

64798

K-45329
CONTRACT—REAL ESTATE

Vol. m93 Page 17465

THIS CONTRACT, Made this 4th day of June, 1993, between
Betty Jean Kurtz
Susan M. Stacey, hereinafter called the seller,
and _____, hereinafter called the buyer,

WITNESSETH: That in consideration of the mutual covenants and agreements herein contained, the seller agrees to sell unto the buyer and the buyer agrees to purchase from the seller all of the following described lands and premises situated in Klamath County, State of Oregon, to-wit:

Block 7, Lot 4, Antelope Meadows 3 rd. Addition

for the sum of Five Thousand Dollars (\$5000.00),
hereinafter called the purchase price, on account of which Five Hundred Ninety Five Dollars (\$595.00) is paid on the execution hereof (the receipt of which is hereby acknowledged by the seller), and the remainder to be paid to the order of the seller at the times and in amounts as follows, to-wit:
Payments of \$ 100.00 per month until balance is paid.

Balance of \$ 4405 shall be paid in monthly payments of \$100.00 (aprox. 5 yrs.) Buyer shall have the right to pay additional monies without penalty.

All of the purchase price may be paid at any time; all of the deferred payments shall bear interest at the rate of 10 percent per annum from July 15, 1993 until paid; interest to be paid monthly and * to be included in the minimum regular payments above required. Taxes on the premises for the current tax year shall be prorated between the parties hereto as of July 15, 1993 No taxes due. for 92/93

The buyer warrants to and covenants with the seller that the real property described in this contract is
* (A) primarily for buyer's personal, family or household purposes,
(B) for an organization or for a buyer is a natural person, is for business or commercial purposes

The buyer shall be entitled to possession of the lands on June 15, 1993, and may retain such possession so long as buyer is not in default under the terms of this contract. The buyer agrees that at all times buyer will keep the premises and the buildings, now or hereafter erected thereon, in good condition and repair and will not suffer or permit any waste or strip thereof; that buyer will keep the premises free from construction and all other liens and save the seller harmless therefrom and reimburse seller for all costs and attorney's fees incurred by seller in defending against any such liens; that buyer will pay all taxes hereafter levied against the property, as well as all water rents, public charges and municipal liens which hereafter lawfully may be imposed upon the premises, all promptly before the same or any part thereof become past due; that the buyer's expense and be insured all buildings now or hereafter erected on the premises against loss or damage by fire (with extended coverage) in any amount not less than \$ XXXXXX in a company, or companies satisfactory to the seller, specifically naming the seller as an additional insured, with loss payable first to the seller and then to the buyer as their respective interests may appear and all policies of insurance to be delivered to the seller as soon as issued. Now if the buyer shall fail to pay any such liens, costs, water rents, taxes or charges or to procure and pay for such insurance, the seller may do so and any payment so made shall be added to and become a part of the debt secured by this contract and shall bear interest at the rate aforesaid, without waiver, however, of any right arising to the seller for buyer's breach of contract.

(Continued on Reverse)

* IMPORTANT NOTICE: Delete, by lining out, whichever phrase and whichever warranty (A) or (B) is not applicable. If warranty (A) is applicable and if the seller is a creditor, as such word is defined in the Truth-in-Lending Act and Regulation Z, the seller MUST comply with the Act and Regulation by making required disclosures; for this purpose, use Stevens-Ness Form No. 1319 or equivalent.

Betty J. Kurtz
1280 N.E. Davis Ct.
Hillsboro, Or. 97124
Grantor's Name and Address
Susan M. Stacey
15971 Falcon Lane
LaPine, Or. 97739
Grantee's Name and Address
After recording return to (Name, Address, Zip):
Betty J. Kurtz
1280 N.E. Davis Ct.
Hillsboro, Oregon 97124
Until requested otherwise send all tax statements to (Name, Address, Zip):
Susan Stacey
15971 Falcon Lane
LaPine, Oregon 97739

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,
County of _____ ss.
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 _____ and/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

125931
I.D. TAG NO.
036
Local File Number

MTC 30249-HF
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

State File Number

DECEDENT'S NAME First Middle Last Francis Curtis NICHOLS		SEX M	DATE OF DEATH (Month, Day, Year) January 28, 1993
SOCIAL SECURITY NUMBER 541 30 2020		AGE Last Birthday (Years) 74	DATE OF BIRTH (Month, Day, Year) November 4, 1918
BIRTHPLACE (City and State or Foreign Country) Lebanon, OR			
B. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) 2159 Arthur Street		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner		13. KIND OF BUSINESS/INDUSTRY Service Station	
14. RESIDENCE - STATE Oregon		15. COUNTY OF DEATH Klamath	
16. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17. ZIP CODE 97603	
18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes		19. RACE American Indian, Black, White, etc. (Specify) White	
20. FATHER - NAME First Middle Last John Elmer Nichols		21. MOTHER NAME First Middle Maiden Minnie - Higgenbotham	
22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) Klamath Memorial Park		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON FILING AS SUCH <i>Charles R. Barcus</i>		25. LICENSE NUMBER (If Licensee) 3409	
26. DATE FILED (Month, Day, Year) JAN 29 1993		27. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, Or. / 97601	
28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		29. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
30. DATE SIGNED (Month, Day, Year) January 28, 1993		31. DATE SIGNED (Month, Day, Year) January 28, 1993	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Robert F. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon / 97601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. 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) (a) Adenocarcinoma of Colon with metastases		35. INTERVAL BETWEEN ONSET AND DEATH 1 month	
36. DUE TO, OR AS A CONSEQUENCE OF: (b)		37. INTERVAL BETWEEN ONSET AND DEATH	
38. DUE TO, OR AS A CONSEQUENCE OF: (c)		39. INTERVAL BETWEEN ONSET AND DEATH	
39. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I None		40. Did tobacco use contribute in the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		42. AUTOPTSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
43. DATE OF INJURY (Month, Day, Year)		44. TIME OF INJURY	
45. PLACE OF INJURY (At home, farm, street, factory, office building etc. (Specify))		46. DESCRIBE HOW INJURY OCCURRED	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

Return to
SANDRA SHEEHY P.O. BOX 403 ELECTRIC CITY, WA 99123

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

DATE ISSUED: **JUL 13 1993**

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 19th day of July A.D., 19 93 at 3:39 o'clock P.M., and duly recorded in Vol. M93 of Deeds on Page 17467.

FEE \$10.00

Evelyn Biehn County Clerk
By Charlene Barcus