

66687

08-23-93P03:01 RCVD

EASEMENT

R/W. Reference 93-214035

Vol. m93 Page 21129The Undersigned Grantor(s) for and in consideration of Mutual Benefits

_____ Dollars (\$ _____) and other good and valuable consideration, the receipt whereof is hereby acknowledged, do hereby grant and convey to U S WEST Communications, Inc., a Colorado Corporation, (Grantee) whose address is 1600 7th Ave., Seattle, Washington 98191 its successors, assigns, lessees, licensees and agents a perpetual easement to construct, reconstruct, operate, maintain and remove such telecommunications facilities as Grantee may require upon, over, under and across the following described land which the Grantor owns or in which the Grantor has any interest, to wit:

Lot 6, Block 3, BREWERS RANCHO, Township 24 South, Range 7 East, W.M., Section 18A, Tax Lot 1400, Klamath County.

The easement is as follows: A strip of land 10 (ten) feet in width and 1290 (one thousand two hundred ninety) feet in length, 550 feet along the Eastern line and 740 feet along the Northern line, both as placed, and being a portion of the above described property.

Accepted by

Manager Right-of-Way Operations

situated in County of Klamath, State of Oregon

Grantee shall have the right of ingress and egress over and across the Land of the Grantor to and from the above-described property and the right to clear and keep cleared all trees and other obstructions. Grantee shall be responsible for all damage caused to Grantor arising from Grantee's exercise of the rights and privileges herein granted.

The Grantor reserves the right to occupy, use and cultivate said Easement for all purposes not inconsistent with, nor interfering with the rights herein granted.

The rights, conditions and provisions of this easement shall inure to the benefit of and be binding upon the heirs, executors, administrators, successors and assigns of the respective parties hereto.

In witness whereof the undersigned has executed this instrument this 28 day of July, 1993 x

Witness: _____

By: Chris G. Bogus x

(Individual Acknowledgement) X

State of OregonCounty of Klamath

} ss

On this day personally appeared before me

Chris G. Bogus

known to me to be the individual _____ who executed the foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes herein mentioned.

Given under my hand and official seal this 28th day of July, 1993.

Notary Public



for the OFFICIAL SEAL
J.W. VICKROY
NOTARY PUBLIC - OREGON
COMMISSION NO. 004325
MY COMMISSION EXPIRES MAR. 23, 1995

(Corporate Acknowledgement)

State of _____

County of _____

} ss

On this day personally appeared before me

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

on this 23rd day of Aug. A.D., 19 93
at 3:01 o'clock P. M. and duly recorded
in Vol. M93 of Deeds Page 21129.

Evelyn Biehn County Clerk

By Dorlene Mullendore

Deputy.

Fee, \$10.00

RETURN TO GRANTEE AT:
US WEST COMMUNICATIONS, INC.
RIGHT-OF-WAY DEPT.
1600 7th AVENUE, ROOM 1703
SEATTLE, WA 98191

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

66537 LD. TAG NO. 78360 Local File Number		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH		89-022303 State File Number	
1. DECEDENT'S NAME First: Donneal Middle: O. Last: HYDE		2. SEX M		3. DATE OF DEATH (Month, Day, Year) November 22, 1989	
4. SOCIAL SECURITY NUMBER 430-56-0854		5. AGE - Last Birthday (Years) 55		6. BIRTHPLACE (City and State or Foreign) Sheridan, Arkansas	
7. DATE OF BIRTH (Month, Day, Year) September 8, 1934		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Campsite			
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. FACILITY NAME (If not institution, give street and number) Deedman's Creek		11. CITY, TOWN, OR LOCATION OF DEATH Near Tiller	
12. COUNTY OF DEATH Douglas		13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Grocery Store/Gas Station		14. KIND OF BUSINESS/INDUSTRY Owner/operator	
15. MARITAL STATUS - Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other (Specify)		16. SPOUSE (If deceased, give name and date of death)		17. DECEASED'S EDUCATION (Specify only highest grade completed) 7	
18. RESIDENCE - STATE Oregon		19. COUNTY Klamath		20. CITY, TOWN, OR LOCATION Chemult	
21. STREET AND NUMBER Star Route Box 124		22. RACE (American Indian, Black, White, etc. (Specify)) White		23. DECEASED'S EDUCATION (Specify only highest grade completed) 7	
24. FATHER - NAME first middle last Henry Dow Hyde		25. BROTHER - NAME first middle last Mary - Saunders		26. INFORMANT - NAME and relationship to decedent Esther Eileen Hyde, wife	
27. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		29. LOCATION - City or Town, State Klamath Falls, Oregon 97603	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Newport</i>		31. LICENSE NUMBER (For Licensee) 47-3104		32. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
33. DATE FILED (Month, Day, Year) December 1, 1989		34. REGISTRAR'S SIGNATURE <i>Danna Clarke</i>		35. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		37. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH Find 10:25P		38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) Find November 24, 1989 10:25P	
39. TO the best of my knowledge, death occurred at the time, date, place and (Signature) Dec 1, 1989 Douglas		40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (If you or your) Steven Fletcher, MD, ME, 2700 Stewart Parkway, Roseburg, Oregon 97470		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
42. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I, II, AND III. Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I Undetermined Natural Causes		43. DUE TO, OR AS A CONSEQUENCE OF: Hypertension, cigarette smoking		44. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.	
45. 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"/> Homicide <input type="checkbox"/> Legal Intervention		46. DATE OF INJURY (Month, Day, Year) 11/22/89		47. TIME OF INJURY (Hour, Minute) 10:25	
48. PLACE OF INJURY - At home, farm, school, factory, office, building, etc. (Specify) Star Route Box 124		49. LOCATION (Street and Number or Rural Route Number, City or Town, State) Star Route Box 124		50. DESCRIBE HOW INJURY OCCURRED	

ORIGINAL - VITAL STATISTICS COPY

4-2 REV. 1-80

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.

DATE ISSUED

AUG 18 1993

EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard Fairclo the 23rd day of Aug. A.D., 19 93 at 3:07 o'clock P.M., and duly recorded in Vol. M93, of Deeds on Page 21130.

FEE \$10.00

Evelyn Biehn, County Clerk

By Dorene Nickerson

Return: Richard Fairclo, 280 Main, Klamath Falls, Or. 97601