

55470

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, That RAYMOND G. DeBELLIS, hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by MICKEY D. CUMMINGS and ESTER J. CUMMINGS, husband and wife, hereinafter called the grantees, does hereby grant, bargain, sell and convey unto the said grantees and grantees' heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

The Southeasterly 48 feet of Lot 2 and the Northwesterly 8 feet of vacated alley adjoining Lot 2, all in Block 5 of FIRST ADDITION TO THE CITY OF KLAMATH FALLS, OREGON, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

"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."

To Have and to Hold the same unto the said grantees and grantees' heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except those of record and those apparent upon the land, if any, as of the date of this deed, and that grantor will warrant and forever defend the said premises and every part and of 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 \$8,500.00.

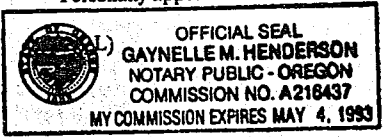
In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the undersigned grantors, have executed this instrument this 8 day of December, 1992.

Raymond G. DeBellis
Raymond G. DeBellis

ORIGION
STATE OF OREGON, County of Klamath ss.

Personally appeared the above named Raymond G. DeBellis and acknowledge the foregoing instrument to be his voluntary act and deed.



Before me: Gaynelle M. Henderson
Notary Public for Oregon
My Commission Expires: 5-4-93

RAYMOND G. DeBELLIS

Grantor

MICKEY D. CUMMINGS and
ESTER J. CUMMINGS

Grantees

After recording return to:
Michael Smirnov
650 Meadow Ave.
Santa Clara CA 95051

Until a change is requested,
all tax statements shall be
sent to the following address:
Michael Smirnov
650 Meadow Ave
Santa Clara CA 95051

STATE OF OREGON, County of Klamath)ss.

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Kosta, Spencer, MacArthur
on this 21st day of Dec. A.D., 19 92
at 2:53 o'clock P.M. and duly recorded
in Vol. N92 of Deeds Page 30310.
Evelyn Biehn
By Douglas Anderson
Deputy.

Fee, \$30.00

Local File Number
317

State File Number

1. DECEDENT'S NAME First: Jacoba Middle: Cornelia Last: PENA			2. SEX F	3. DATE OF DEATH (Month, Day, Year) Sept. 4, 1991		
4. SOCIAL SECURITY NUMBER 558/82/9977	5a. AGE - Last Birthday (Years) 57	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Holland	7. DATE OF BIRTH (Month, Day, Year) Nov. 2, 1933	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____						
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			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.) Housewife		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married (Specify) Married		
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Chiloquin		
13d. STREET AND NUMBER HC 30, Box 127D		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		
13e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97624		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 9		
17. FATHER - Name first middle last Cornelius - Bas			18. MOTHER - Name first middle maiden Jacoba - Kers		19. INFORMANT - Name and relationship to deceased Eric Jongkind - Son	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			21b. LICENSE NUMBER (Of Licensee) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY (Specify only highest grade completed) Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601	
23. DATE FILED (Month, Day, Year) SEP 6 1991			24. REGISTRAR'S SIGNATURE <i>[Signature]</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 type="checkbox"/> N/A	
27. TIME OF DEATH 2035 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>[Signature]</i>			30. DATE SIGNED (Month, Day, Year) September 5, 1991			
31. TIME OF DEATH M			32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
33. DATE SIGNED (Month, Day, Year)			34. COUNTY			
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon / 97601						
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) Uncontrolled bleeding DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death 2 weeks			
PART I (b) Idiopathic thrombocytopenic purpura DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death 1 1/2 yrs.			
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. None			Interval between onset and death			
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. 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 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 type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
RESERVED FOR REGISTRAR'S USE						

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

ORIGINAL VITAL STATISTICS COPY



DATE ISSUED **SEP 6 1991**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Joseph Pena the 21st day of Dec. A.D., 19 92 at 2:53 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 30311.

FEE \$10.00

Return: Joseph Pena

3069 E. Lake Ave., Chiloquin, Or. 97624

Evelyn Biehn - County Clerk
By *Pauline Mulender*