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67432

WARRANTY DEED—STATUTORY FORM
INDIVIDUAL GRANTORVol. M93 Page 22455
STEVENS-NESS LAW PUB. CO., PORTLAND, OR. 97204

S. Dean Stogsdill and Phyllis A. Stogsdill
conveys and warrants to COTTAGE ENTERPRISE
Grantee, the following described real property free of encumbrances
except as specifically set forth herein situated in Klamath County, Oregon, to-wit:

Lot 8 in Block 8, as shown on the map
entitled "FIRST ADDITION TO CYPRESS VILLA",
filed in the office of the County Clerk,
Klamath County, Oregon.

Code 41, Account No. 41-3909-1233-4400,
Tax Lot 4400.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)
The said property is free from encumbrances except liens of record.

The true consideration for this conveyance is \$21.00 (Here comply with the requirements of ORS 93.030)

Dated this First day of September, 1993.

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.

STATE OF OREGON, County of Klamath

This instrument was ~~OFFICIAL RECORDED~~ before me on

by MINDY RUTLEDGE
NOTARY PUBLIC-OREGON
COMMISSION NO. 025014
MY COMMISSION EXPIRES AUG. 6, 1997

(SEAL)

SEPTEMBER 1, 1993

Mindy Rutledge
Notary Public for Oregon
My commission expires 8-6-97

WARRANTY DEED

Dean & Phyllis Stogsdill
Cottage Enterprise

GRANTOR

GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

Cottage Enterprise
4444 Lombard Dr.
Klamath Falls, Oregon 97603

NAME, ADDRESS, ZIP

Until a change is requested, all tax statements
shall be sent to the following address:

Same as above

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of Klamath

I certify that the within instrument was received for record on the 2nd day of September, 1993, at 1:53 o'clock P.M., and recorded in book/reel/volume No. M93 on page 22455 or as fee/file/instrument/microfilm/reception No. 67432, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
By Bernetha A. Felton Deputy

Fee \$30.00
Copy .50

CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

392
Local File Number

1. DECEASED'S NAME First: Warren Middle: Wesley Last: OCHS			2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 25, 1993
4. SOCIAL SECURITY NUMBER 541-10-8327		5a. AGE-Last Birthday (Years) 87	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Brashear, MO			7. DATE OF BIRTH (Month, Day, Year) November 2, 1905	
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"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) 205 North Washington Street			9c. CITY, TOWN, OR LOCATION OF DEATH Merrill	
9d. COUNTY OF DEATH Klamath				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer		10b. KIND OF BUSINESS/INDUSTRY Agriculture		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Ellna Mohr				
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Merrill	
13d. STREET AND NUMBER 205 North Washington St., P.O.B. 474				
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97633	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 Specify:	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 8		
17. FATHER - NAME first middle last Paul - Ochs		18. MOTHER - NAME first middle maiden Millie - Icenbice		19. INFORMANT - NAME and relationship to deceased Ellna B. Ochs, wife
20a. METHOD OF DISPOSITION <input checked="" 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) Merrill IOOF Cemetery		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Davenport</i>		21b. LICENSE NUMBER (Of Licensee) 47-3104		
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. REGISTRAR'S SIGNATURE <i>Charlene Barcus</i>		
23. DATE FILED (Month, Day, Year) AUG 26 1993		24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
25. 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 11:10 AM		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>Glenn G. Gailis MD</i>				
30. DATE SIGNED (Month, Day, Year) August 25, 1993				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Glenn G. Gailis, MD, 1905 Main Street, Klamath Falls, Oregon 96701				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		
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) COUNTY				
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.				
PART I (a) MYOCARDIAL INFARCTION		Interval between onset and death MINUTES		
(b) CONGESTIVE HEART FAILURE		Interval between onset and death YEARS		
(c) ARTERIO SCLEROTIC HEART DISEASE		Interval between onset and death YEARS		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
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. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
40. 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		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. 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 CLERK OF THE COUNTY OF KLAMATH.

DATE ISSUED: AUG 26 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ellna Ochs the 2nd day of Sept. A.D. 19 93 at 2:07 o'clock P.M. and duly recorded in Vol. M93 of Deeds on Page 22456.
Evelyn Biehn County Clerk
By *Charlene Barcus*

FEE \$10.00
Return: Ellna Ochs, Box 474, Merrill, Or. 97633