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In construing this deed and where the context so requires, the singular includes the plucel and all genamed anges shall be implied to make the provisions hereod apply equally to corporations and to individuals. In Witness Whereof, the grantor has executed this instrument this 20 th day of May	udes other property or value given or promised which is	lowever, the actual consideration consists of or
andes 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 20 th day of May (19.5) a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly autile a corporate of its board of directors. Its instrument will, NOT ALLOW USE OF THE PROPERTY DE- BE LAWS AND REGULATION WOULD GET FILE LED. BY PAUL C. GENTHINER This instrument was acknowledged before me on May 20, 19.9 by PAUL E. GENTHINER This instrument was acknowledged before me on May 20, 19.9 by PAUL E. GENTHINER This instrument was acknowledged before me on May 20, 19.9 by PAUL E. GENTHINER This instrument was acknowledged before me on May 20, 19.9 by PAUL E. GENTHINER This instrument was acknowledged before me on May 20, 19.9 by PAUL E. GENTHINER This instrument was acknowledged before me on May 20, 19.9 by PAUL E. GENTHINER This instrument was acknowledged before me on May 20, 19.9 by PAUL E. GENTHINER This instrument was acknowledged before me on May 20, 19.9 by PAUL E. GENTHINER AUL E. GENTHINER AUL E. GENTHINER 10.00UIN, OREGON 97624 LLOQUIN, OREGON 97624 LLOQUIN, OREGON 97624 LLOQUIN, OREGON 97624 LLOQUIN, OREGON 97624 LLOQUIN, OREGON 97624 TA RECOMPTER 106 From and was received for record on RECOMPTER USE RECOMPTER USE RECOMPTER USE RECOMPTER USE RECOMPTER USE MICHARDER 106 RECOMPTER USE MICHARDER 106 AUL E. GENTHINER AUL E. GENTHINER AUL E. GENTHINER AUL E. GENTHINER AUL E. GENTHINER AUL E. GENTHINER AUL E. GENTHINER RECOMPTER USE RECOMPTER USE RECOMPTER USE AUL E. GENTHINER AUL E. GENTHI	won the symbols (), if not applicable, should be deleted. See OPS 93.030.)	whole consideration (indicate which). (The sectors
a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly auti- ed to do so by order of its board of directors. His INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE. BIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND BORTY SHOULD INCECK WITH THE RAPPORTUTE CITY OR BORTY SHOULD INCECK WITH THE RAPPORTUTE CITY OR STATE OF OREGON, County of KLAMATH DONTY PLANNING DEPARTMENT TO VERIFY APPROVED USES. STATE OF OREGON, County of KLAMATH JAMES / BL. SMITH JAMES / BL. SMITH JAMES / BL. SMITH JAMES / BL. SMITH L. E. GENTHINER 36170 MODOC PT. ROAD LLOQUIN, OREGON 97624 LL E. GENTHINER 10/910 County of STATE OF OREGON, COUNTY OF 31 COMMISSION EXPIRES STATE OF OREGON, COUNTY of KLAMATH JAMES / BL. SMITH JAMES / BL. SMITH L. E. GENTHINER 36170 MODOC PT. ROAD LLOQUIN, OREGON 97624 LL E. GENTHINER, SMITH, ESQ. County of STATE OF OREGON, COUNTY of MI conducts there and address Mer resuding Statement, 16 (Mem, Address, Zipi- MI RESCHARS, LDV) MI RESCHARS, MARN, SMITH, SMITH MESS. H SMITH, ESQ. J. N. RIVERSIDE, SUITE 116 JFORD, OR 97501 Witness my hard and sec Witness my hard and sec Witness my hard and sec Witness my hard and sec Notes of the statement to (Neme, Address, Zipi- ALL, E. GENTHINER 36170 MODOC, CT., RD COUNTY OF 97624 LL E. GENTHINER, SMITH, ESQ. J. N. RIVERSIDE, SUITE 116 JFORD, OR 97501 Witness my hard and sec Witness my hard and sec Notes of the statement to (Neme, Address, Zipi- ALL, E. GENTHINER 36170 MODOC, PT., RD COUNTY STATE OF OREGON 97624 LL E. GENTHINER STATE OF OREGON 97624 MI RECORDER USE MI RECORDER SUBER MI RECORD	ply equally to corporations and to individuals.	anges shall be implied to make the provisions here
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35.00

## PARCEL 1:

A tract of land in Government Lot 10 in Section 7, Township 35 South, Range 7, East of the Willamette Meridian, Klamath County, described as follows:

Beginning at a point on the West boundary line of the Old Dalles-California Highway (State Highway No. 427), said point being South 0° 57' East 900 feet and West 629.46 feet, more or less, to the West line of said highway and South 0° 57' East 125 feet from the Northeast corner of Government Lot 9 in said Section 7, said point being the true point of beginning of said tract; thence South 0° 57' East along said highway right of way to the NE corner of that tract described in deed recorded September 5, 1975 in Volume M 75, page 10442, Microfilm Records of Klamath County, Oregon; thence West along the North line of said parcel to the Easterly shore of Agency Lake; thence Northerly along said shoreline to a point due West of said true point of beginning; thence East to the true point of beginning.

## PARCEL 2:

STATE OF OREGON. COUNTY OF KLAMA

Lot A, Block 67, NICHOLS ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath, State of Oregon.

Filed for record at	request of			the <u>26th</u> day
of <u>May</u>	A.D., 199	가는 사람 전에서 한 승규는 데이지 않는 것은 동생은 것이 많을 것이야?	o'clock <u>A</u> M., and duly	recorded in Vol. <u>M93</u> ,
	of n	eeds	on Page <u>1194</u> Evelyn Biehn By <u>Connett</u>	
FEE \$35.00			By <u>Conett</u>	e Muelles

(T	DECEDENT'S - First NAME William		Middia Marion	GRAY		2. SEX		EATH (Month, Day, Year)
	SOCIAL SECURITY NUMBER 54 541-09-9103	AGE Last Birthday (Years) 89	5b. Under 1 Yea Mos. Days	5c. Under 1 Day	6. BIRTHPLACE	Male City and State or Foreig On, Oregon	7. DATE OF P	19, 1993 IRTH (Month, Day, Year) 22, 1002
DICLOINT	AS DECEDENT EVER IN S. ARMED FORCES?				OF DEATH (Check	Decedent's Home	Statistic Contraction	23, 1903
	FACILITY NAME (I POT INSTITUTA Plum Ridge Care DECEDENTS USUAL OCCUPA	on, give street end	number)	9c. Cit Ki	amath Fal	IS	-	COUNTY OF DEATH Klamath
· 3	(Give kind of work done during n Do <u>not</u> use relined) Logger	tion tost of working life	Timbe	SINESSANDUSTRY		RITAL STATUS - Merrin er Merried, Widowed, wced (Specify)	5 J. J. M. S.	같은 것 같은 것에서 물건 것 같아? 나라는 것 같아? 생각한
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17.	FATHER - NAME first mid	Sugar an Argan	18. MOTHER - NA	ME first middle	White maiden	19. INFORMAN	Y T - NAME and rel	College (14 or 5+)
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ૢૼ	land a.	Wils		10 LICENSE NUMBER (Of Licensee) 13-49-1363	Eternal	Hills Fune	ral Home	Oregon 97603
ERICOLIRAR	DATE FILED (Month, Day, Year)	MAR 3 0 19			24. REGISTRAR		بر 2	nson
		이 아직 말했는						
<u> </u>	TO BE COMPLE	TED BY CERTIFY	NG PHYSICIAN		to	BE COMPLETED ONL	Y BY MEDICAL E	KAMINER
28	2:15 A.	Yes XINO		输出其如何性				(Monih, Day, Year, Hour) M
	due to the Veuse(s) and rearing (Signature		-	M.D.	at the time, date (Signature)	e, place and due to th	resligation, in m cause(s) and m	r opinion death occurred inner stated.
12 4	DATE SIGNED MONTH Day YEA	W3	69/23	5.	. DATE SIGNED (A	Wonth, Day, Year)		COUNTY
13.4 14 16 16 16 16 16 16 16 16 16 16 16 16 16	John Kleenan M.	D. 1905 M	ain Street	. Klamath F	alls, Ore	gon 97601		
IF ANY	NAME OF ATTENDING PHYSICI							
IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	T (4) DUE TO, OR AS A CONSEQU	eul	is in the second	AND (C) Do not enter	mode of dying, e.g.	Cardiac or Respirato	y Arresi.	Interval between onset and death
	DUE TO, OR AS A CONSEQU				<u>.</u>			Interval between onset
CAUSE OF	T CTHER SIGNIFICANT CONDIT	IONS	an a		37. Did tobacco u	se contribute 38	AUTOPSY 39.	and death
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C	Accident Undetermine Manner Suicide Homicide Legat intervention	41. PLACE OF	INJURY - At home, c. (Specify)	M Yes No	411. LOCATION (S	Street and Number or	Rural Route Nun	ber, City or Town, State)
RES	ERVED FOR REGISTRAR'S USE			e i se se 240. Na se			arta da Stata	
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