

'98 MAY 5 PM 2 36

61031

K-44989

BARGAIN AND SALE DEED

Vol. 93 Page 9940

KNOW ALL MEN BY THESE PRESENTS, That James B. O'Connor Trustee

for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Michael B. Jager and Margaret H. Jager, as trustees of the Jager Family Trust *** 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:

Lot 3, Block 3, Tract 1161, High Country Ranch, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

Together with an undivided 1/49th interest in Lot 1, Block 11, Tract 1161, High Country Ranch, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

***dated October 15, 1991.

(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. The true and actual consideration paid for this transfer, stated in terms of dollars, is \$

①However, 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.) 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.

In Witness Whereof, the grantor has executed this instrument this May day of May, 1993; 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.

James B. O'Connor, Trustee

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on May 30, 1993, by James B. O'Connor Trustee

This instrument was acknowledged before me on May 19, 1993, by as of

Trudie Durant

My commission expires 9/30/93

Notary Public for Oregon

TRUDIE DURANT
NOTARY PUBLIC - OREGON

James B. O'Connor

Grantor's Name and Address

Michael B. Jager

Grantee's Name and Address

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

MICHAEL B. JAGER

P.O. Box 345

GLENBLOOM, NV 89413

Until requested otherwise send all tax statements to (Name, Address, Zip):

Michael B. Jager

P.O. Box 345

Glenbrook, NV 89413

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of Klamath ss.

I certify that the within instrument was received for record on the 5th day of May, 1993, at 2:36 o'clock P.M., and recorded in book/reel/volume No. M93 on page 9940 or as fee/file/instrument/microfilm/reception No. 61031, Record of Deeds of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME

TITLE

By Pauline Muir, Deputy

Fee \$30.00

094335
I.D. TAG NO.CERTIFICATE OF DEATH
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
136

Local File Number

State File Number

1. DECEDENT'S NAME First: Orville Middle: A. Last: KIRKPATRICK, SR.		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 2, 1993
4. SOCIAL SECURITY NUMBER 542-12-5569		5a. AGE Last Birthday (Years) 74	5b. Under 1 Year Mos. Days Hours Mins
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) June 5, 1918	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. CITY, TOWN, OR LOCATION OF DEATH Merrill	
10a. FACILITY NAME (if not institution, give street and number) 14562 Falvey Road		11. COUNTY OF DEATH Klamath	
10b. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Farmer		10c. KIND OF BUSINESS/INDUSTRY Agriculture	
11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (if Married, Widowed, Divorced) Carol Marcene Kirkpatrick	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Klamath Falls	
13c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. STREET AND NUMBER 14562 Falvey Road	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (13 or 14)		17. FATHER - NAME first middle last Clarence M. Kirkpatrick SR	
18. MOTHER - NAME first middle maiden Lyda - Turner		19. INFORMANT - NAME and relationship to decedent Marcene Kirkpatrick Spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Roper</i>		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) MAR 10 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 7:40 A M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" 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. (Signature) <i>Blake Berven</i> M.D.		30. DATE SIGNED (Month, Day, Year) March 3, 1993	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
33. DATE SIGNED (Month, Day, Year)		34. COUNTY	
35. 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) Pneumonia		Interval between onset and death 48 hours	
(b) Alzheimer's Disease		Interval between onset and death 6 years	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		Interval between onset and death	
36. 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		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
38. DATE OF INJURY (Month, Day, Year)		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. TIME OF INJURY M		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		43. DESCRIBE HOW INJURY OCCURRED	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: **MAR 16 1993**Return
Carol Kirkpatrick
14562 Falvey Rd
City 452 Rm 1993
97603
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Marcene Kirkpatrick** the **5th** day of **May** A.D., 19 **93** at **3:12** o'clock **P** M., and duly recorded in Vol. **M93** of **Deeds** on Page **9941**

FEE \$10.00

Evelyn Biehn County Clerk
By *Charles Robinson*