

74380

01-12-94A11:23 RCVD

MHC 31951 BARGAIN AND SALE DEED

Vol. M94 Page 1226

KNOW ALL MEN BY THESE PRESENTS, That CHURCH OF WORLD PEACE, INC. and Robert W. Lovell, individually, hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Randall A. Hirschbock DBA/ Bob's Excavating 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:

Lots 4 & 5 in Block 1 of Sprague River Valley Acres according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon

This deed is being recorded to replace that certain Bargain and Sale Deed recorded on December 30, 1993 in Volume M-93 at Page 35281,

(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 \$ 10,000.00

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 day of January, 1994; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

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 AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

BY: Robert W. Lovell  
Robert W. Lovell, individually  
BY: Robert W. Lovell  
Robert W. Lovell, Trustee for the Church of World Peace, Inc.

STATE OF OREGON, County of ss.  
This instrument was acknowledged before me on January 19, 1994, by Robert W. Lovell, individually  
This instrument was acknowledged before me on January 19, 1994, by ROBERT W. LOVELL  
as Sole Trustee and President  
of CHURCH OF WORLD PEACE, INC.

Notary Public for Oregon  
My commission expires

Church of World Peace, Inc.
c/o Robert W. Lovell, Trustee
18765 Florida St., Huntington Beach
Grantor's Name and Address CA 92648
Randall A. Hirschbock
5800 Airway Drive
Klamath Falls, OR 97601
Grantee's Name and Address
After recording return to (Name, Address, Zip):
Randall A. Hirschbock
5800 Airway Drive
Klamath Falls, OR 97601
Until requested otherwise send all tax statements to (Name, Address, Zip):
Randall A. Hirschbock
5800 Airway Drive
Klamath Falls, OR 97601

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, ss.  
County of  
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 or as fee/tile/instrument/microfilm/reception No. Record of Deeds of said County. Witness my hand and seal of County affixed.  
NAME TITLE  
By Deputy

1227

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

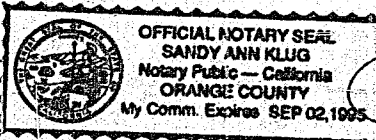
County of Orange

On 1-11-94 before me, SANDY ANN KLUG, notary public, person

appeared Robert W. Lovell

NAME(S) OF SIGNER(S)

☐ personally known to me - OR - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

*Sandy Ann Klug*  
SIGNATURE OF NOTARY

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

☐ INDIVIDUAL  
☐ CORPORATE OFFICER(S)

TITLES

☐ PARTNERS ☐ LIMITED  
☐ GENERAL  
☐ ATTORNEY-IN-FACT  
☒ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER:

SIGNER IS REPRESENTING:  
NAME OF PERSON(S) OR ENTITY(IES)

OPTIONAL SECTION

TITLE OR TYPE OF DOCUMENT Bargain and Sale Deed

NUMBER OF PAGES 1 DATE OF DOCUMENT 1-11-94

SIGNER(S) OTHER THAN NAMED ABOVE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 12th day of Jan A.D. 19 94 at 11:23 o'clock A.M., and duly recorded in Vol. M94 of Deeds on Page 1226

FEE \$35.00

Evelyn Biehn County Clerk  
By Christine Millendore

158106

LD TAG NO.

625

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 136

Size File Number

1. DECEDENT'S NAME First: <u>Pete</u> Last: <u>GALE</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>December 24, 1993</u>
4. SOCIAL SECURITY NUMBER <u>457-26-9052</u>	5a. AGE Last Birthday (Year) <u>77</u>	5b. Under 1 Year Mo: <u>0</u> Days: <u>0</u> Hours: <u>0</u> Mins: <u>0</u>	5c. Under 1 Day Hours: <u>0</u> Mins: <u>0</u>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>August 23, 1916</u>	
8. FACILITY NAME (If not institution, give street and number) <u>3309 Crest Street</u>		9. 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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life (No need state retired)) <u>Clipper Operator</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Lumber</u>	
11. RESIDENCE - STATE <u>Oregon</u>		12. COUNTY OF DEATH <u>Klamath</u>	
13. RESIDENCE - CITY, TOWN OR LOCATION <u>Klamath Falls</u>		14. MARITAL STATUS - <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)	
15. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. ZIP CODE <u>97603</u>	
17. FATHER - NAME first middle last <u>Leona</u>		18. MOTHER - NAME first middle maiden <u>Kuhn</u>	
19. INFORMANT - NAME and relationship to decedent <u>Mildred Gale - Spouse</u>		20. LOCATION - City or Town, State <u>Klamath Falls</u>	
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		22. NAME ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Highway 39, Klamath Falls, Oregon 97603</u>	
23. DATE FILED (Month, Day, Year) <u>DEC 28 1993</u>		24. REGISTRAR'S SIGNATURE <u>Charles Barcus</u>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>1:40 P.M.</u>		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) <u>Kenneth K. Magee M.D.</u>			
30. DATE SIGNED (Month, Day, Year) <u>12-27-93</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee M.D.</u> <u>1900 Main Street</u> <u>Klamath Falls, Oregon 97601</u>			
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			
(a) <u>Cor Pulmonale with Heart Failure</u>			
(b) <u>Severe Chronic Obstructive Pulmonary Disease</u>			
(c) <u>Other Significant Conditions</u>			
34. 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			
35. DATE OF INJURY (Month, Day, Year)		36. TIME OF INJURY	
37. PLACE OF INJURY - Is home, farm, street, factory, office building, etc. (Specify)		38. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
39. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
40. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
41. If VITs were negative, considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ORIGINAL - VITAL STATISTICS COPY

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

45-2 Rev 7/91

DATE ISSUED:

DEC 28 1993

Charles Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mildred Gale  
of Jan A.D., 19 94 at 1:23 o'clock P.M. and duly recorded in Vol. M94  
of Deeds on Page 1228

FEE \$10.00

Return: Mildred Gale, 3309 Crest  
Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk  
By Deborah Williams