER 517-12-6614		5a. AGE Last Birthday (Years) 69		6. BIRTHPLACE (City and State or Foreign Country) Great Falls, Montana	
5b. Under 1 Year Mos. Days		5c. Under 1 Day Hours Mins.		7. DATE OF BIRTH (Month, Day, Year) October 20, 1922	
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 checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other		9b. COUNTY OF DEATH Klamath	
9c. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9d. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Air Traffic Controller	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) married		12. SPOUSE (If Married, Widowed) Caroline M. Tennant		13. STREET AND NUMBER 4446 Laverne Ave.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE 97603		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 16) 12		17. FATHER - NAME first middle last George N. Tennant	
18. MOTHER - NAME first middle maiden Mary Regina Hutcheson		19. INFORMANT - NAME and relationship to deceased Terry L. Hartman, daughter		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 47-3211		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main, Klamath Falls, OR	
23. DATE FILED (Month, Day, Year) OCT 16 1992		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 12:45 A.M.			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. 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>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) October 16 1992		31. DATE PRONOUNCED DEAD (Month, Day, Year) M			
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Bohnen 2610 Uhrman Road, Klamath Falls, OR 97601		33. DATE SIGNED (Month, Day, Year) October 16 1992			
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		35. 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)			
36. PART I DUE TO, OR AS A CONSEQUENCE OF: Adenocarcinoma of kidney metastatic to lung		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
38. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. None		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <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	
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

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

DATE ISSUED: **OCT 19 1992**

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Caroline Tennant the 23rd day of Oct. A.D., 19 92 at 10:20 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 24844.

Evelyn Biehn County Clerk
By *[Signature]*

FEE \$10.00

Return: Caroline Tennant
4446 Laverne
Klamath Falls, Or. 97603