


Vol. m93 Page 9056 

KNOW ALL MEN BY THESE PRESENTS, That
Clifford M. Bourne

..., hereinafter called grantor,

for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto
Florence R. Bourne

hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

REFER TO THE ATTACHED LEGAL DESCRIPTIONS

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

LOVE AND AFFECTION

① However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which).^② (The sentence between the symbols ①, if not applicable, should be deleted. See ORS 93.030.)

the whole consideration (indicate which).⁽¹⁾ (The sentence between the symbols ⁽¹⁾, if not applicable, should be deleted. See ORS 93.030.)
part of the In construing this deed and where the context so requires, the singular includes the plural and all grammatical
changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.
This instrument has been executed this _____ day of _____, 19____;

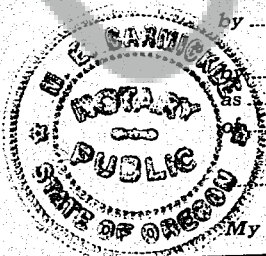
In Witness Whereof, the grantor has executed this instrument this _____ day of _____, 19____; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

Clifford M. Bourne
Clifford M. Bourne

STATE OF OREGON, County of KLAMATH) ss.
This instrument was acknowledged before me on FEBRUARY 5, 1993.

This instrument was acknowledged before me on _____, 19____.



M. E. Carmichael
Notary Public for Oregon
Commission expires 03/05/93

.....
Grantor's Name and Address

.....
Grantee's Name and Address

After recording return to (Name, Address, Zip):

After recording return to (Name, Address, Zip):
 Florence R. Bourke
 1132 Hegar Ln
 Klamath Falls, OR 97603
 Until requested otherwise send all tax statements to (Name, Address, Zip):
 Florence R. Bourke

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of _____ }

I certify that the within instrument was received for record on the _____ day of _____, 19_____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/file/instrument/microfilm/reception No. _____, Record of Deeds of said County.

Witness my hand and seal of
County affixed.

NAME _____ TITLE _____
By _____ Deputy _____

RE: Bourne

9057

LEGAL DESCRIPTION

Lots 1, 2, 3, 4, 5 and 6, Block 7, KERN'S TRACT, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

ALSO that portion of the E1/2 of the E1/2 of the NW1/4 SE1/4, lying South of the North boundary line of Kern's Tract if said line were extended Westerly, situated in Section 12, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon.

AND

The N1/2 of Lot 8, in Block 2 of HOME ACRES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

AND

The Northerly 31.3 feet of Lot 5 in Block 2 of FAIRVIEW ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Florence R. Bourne the 27th day
of April A.D., 19 93 at 3:09 o'clock P. M., and duly recorded in Vol. M93
of Deeds on Page 9056.

Evelyn Biehn County Clerk

FEE \$35.00

By *Dorothy S. Neelander*

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

094383
I.D. TAG NO.

188

Local File Number

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

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CAUSE OF DEATH

1. DECEDENT'S NAME Jerry Stuart SCHEEN		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 20, 1993
4. SOCIAL SECURITY NUMBER 509-24-6418	5a. AGE-Last Birthday (Year) 61	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Enid, Oklahoma
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/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)	
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Psycho Therapist		10b. KIND OF BUSINESS/INDUSTRY Mental Health Service	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced (Specify) Rona Joy Scheen	
13a. RESIDENCE - STATE Oregon	13b. CITY, TOWN OR LOCATION Klamath	13c. CITY, TOWN OR LOCATION Bonanza	13d. STREET AND NUMBER Rt. 2 Box 336 A
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97623	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	15. RACE American Indian, Black, White, etc. (Specify) White
17. FATHER - NAME first middle last Paul - Scheen		18. MOTHER - NAME first middle maiden Inez	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <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	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James A. Riggs</i>		21b. LICENSE NUMBER (If Licensee) 52-0297	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) APR 22 1993	
24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 3:15 P M	
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>Blake Berven</i> M.D.	
30. DATE SIGNED (Month, Day, Year) 4/21/93		31. TIME OF DEATH 3:15 P M	
32. DATE SIGNED (Month, Day, Year) 4/21/93		33. DATE SIGNED (Month, Day, Year) 4/21/93	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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. PART I (a) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Intracerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertension		Interval between onset and death 20 minutes 48 hours 15 years	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
38. MANNER OF DEATH <input 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		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40a. DATE OF INJURY (Month, Day, Year)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. DESCRIBE HOW INJURY OCCURRED
41a. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)	41b. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

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

DATE ISSUED **APR 22 1993**

Frank Johnson
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Rona Joy Scheen** the **27th** day of **April**, A.D., 19 **93** at **3:09** o'clock **P M.**, and duly recorded in Vol. **M93** of **Deeds** on Page **9058**

FEE \$10.00

Return: Rona Joy Scheen

Rt. 2, Box 336A. Bonanza, Or. 97623

Evelyn Biehn - County Clerk

By *Pauline Melander*