01039821 WARRANTY DEED VOLMER Page . 8762

E & ESCROW, INC.
AFTER RECORDING RETURN TO: JEANETTE S. HOPKINS HC 63 Box 401 Chileguin OR 97624

UNTIL A CHANGE IS REQUESTED ALL TAX STATEMENTS TO THE FOLLOWING ADDRESS: SAME AS ABOVE

CRAIG GAUTHIER, hereinafter called GRANTOR(S), convey(s) to JEANETTE S. HOPKINS, hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

The SW 1/4 of the NE 1/4 of the SW 1/4 of Section 19, Yownship 32 South Range 8, East Willamette Meridian, in the County of Klamath, State of Oregon.

CODE 8 MAP 3208-1900 Tax Lot 900

"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."

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land,

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$12.500.00.

In construing this deed and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument day this 23 of April,

CRAIG GRUTHIER

STATE OF CALIFORNIA, County of Los (mayles))ss.

On April 23, 1993, personally appeared the above named CRAIG GAUTHIER and acknowledged the foregoing instrument to be his voluntary act and deed.

Diane Before me: Notary Public for California

My Commission Expires:

7-8-94



STATE OF OREGON: COUNTY OF KLAMATH:

Filed for record at request of	Aspen Title & Escrow	the23rd	day
of April A.D., 19 93	3 at 3:27 o'clock P M., and	duly recorded in Vol	м93,
of	Deeds on Page 87	<u> 162 </u>	
그리고 말하다 하는 것이 그런 하는 이 강화 있습니다. 	Evelyn Biehr	County Clerk	

	Local File Number 1. DECEDENT'S First	Midd	TER FOR HEALTH CERTIFICATE OF	DEATH		State File N		
	NAME Anna	Mar		asi RCHILL	7. SEX		OF DEATH (Month, DI March 21,	
	4.SOCIAL SECURITY NUMBER 5a. AGE-LI 540 34 4264	ast Birthday 5b. 1	Under 1 Year 5c. Under 1 I Days Hours Mins	6 BIRTHPU	Angeles,	Foreign 7 DATE	OF BIRTH (Month, De	y, Year)
	8 WAS DECEDENT EVER IN		9a, PL/	CE OF DEATH (C	hack only one)			
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	Merle West Medical	Center		K1ar	nath Falls		K1a	amath
	10s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of Do not use relied.) Homemaker	working life. 10b. K	Own Home	11. S	MARITAL STATUS Never Married, Wide Divorced (Specify) Married	Married, 12, SPO	USE (II Married, Widow Benjami	
	Oregon Klam		CITY, TOWN OR LOCATION Klamath Falls	13x	STREET AND NUM)10 Orana C	
	13e. INSIDE CITY 13f. ZIP CODE LIMITS?	14. WAS DECED! (Specify No or Ye	ENT OF HISPANIC ORIGIN? 25 - If yes, specify Cuban, Rican, etc.) No 12 Yes	15. RACE Am Black, White	e, etc. (Specify)	18. DEC	218 Owens St EDENTS EDUCATION Thighest grade complete	
<u> </u>	Yes □No 97601	GALLENY.	Rican, etc.) ☑ No ☐ Yes OTHER - NAME first middle	W	ite	Elementary/Secon	dary (0-12) College (1-	4 or 5+)
erens :	Fred - Pedersen		Marguerite L. A	very		Ben Chur	chill / Hus	
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	Donation Other (Specify)	Kla	amath Cremation				h Falls, Or	egon
	214. SIGNATURE OF FUNERAL SERVICE L PERSON ACTING AS SUCH	LICENSEE OR	21b LICENSE NUMB	A 22 NAME.	Ward's Kla		eral Home,	Inc.
\	Samer K. 2	land	3409		Main / Kla		ls, Or. / 9	
GISTRAR	23- DATE FILED (Month, Day, Year)	MR 2 3 1993		24. REGIST	BARS SIGNATURE	Box	unson	
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	29. To the best of my knowledge, death occurred due to the cause(s) and manner stated.		date, place and	32. On the basi	s of examination and date, place and due	dor investigation	in my opinion death or nd manner stated	rcured
CONTRACTOR !					0	contat(3) a		
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