

MAY 25 AM 10 49

62039

BARGAIN AND SALE DEED

Vol 1793 Page 11941

KNOW ALL MEN BY THESE PRESENTS, That PAUL E. GENTHNER

hereinafter called grantor,
for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto ****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:**** PAUL E. GENTHNER, TRUSTEE OR HIS SUCCESSORS IN TRUST, UNDER
THE PAUL E. GENTHNER LOVING® TRUST DATED MAY 20, 1993, AND ANY
AMENDMENTS THERETO.

SEE ATTACHED EXHIBIT "A"

(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 \$ -0-

However, the actual consideration consists of or includes other property or value given or promised which is
the whole consideration (indicate which) (The sentence between the symbols @ 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 20th 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 author-
ized to do so by order of its board of directors.THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-
SCRIBED 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.Paul E. Genthner
PAUL E. GENTHNER

STATE OF OREGON, County of KLAMATH

This instrument was acknowledged before me on May 20, 1993,
by PAUL E. GENTHNER

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

by _____

as _____

of _____

JAMES H. SMITH

Notary Public for Oregon

My commission expires 10/31/95

OFFICIAL SEAL
JAMES H. SMITH
NOTARY PUBLIC - OREGON
COMMISSION NO 010393
MY COMMISSION EXPIRES OCT 31, 1995

PAUL E. GENTHNER

36170 MODOC PT. ROAD

CHILOQUIN, OREGON 97624

PAUL E. GENTHNER, TRUSTEE OF THE
PAUL E. GENTHNER LOVING TRUST 5/20/93

36170 MODOC PT. ROAD

CHILOQUIN, OREGON 97624

Grantee's Name and Address

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

JAMES H. SMITH, ESQ.

1017 N. RIVERSIDE, SUITE 116

MEDFORD, OR 97501

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

PAUL E. GENTHNER

36170 MODOC PT. RD

CHILOQUIN, OR 97624

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of _____ } ss.

I certify that the within instru-
ment 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/instru-
ment/microfilm/reception No. _____,
Record of Deeds of said County.Witness my hand and seal of
County affixed.

NAME

TITLE

By _____ Deputy

CK
35.0

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:

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 26th day
of May A.D., 19 93 at 10:49 o'clock A.M., and duly recorded in Vol. M93
of Deeds on Page 11941

Evelyn Biehn County Clerk

By Annette Mueller

FEE \$35.00

140079
I.D. TAG NO.
155

Local File Number

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

138

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

25

11

CERTIFIER

12

13

14

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

15

16

17

CAUSE OF DEATH

15

16

17

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:

APR 01 1993

Charles Barcus

CHARLENE BARCUS

COUNTY REGISTRAR

KLAMATH COUNTY, OREGON

45-2

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of

of May

A.D. 19

93

at 10:49

o'clock

A.M., and duly recorded in Vol. M93

of Deeds

on Page 11943

FEE \$10.00

Evelyn Biehn

County Clerk

By Annette Mueller

1. DECEDENT - First NAME William		Middle Marion		Last GRAY		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 19, 1993
4. SOCIAL SECURITY NUMBER 541-09-9103		5a. AGE Last Birthday (Years) 89	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Thurston, Oregon		7. DATE OF BIRTH (Month, Day, Year) March 23, 1903	
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 type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> OTHER <input checked="" 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) Plum Ridge Care Center				9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Logger		10b. KIND OF BUSINESS/INDUSTRY Timber		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Mildred Gray	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2255 Vine Street	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601		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 (0-12) 9 College (1-4 or 5+) 9							
17. FATHER - NAME first middle last Charles - Gray		18. MOTHER - NAME first middle maiden Rosetta - Yolam		19. INFORMANT - NAME and relationship to deceased William Gray - Self			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input 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) Mt. View Cemetery		20c. LOCATION - City or Town, State Ashland, OR.			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles A. White</i>		21b. LICENSE NUMBER (CI Licensee) 93-49-1363		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, Oregon 97603			
23. DATE FILED (Month, Day, Year) MAR 30 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 2:15 A.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>[Signature]</i> M.D.							
30. DATE SIGNED (Month, Day, Year) 3/29/93							
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John Kleenan M.D. 1905 Main Street, 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) Dementia				Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:							
PART I (b)				Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:							
PART I (c)				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.							
HBP/CAD, Renal Failure.							
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY		35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36a. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		36b. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

