

60522

93 APR 26 AM 11 26

Vol. m93 Page 8874

FORM No. 963—Stevens-Peterson Law Publishing Co., Pomona, Ore. 97104

WARRANTY DEED—STATUTORY FORM  
INDIVIDUAL GRANTOR

ROY A. TURNER and CHARLYNE JOAN PAYSON

*Roy A. Turner* *Charlyne Joan Payson* Grantor.  
conveys and warrants to JOHN J. LYONS and JANIS E. ADAMS

Grantee, the following described real property free of encumbrances  
except as specifically set forth herein situated in Klamath County, Oregon, to-wit:

Lot 6 in Block 2 of FIRST ADDITION TO BLEY WAS-HEIGHTS, according to the official  
plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The said property is free from encumbrances except none.

The true consideration for this conveyance is \$ 3,500.00 (Here comply with the requirements of ORS 93.030)

Dated this 31 day of March, 1992

*Roy A. Turner*

Roy A. Turner

*Charlyne J. Payson*

Charlyne J. Payson

STATE OF OREGON, County of  
Personally appeared the

STATE OF CALIFORNIA

San Bernardino

SS.

COUNTY OF

On April 27, 1992

before me, the undersigned, a Notary Public in and for said State  
personally appeared Roy A. Turner and Charlyne J. Payson

(OFFICIAL SEAL)

## WARRANTY D

Roy A. Turner & Charlyne  
John J. Lyons & Janis  
21 Eastfield Drive  
Rolling Hills, Calif  
GRANTEE'S ADDRESS

After recording return to:

John J. Lyons &amp; Janis

21 Eastfield Drive

Rolling Hills, California 90274

NAME, ADDRESS, ZIP

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

Grantee

NAME, ADDRESS, ZIP

WITNESS my hand and official seal.

Signature

3771 4/91 (25)

ALL-PURPOSE STATE OF OREGON, ss.  
County of Klamath

Equal Opportunity

RECORDER'S

Filed for record at request of:

on this 26th day of April A.D., 1993  
at 11:26 o'clock AM, and duly recorded  
in Vol. M93 of Deeds Page 8874  
Evelyn Biehn County Clerk  
By *Rainbow Notarials* Deputy.

Fee, \$30.00

Pomona First Federal  
Savings and Loan Association

OFFICIAL SEAL  
CATHY J. VAVOSA  
Notary Public - California  
SAN BERNARDINO COUNTY  
My Comm. Exp. Aug. 11, 1995

# OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS  
OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS

## CERTIFICATE OF DEATH

125978

I.D. TAG NO.

185

Local File Number

136

State File Number

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. DECEDENT'S NAME<br>First: <b>Rosie</b> Middle: <b>Ann</b> Last: <b>KELLER</b>  |                               | 2. SEX<br><b>F</b>   | 3. DATE OF DEATH (Month, Day, Year)<br><b>April 16, 1993</b>   |
| 4. SOCIAL SECURITY NUMBER<br><b>541-24-9213</b>   |                               | 5a. AGE-Last Birthday (Years)<br><b>64</b>   | 5b. Under 1 Year<br>Mos. <b>Days</b> <b>Hours</b> <b>Mins.</b>   |
| 5c. Under 1 Day<br>Hours <b>Mins.</b>   |                               | 6. BIRTHPLACE (City and State or Foreign Country)<br><b>Klamath Falls, OR</b>  | 7. DATE OF BIRTH (Month, Day, Year)<br><b>May 26, 1928</b>   |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                               |  |  |
| 9a. PLACE OF DEATH (Check only one)<br><input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)  |                               |  |  |
| 9b. FACILITY NAME (If not institution, give street and number)<br><b>Merle West Medical Center</b>  |                               | 9c. CITY, TOWN, OR LOCATION OF DEATH<br><b>Klamath Falls</b>   |  |
| 9d. COUNTY OF DEATH<br><b>Klamath</b>   |                               |  |  |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)<br><b>Homemaker</b>  |                               | 10b. KIND OF BUSINESS/INDUSTRY<br><b>Own Home</b>  |  |
| 11. MARITAL STATUS - Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)<br><b>Married</b>  |                               | 12. SPOUSE (If Married, Widowed, Divorced (Specify))<br><b>Joe</b>   |  |
| 13a. RESIDENCE - STATE<br><b>Oregon</b>   | 13b. COUNTY<br><b>Klamath</b> | 13c. CITY, TOWN OR LOCATION<br><b>Klamath Falls</b>  | 13d. STREET AND NUMBER<br><b>6412 Harlan Drive</b>   |
| 13e. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 13f. ZIP CODE<br><b>97603</b> | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: |  |
| 15. RACE American Indian, Black, White, etc. (Specify)<br><b>White</b>  |                               | 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>College (14 or 5+)</b><br><b>1</b>   |  |
| 17. FATHER - NAME first middle last<br><b>Julius - Oss</b>  |                               | 18. MOTHER - NAME first middle maiden<br><b>Lena - Martin</b>  |  |
| 19. INFORMANT - NAME and relationship to deceased<br><b>Joe Keller - Husband</b>  |                               |  |  |
| 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)<br><b>Eternal Hills Memorial Gardens</b>   |  |
| 20c. LOCATION - City or Town, State<br><b>Klamath Falls, Oregon</b>   |                               |  |  |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>James N. Beggs</i>  |                               | 21b. LICENSE NUMBER (Of Licensee)<br><b>3409</b>   | 22. NAME, ADDRESS AND ZIP OF FACILITY<br><b>Ward's Klamath Funeral Home, Inc.<br/>1945 Main, Klamath Falls, Oregon 97601</b>                   |
| 23. DATE FILED (Month, Day, Year)<br><b>APR 20 1993</b>   |                               | 24. REGISTRAR'S SIGNATURE<br><i>Charles Robinson</i>   |  |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A   |                               | 26. WAS GIFT MADE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A   |  |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN   |                               |  |  |
| 27. TIME OF DEATH<br>M <input type="checkbox"/> <input checked="" type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> No  |                               | 28. WAS MEDICAL EXAMINER NOTIFIED?<br><input 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.<br>(Signature)<br><i>James N. Beggs MD</i>  |                               |  |  |
| 30. DATE SIGNED (Month, Day, Year)<br><b>4/19/93</b>  |                               |  |  |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br><b>James N. Beggs, MD, 2300 Clairmont, Klamath Falls, Oregon 97601</b>  |                               |  |  |
| 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.)<br>PART I (a) <b>Probable acute myocardial infarction</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b)<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c)<br>PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. |                               |  |  |
| 34. MANNER OF DEATH<br><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   |                               | 35a. DATE OF INJURY (Month, Day, Year)   | 35b. TIME OF INJURY<br>M <input type="checkbox"/> <input checked="" type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> No |
| 36. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)  |                               | 37. DID TOBACCO USE CONTRIBUTE TO THE DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown     |  |
| 38. LOCATION (Street and Number or Rural Route Number, City or Town, State)   |                               | 39. AUTOPSY<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 39. IF YES were findings considered in determining cause of death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |                               |  |  |

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

ORIGINAL - VITAL STATISTICS COPY

APR 20 1993

DATE ISSUED

EDWARD J. JOHNSON II,  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Joe Keller the 26th day of April A.D., 19 93 at 1:49 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 8875

FEE \$10.00

EVELYN BIEHN County Clerk  
By *Deanna H. Hetch*