

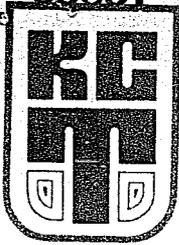
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**KLAMATH COUNTY TITLE COMPANY**

LN #0100443162  
ATC #38452

Vol. mq2 Page 30476



**STATUTORY WARRANTY DEED**  
(Individual or Corporation)

GINNY R. TAYLOR, TRUSTEE FOR MARIAN R. SCHLUCHTER TRUST

conveys and warrants to LEONARD R. HARRIS & LINDA L. HARRIS Grantor,

the following described real property in the County of KLAMATH and State of Oregon. Grantee,

SEE ATTACHED EXHIBIT "A"

This property is free of liens and encumbrances, EXCEPT:

The true consideration for this conveyance is \$ 72,500.00 (Here comply with the requirements of ORS 93.030\*).

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 THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

DATED this 9th day of December 19 92. If a corporate grantor, it has caused its name to be signed by resolution of its board of directors.

Ginny R. Taylor, Trustee for Marian R. Schluchter Trust  
Ginny R. Taylor, Trustee for Marian R. Schluchter Trust

Ginny R. Taylor  
Ginny R. Taylor, Individual

STATE OF OREGON, County of MULTNOMAH )ss.  
The foregoing instrument was acknowledged before me  
this 9th day of December 19 92  
by Ginny R. Taylor

Julia J. Cleary  
Notary Public for Oregon  
My commission expires: 2/13/94

CORPORATE ACKNOWLEDGEMENT  
STATE OF OREGON, County of \_\_\_\_\_ )ss.  
The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_  
by \_\_\_\_\_ and  
by \_\_\_\_\_  
of \_\_\_\_\_  
a corporation, on behalf of the corporation.

Notary Public for Oregon  
My commission expires:

After recording return to:  
**KLAMATH FIRST FEDERAL S&LA**  
2943 SOUTH SIXTH STREET  
KLAMATH FALLS, OR 97603  
NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address:  
**KLAMATH FIRST FEDERAL S&LA**  
2943 SOUTH SIXTH STREET  
KLAMATH FALLS, OR 97603

THIS SPACE RESERVED FOR RECORDER'S USE

## EXHIBIT A

## DESCRIPTION OF PROPERTY

The following described real property situate in Klamath County, Oregon:

PARCEL 1: Beginning at the quarter corner common to Sections 5 and 6, Township 39 South, Range 9 East of the Willamette Meridian; thence South 0°30' West along Section line 165.66 feet, more or less, to the center line of Lewis Lane (now known as Autumn Street); thence East along center line of Lewis Lane 514.50 feet, more or less, thence North parallel to said section line 580.14 feet; thence West parallel to the center line of Lewis Lane 514.50 feet, more or less; thence South along section line 414.48 feet to the point of beginning.

PARCEL 2: Beginning at an iron pin which lies South 0°06' West along the section line a distance of 155.7 feet and North 89°17' East along the center line of Lewis Lane a distance of 527.48 feet and North 0°10' West a distance of 580.14 feet from the iron axle which marks the quarter section corner common to Sections 5 and 6, Township 39 South, Range 9 East of the Willamette Meridian, in Klamath County, Oregon, and running thence; North 89°17' East parallel to the center line of Lewis Lane a distance of 375.87 feet to an iron pin which marks the Northwest corner of the Seim property described in Volume 59 page 597, Deed records of Klamath County, Oregon; thence North 0°10' West a distance of 61.3 feet to an iron pin on the South line of the Kirkpatrick property described in Volume 77 page 464, Deed records of Klamath County, Oregon; thence South 89°55' West along the South line of the Kirkpatrick property a distance of 375.85 feet to an iron pin; thence South 0°10' East a distance of 65.6 feet, more or less, to the point of beginning.

PARCEL 3: Beginning at an iron pin on the North right of way line of Lewis Lane which lies South 0°06' West along the section line a distance of 155.7 feet and North 89°17' East along the center line of Lewis Lane a distance of 527.48 feet and North 0°10' West a distance 30 feet from the iron axle which marks the quarter section corner common to Sections 5 and 6, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, and running thence North 89°17' East along the Northerly right of way line of Lewis Lane a distance of 20 feet to a point; thence North 0°10' West a distance of 213.1 feet to a point; thence North 89°17' East a distance of 355.87 feet to an iron pin which lies on the Westerly line of that certain piece of property known as the Seim property described in Volume 59 page 597, Deed records of Klamath County, Oregon; thence North 0°10' West along the West line of the Seim property a distance of 337.04 feet to an iron pin thence South 89°17' West, parallel to the center line of Lewis Lane a distance of 375.87 feet to an iron pin; thence South 0°10' East a distance of 550.14 feet, more or less, to the point of beginning.

SUBJECT TO that certain easement to the United States of America dated April 19, 1952, recorded April 23, 1952, in Volume 254 at page 286 of the Deed records of Klamath County, Oregon.

SUBJECT TO the rights of the public in and to Lewis Lane (Autumn Street) and any other reservations, restrictions, easements and rights of way of record and encroachments, easement and rights of way apparent on the land.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 22nd day of Dec. A.D., 19 92 at 3:36 o'clock P.M., and duly recorded in Vol. M92, of Deeds on Page 30476.

Evelyn Biehn County Clerk

FEE \$35.00

By Pauline M. Miller

125903

I.D. TAG NO.

529

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-

State File Number

1. DECEASED

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1. DECEASED'S NAME First: Edward Middle: Allan Last: FREDRICK		2. SEX M	3. DATE OF DEATH (Month, Day, Year) December 9, 1992
4. SOCIAL SECURITY NUMBER 543/10/3201	5a. AGE Last Birthday (Years) 81	5b. Under 1 Year Mos: Days:	5c. Under 1 Day Hours: Mins:
6. BIRTHPLACE (City and State or Foreign Country) Port Townsend, WA.		7. DATE OF BIRTH (Month, Day, Year) January 11, 1911	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input 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) 1433 No. Alameda		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath			
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Foreman		10b. KIND OF BUSINESS/INDUSTRY Iron Works	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (if Married, Widowed) Doris	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1433 No. Alameda	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601	
14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (13-16) <input type="checkbox"/> Graduate (17-24) <input type="checkbox"/> Postgraduate (25-36) <input type="checkbox"/> 12			
17. FATHER - NAME first middle last		18. MOTHER - NAME first middle maiden	
		Mollie Loosley Burns	
19. INFORMANT - NAME and relationship to decedent Doris Fredrick / Wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" 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) Klamath Memorial Park	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James J. [Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FAMILY FUNERAL HOME Walden Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601			
23. DATE FILED (Month, Day, Year) DEC 10 1992		24. REGISTRAR'S SIGNATURE <i>Charlene Barcus</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			
27. TIME OF DEATH 0045 M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>Ralph A. Breitenstein</i>			
30. DATE SIGNED (Month, Day, Year) 12-9-92			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Ralph A. Breitenstein, MD / 2622 Campus Dr. / Klamath Falls, Or. 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) <i>pneumonia</i>		Internal between onset and death 3d	
DUE TO, OR AS A CONSEQUENCE OF:			
PART I (b)		Internal between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:			
PART I (c)		Internal 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>Rheumatoid arthritis</i>			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES, was autopsy performed in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
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. DESCRIBE HOW INJURY OCCURRED	
41f. 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 KLAMATH COUNTY REGISTRAR.

Charlene Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

DATE ISSUED: \_\_\_\_\_

STATE OF OREGON: COUNTY OF KLAMATH: ss.  
Filed for record at request of Doris Fredrick the 22nd day of Dec. A.D., 19 92 at 3:47 o'clock P M., and duly recorded in Vol. M92 of deeds on Page 30478.

FEE \$10.00  
Return: Doris Fredrick  
1433 N. Alameda, Klamath Falls, Or. 97601  
Evelyn Biehn - County Clerk  
By *[Signature]*