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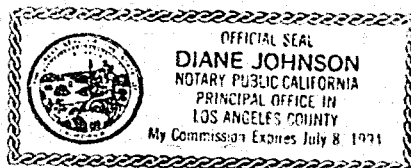
01039821
WARRANTY DEED Vol. M93 Page 8762

AFTER RECORDING RETURN TO:

JEANETTE S. HOPKINS

HC. 63 Box 404Chileguin, OR 97624UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVECRAIG 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, Township
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
this 23 day of April, 1993.Craig Gauthier
CRAIG GAUTHIERSTATE OF CALIFORNIA, County of Los Angeles ss.On April 23, 1993, personally appeared the above named CRAIG GAUTHIER
and acknowledged the foregoing instrument
to be his voluntary act and deed.Before me: Diane Johnson
Notary Public for CaliforniaMy Commission Expires: 7-8-94

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 23rd day
of April A.D., 19 93 at 3:27 o'clock P M., and duly recorded in Vol. M93
of Deeds on Page 8762.

FEE \$30.00

Evelyn Biehn ~ County Clerk
By Diane Johnson

125984

I.D. TAG NO.

144

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 138

State File Number

1. DECEASED'S NAME First Anna Middle Marie Last CHURCHILL		2. SEX F	3. DATE OF DEATH (Month, Day, Year) March 21, 1993
4. SOCIAL SECURITY NUMBER 540 34 4264		5a. AGE Last Birthday (Years) 61	5b. Under 1 Year Mos Days Hours Mins
6. BIRTHPLACE (City and State or Foreign) Port Angeles, WA.		7. DATE OF BIRTH (Month, Day, Year) February 16, 1932	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath			
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Benjamin L.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1218 Owens Street	
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. ZIP CODE 97601	
16. 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		17. RACE American Indian, Black, White, etc. (Specify) White	
18. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 15+)			
17. FATHER - NAME first middle last Fred - Pedersen		18. MOTHER - NAME first middle maiden Marguerite L. Avery	
19. INFORMANT - NAME and relationship to deceased Ben Churchill / Husband			
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 Cremation Service	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles R. Barcus</i>		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) MAR 23 1993		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 0830 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>Saul Silverman MD</i>			
30. DATE SIGNED (Month, Day, Year) 3/22/93			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Saul Silverman, MD / 2610 Uhrmann Road / Klamath Falls, Oregon / 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) DUE TO, OR AS A CONSEQUENCE OF: <i>Lung Cancer Met to Brain</i>		Interval between onset and death <i>32 Mo</i>	
PART I (b) DUE TO, OR AS A CONSEQUENCE OF: <i>Lung Cancer</i>		Interval between onset and death	
PART I (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
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 the death? <input checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED:

MAR 29 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Boivin, Jones & Uerlings the 23rd day of April A.D., 19 93 at 3:30 o'clock p M., and duly recorded in Vol. M93 of Deeds on Page 8763

FEE \$10.00

Evelyn Biehn - County Clerk
By *Evelyn Biehn*

After Recording Return to:
Robert D. Dolvin
Bolvin, Jones, Uerlings & Dilaconi
110 North 4th Street
Klamath Falls, OR 97601