FORM No. 969—QUITCLAIM DEED—STATUTORY FORM (Individual Grantor).

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STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204

59492

# QUITCLAIM DEED—STATUTORY FORM

INDIVIDUAL GRANTOR

Vol. M93 Page 6974

DAVID LEONARD WALTERS releases and quitclaims to JANET MARIE SPORRER, Grantor, Grantee, all right, title and interest in and to the following described real property situated in KLAMATH County, Oregon, to-wit:

BEGENNING at the section corner toSection 17, 18, 19, and 20, Township 28 South Range 8 East of the Willamette Meridian; thence, A South 1667.8 feet; thence, East 491.6 feet; thence, North 16 degree53 feet East 400 feet; thence, South 73 degree6 feet East 110 feet to the TRUE POINT OF BEGINNING on the East boundary ofHighway No. 97 right of way; thence, South 73 degree6 feet East 190 feet; thence, North 16 degree 53 feet East 337.92 feet; thence, North 73 degree 6 feet West 190 feet; thence, South 16 degree 53 feet West 337.92 feet along the Easterly right of way boundary line of Highway No. 97 to the TRUE POINT OF BEGINNING, containing 1.47 acres.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The true consideration for this conveyance is $ 5000.00 (Here comply with the requirements of ORS 93.030)

Dated this 12th day of March, 1993

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.

David L. Walters

STATE OF OREGON, County of Deschutes ) ss.

This instrument was acknowledged before me on March 12, 1993, by

OFFICIAL SEAL
DARLENE JOHANNESSEN
NOTARY PUBLIC-OREGON
COMMISSION NO. 005731
MY COMMISSION EXPIRES MAR. 28, 1995

Darlene Johannessen
Notary Public for Oregon

My commission expires March 28, 1995

**QUITCLAIM DEED**

David L. Walters — GRANTOR

Janet M. Sporrer — GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

Janet M. Sporrer
61151 Rough Rider Ln
Bend, Oregon 97702

NAME, ADDRESS, ZIP

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

Janet M. Sporrer
61151 Rough Rider Ln
Bend, Oregon 97702

NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

Fee $30.00

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 6th day of April, 19 93 at 2:14 o'clock P.M., and recorded in book/reel/volume No. M93 on page 6974 or as fee/file/instrument/microfilm/reception No. 59492 Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Darlene Mulendore Deputy

RR 30.00

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

I.D. TAG NO. 125995 — Local File Number 160 — State File Number 136

**DECEDENT**

1. DECEDENT'S NAME: First Clifford; Middle Harvey; Last Rasmussen
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 30, 1993
4. SOCIAL SECURITY NUMBER: 542-05-4413
5a. AGE-Last Birthday (Years): 78
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Badger, Minnesota
7. DATE OF BIRTH (Month, Day, Year): January 26, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 4305 Summers Lane
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.): Conductor
10b. KIND OF BUSINESS/INDUSTRY: Southern Pacific Railroad
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lorene
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4305 Summers Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

**PARENTS**

17. FATHER - NAME first middle last: Christian W. Rasmussen
18. MOTHER - NAME first middle maiden: Hilda Christine Eklund
19. INFORMANT - NAME and relationship to deceased: Lorene Rasmussen - Wife

**DISPOSITION**

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Haven of Rest Mausoleum
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

**REGISTRAR**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James F. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): APR 01 1993
24. REGISTRAR'S SIGNATURE: Charla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

**CERTIFIER**

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0800 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ 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): Saul Silverman
30. DATE SIGNED (Month, Day, Year): 3/30/93

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Saul Silverman, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

**CAUSE OF DEATH**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) | Metastatic Lung Cancer | 10 days |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | Lung Cancer | 6 yrs |
| (c) | | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. | | |

37. Did tobacco use contribute to death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ 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)

RESERVED FOR REGISTRAR'S USE

45-2 Rev. 7/91

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: APR 01 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lorene Rasmussen the 6th day of April A.D., 19 93 at 2:14 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 6975.

Evelyn Biehn . County Clerk
By Darlene Muelenaere

FEE $10.00

Return: Lorene Rasmussen
4305 Summers Ln, Klamath Falls, Or. 97603