

1-174

12-29-93P02:55 RCVD

WARRANTY DEED—TENANTS BY ENTIRETY

Vol. m93 Page 35153

73624

KNOW ALL MEN BY THESE PRESENTS, That Marvin R. Van Diepen and Evelyn T. Van Diepen, husband and wife, hereinafter called the grantor, for the consideration hereinafter stated to the grantor paid by Jack Rowe and Lois Rowe, husband and wife, hereinafter called the grantees, do hereby grant, bargain, sell and convey unto the grantees, as tenants by the entirety, the heirs of the survivor and their assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit: Lots 3 and 17 and the Southerly 100.2 feet of Lot 18, VILLA SAINT CLAIR. ALSO, a portion of Lot 2, VILLA ST. CLAIR, more particularly described as follows: A strip of land 7.0 feet wide North and South and 125.0 feet long East and West out of Lot 2, beginning in the Southwest corner of said lot and parallel to the South boundary of said Lot 125.0 feet. Subject to: Regulations, including levies, assessments, water and irrigation rights and easements for ditches and canals, of Klamath Irrigation District; Regulations, including levies, liens, assessments, rights of way and easements of the South Suburban Sanitary District; Reservations and restrictions as shown in deed recorded Oct. 28, 1943, in Vol. 159 at page 366, Deed Records of Klamath County, Oregon; Easements and rights of way of record and those apparent on the land, if any.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the above described and granted premises unto the said grantees, as tenants by the entirety, their heirs and assigns forever.

And grantor hereby covenants to and with grantees and the heirs of the survivor and their assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except as noted of record as of the date of this deed, and those apparent upon the land, if any, as of the date of this deed, and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$

However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which). (The sentence between the symbols ①, 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 18 day of May, 1978; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

(If executed by a corporation, affix corporate seal)

Marvin R. Van Diepen, Marvin R. Van Diepen

Evelyn T. Van Diepen, Evelyn T. Van Diepen

STATE OF OREGON,

County of Klamath

May 18

October 28

1978

STATE OF OREGON, County of _____ ss.

Personally appeared _____

_____ who, being duly sworn, each for himself and not one for the other, did say that the former is the _____ president and that the latter is the _____ secretary of _____

_____ a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed.

Before me:

(OFFICIAL SEAL)

Notary Public for Oregon

My commission expires:

(OFFICIAL SEAL)

Notary Public for Oregon

My commission expires

511-94

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Lois M. Rowe
4631 Summers Lane
Klamath Falls, Or. 97603

NAME, ADDRESS, ZIP

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

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath ss.

I certify that the within instrument was received for record on the 29th day of Dec., 1993, at 2:55 o'clock P.M., and recorded in book M93 on page 35153 or as file/reel number 73624. Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer
By Pauline Muller, Deputy

Fee \$30.00

105750

I.D. TAG NO.

460

Local File Number

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

136

State File Number

DECEDENT

PARENTS

DISPOSITION

HOSPITAL

CERTIFICATE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

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1. DECEDENT'S NAME First: Jack Middle: Last: ROWE		2. SEX M	3. DATE OF DEATH (Month, Day, Year) December 5, 1991
4. SOCIAL SECURITY NUMBER 441-24-5899		5. AGE Last Birthday (Years) 63	6. BIRTHPLACE (City and State or Foreign) Wright City, OK
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify):	
9. FACILITY NAME (if not institution, give street and number) 4631 Summers Lane		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Electrician		12. KIND OF BUSINESS/INDUSTRY Building Trades	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4631 Summers Lane	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15. RACE (Specify) White	
16. DATE OF BIRTH (Month, Day, Year) April 17, 1928		17. INFORMANT - NAME and relationship to decedent Lois M. Rowe, wife	
18. 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)		19. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
20. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21. LICENSE NUMBER (if licensee) 53-0124	
22. DATE FILED (Month, Day, Year) DEC 9 1991		23. NAME, ADDRESS AND ZIP OF FACILITY, Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
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. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
26. TIME OF DEATH M <input type="checkbox"/> P <input type="checkbox"/> A		27. DATE PROMULGATED (Month, Day, Year, Hour) December 5, 1991 15:00 F	
28. TIME OF DEATH (Specify) Found ?		29. 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. <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) December 9, 1991		31. COUNTY Klamath	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Sylvia Chatroux, MD, ME, 2300 Clairmont, 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			
PART I (a) Unknown Natural Causes			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I. Hypertension; diabetes; bronchitis; bleeding ulcers			
35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. DATE OF INJURY (Month, Day, Year)		38. TIME OF INJURY	
39. PLACE OF INJURY - All homes, streets, factory, office, building, etc. (Specify)		40. LOCATION (Street and Number or Rural Route, Box, City or Town, State)	

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

DATE ISSUED

JUN 0 3 1992

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lois Rowe
of Dec A.D., 19 93 at 2:55 o'clock P M., and duly recorded in Vol. 393
of Deeds on Page 35154

FEE \$10.00

Return: Lois Rowe, 4631 Summers Ln
Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By *[Signature]*