FEE \$30.00

STATE OF OREGON

Vol m 9 3 Page 8388

| IN THE CIRCUIT COURT FOR THE COUNTY OF H | KLAMATH | VI |
|---|---|--------------------------------|
| SOUTH VALLEY STATE BANK, an Oregon banking corporation. |))) Count No. 9201341CV | |
| Plaintiff(s); |) Sheriff No. 92-00021 | |
| |) SHERIFF'S DEED) | |
| BATSELL BROTHERS. OIL CO INC, an Oregon corp., et al, | | |
| Defendant(s). | | |
| THIS DEED made 04/13/93, between Carl R. Bur County, hereinafter called Grantor and HENRY J. CALDWELL, and DEBORAH L CALDWELL | rkhart, Sheriff of Klamath | |
| hereinafter called Grantee. | thoreafter issued | |
| A judgment was entered in the above court, a Writ of Execution and pursuant thereto on of thee Defendant(s) in the real property w manner provided by law, for the sum of \$550 | se sold at public auction in the | |
| SOUTH VALLEY STATE BANK 5215 S 6TH ST KLAMATH FALLS OR 97603 | 883-3366 | |
| JOHN A & VIRGINIA SCHUBERT , TRUST DA C/o 280 MAIN STREET KLAMATH FALLS OR 97601 | | |
| the highest bidder(S). I executed and delicate of Sale and filed a Return of Sale wicate of Sale and filed a Return of Sale with for redeeming (if any) has expired, the reform the sale, and the Grantee herein is the ificate of Sale and has delivered the Certin consideration of the sum paid for the reconvey to Grantee all the interest of the described as follows: The East one-half of Lot 4 in Block 7, FIR according to the official plat thereof on | al property has not been reached and holder of the Certificate to Grantor. NOW, THEREF eal property, Grantor does here! Defendant(s) in the real proper | CORE, Dy Ly ROSA, |
| Clerk of Klamath County, Great The West one-half of Lot 4 in Block 7, FIF according to the official plat thereof on Clerk of Klamath County, Oregon. | RST ADDITION TO PINE GROVE PONDE file in the office of the Count | ROSA, y = |
| IN WITNESS WHEREOF, the Grantor has execu | rl R. Burkhart, Sheriff | |
| Ce State of the Control of the Contr | amath County, Oregon | |
| Ву | Michael Stell | 7 |
| State of Oregon County of Klamath | 1 | |
| Signed or attesto by GRIFFIN, MICH | ed before me on 04/13/93 AEL T | Hele Colomo |
| ne chi | Records Clerk/Notary | HELEN COLEMAN |
| ADDRESS FOR TAX STATEMENTS AND RETURN | AFTER RECORDING | My Commission Expires 11-12-93 |
| MR. & MRS. HENRY J. CALDWELL | 가 계약하는 하기 있는 하기를 들어 있는 것이다. 그런 것은 것은 것은 것이다. 2007년 1일 중요한다. 그런 하기를 받는 것이다. 그런 것이다. 그런 것이다. | |
| 7990 HILL RD KLAMATH FALLS, OR 97603 | | |
| STATE OF OREGON: COUNTY OF KLAMAT | | .bo 21st day |
| Filed for record at request of | m. L. Sisemore at 2:07 o'clock P M., and di | (IIC |
| of April A.D., 1993 _ a | at | 1 8 • |

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

| | LOCA: FIIB | Number | | CERTIFICATE OF | DEATH | , , | State File Numbe | • <u> </u> |
|---|--|--|--|--|--|---|---|--|
| | 1. DECEDENT'S NAME | | 1 1 1 1 1 1 1 | Middle L | ill . | 2. SEX | | EATH (Month, Day,) |
| | | anley | E I aut Biethetau | Eliezer JOHI | | PLACE (City and State or Fo | | 5, 1993 |
| | 541-38-34 | (Ye | 83 | Mos. Days Hours Mins | Count | | July 15 | |
| | 8.WAS DECEDENT I | EVER IN | | | | (Check only one) | | |
| DECEDENT | Yes 🔯 No | 11037112 | | | | ome KI Decedent's Home | | & COUNTY OF DEAT |
| , | | | | OUTHER OF | alin | | | Klamath |
| | 100 DECEDENT'S U | | N | 106. KIND OF BUSINESSANDUSTRY | | 11. MARITAL STATUS - A | lemed. 12, SPOUSE (| if Married, Widowed) |
| | Do <u>not</u> use reli | red.) | I or working me | | | Never Married, Widow Divorced (Specify) | Alice | |
| 3 | Rancher | TATE 136 COU | NIY | Agriculture | | Married | | 7 |
| 4 | Oregon | | Lamath | Malin | | Stastny Roa | d (P.O. Bo | x 559) |
| 5 | 13e INSIDE CITY LIMITS? | 131. ZIP CODE | : (Specify N | DECEDENT OF HISPANIC ORIGIN? | 15. RACE Black, V | American Indian, Vhite, etc. (Specify) | (Specify only high | IT 5 EDUCATION lest grade completed |
| 6 | ☐ Yes ⊠No | 97632 | Mexican, Specify: | Puerto Rican, elc.) & No ☐ Yes | Whi | | ementary/Secondary | (0-12) College (1-4-0 |
| | 17. FATHER - NAME | 1 | last | 18. MOTHER - NAME first middle | maiden | 19. INFOR | MANT - NAME and re | lationship to decease |
| PARENTS | Charles H | lenry John | | | Smith | | Johnson, | |
| | 20a. METHOD OF D | | The second second | 20b. PLACE OF DISPOSITION (Name other place) | or cometery, c | emetory, or IDC LOCA | TION - City or Town. | graff. |
| DISPOSITION | □ Donation □ Ot | ation | .un a(818 | Malin Community C | emetery | | n, OR 9763 | |
| <u>'</u> | 21a. SIGNATURE OF | F FUNERAL SERVI | PE DENSEE C | A 215 LICENSE NUMB (Of Licensee) | A 22 NAI | ME, ADDRESS AND ZIP O | F FACILITY DAVE | port's Cha |
| b——[| Dioin. | 11 | (6 | nast 47-3104 | OL | the Good Sher math Falls, C | mera, 0420 | r so. otti s |
| 9 | 23. DATE FILED (M | onth, Day, Year) | XIXIVIII | | 24. REC | GISTRAR'S SIGNATURE | | |
| REGISTRAR | | AP | R 2 0 199 | | | Charla | _tobe | nson_ |
| 1 | | | MAKE REQUES | FOR ANATOMICAL GIFT CONSENT? | 100 | S GIFT MADE? YES □NO MIN | | |
| | TYES DI | | Water Notice | and annualization street significant | | TES TONO BOOK | many services of the services | |
| | A COMPANY OF CHIM | TO BE COMPLET | | | L | | ONLY BY MEDICAL | |
| 11 | 27. TIME OF DEATH | 1 28 WAS | MEDICAL EXAM | INER NOTIFIED? | 31a TIME | OF DEATH 315 DATE | PRONOUNCED DEAL | Month Day, Year, F |
| | 11:45 | | b occurred at the | e time, date, place and | 32. On the | basis of examination and time, date, place and due | For Investigation, In o | ny opinion death occi |
| CERTIFIER | due to the cause (Signature) | e(s) and manner st | eted. | | /Sinnat | time, date, place and due ure) | to the cause(s) and r | namer stated |
| | Ken | Men | K | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | IGNED (Month, Day, Year | | COUNTY |
| 12 | 30. DATE SIGNED | | | | SI DATES | S | | J |
| 13 | April 15 | DORESS AND ZIP | OF CERTIFIER | MEDICAL EXAMINER (Type or Print) | | | | 1.8 1.11 |
| 14 | E Kenneth I | K. Magee, | MD, 190 | O Main Street, Klam | ath Fal | 1s, Oregon 9 | 6701 | |
| 4.5 | 35. NAME OF ATTE | NDING PHYSICIAN | TIF OTHER THA | N CERTIFIER (Type or Print) | | | | |
| CONDITIONS | 2 | The second second | ONE CAUSE P | ER LINE FOR (s), (b), AND (c)) Do not e | nter mode of | dying, e.g. Curdiac or Res | piratory Arrest. | Interval between o |
| CONDITIONS IF ANY WHICH GAVE RISE TO | 1 38. IMMEDIATE CA | USE (ENTER ONL) | OHE GROUE | | | - Table | | Meason |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE | PART (a) | advan | us fo | Kinson Disea | <u>د بر</u> | | | 1.7/ |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE AST | PART (a) | AS A CONSEQUE | us fo | Kinson Disea | <u></u> | | | 1.7/ |
| CAUSE STATING THE UNDERLYING | PART (a) DUE TO, OR | AS A CONSEQUE | NCE OF: | Kinsona () issa | <u>~</u> | | | Interval between o |
| CAUSE STATING THE UNDERLYING CAUSE LAST | PART (a) DUE TO, OR (c) | advan | NCE OF: | Kinsora ():500 | ~ | | | Interval between of and death Interval between of and death |
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