

74660

01-18-94P03:16 RCVD

WARRANTY DEED—TENANTS BY ENTIRETY
MTC 32050 mh

Vol. 94 Page 1884

KNOW ALL MEN BY THESE PRESENTS, That David Harris and Louise Harris,
husband and wife,
hereinafter called the grantor, for the consideration hereinafter stated to the grantor paid by James B. Kintz
and Irene E. Kintz, husband and wife, hereinafter called the grantees, does
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 ap-
pertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

All the real property situated in the County of Klamath, State of Oregon, being a
portion of Section 14, Township 36 South, Range 10 East of the Willamette Meridian,
Klamath County, Oregon, more particularly described as follows:

The E $\frac{1}{2}$ of the E $\frac{1}{2}$ and the E $\frac{1}{2}$ of the W $\frac{1}{2}$ of the E $\frac{1}{2}$, being a portion of Government Lot 16,
in said Section 14, Township 36 South, Range 10 East of the Willamette Meridian.

EXCEPTING THEREFROM any portion thereof lying within State or County Roads.

ALSO EXCEPTING THEREFROM those portions of Lot 16 conveyed to Klamath County by
instrument recorded in Volume 85, page 618, Deed Records of Klamath County, Oregon.

Subject, however, to the following:

1. Rights of the public in and to any portion of the herein described premises lying
(continued on reverse)

(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 en-
tirety, 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 those, if
any, apparent on the land as of the date of this Deed, and those as noted of record
as of the date of this Deed

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 \$ 30,000.00

~~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 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 7th day of January, 1983;
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.

X David Harris - Grantor
X Louise Harris - Grantor

(If executed by a corporation,
affix corporate seal)

STATE OF OREGON,
County of Klamath
January 7, 1983

STATE OF OREGON, County of _____) ss.
_____, 19____.

Personally appeared the above named David Harris and Louise Harris

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 _____

and acknowledged the foregoing instru-
ment to be their voluntary act and deed.

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 be-
half 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:
Robert J. Garrison
Notary Public for Oregon
My commission expires 6/19/83

Notary Public for Oregon
My commission expires:

(OFFICIAL
SEAL)

David and Louise Harris
HC 63 Box 854
Sprague River OR 97639

James B. and Irene E. Kintz mark Kintz
31 Canterbury Ln
New Windsor, N.Y. 12553

After recording return to:
mark Kintz
31 Canterbury Ln
New Windsor, N.Y. 12553

NAME, ADDRESS, ZIP

NAME, ADDRESS, ZIP

NAME, ADDRESS, ZIP

STATE OF OREGON,
County of _____) ss.

I certify that the within instru-
ment was received for record on the
day of _____, 19____.

at _____ o'clock _____ M., and recorded
in book/reel/volume No. _____ on
page _____ or as document/tee/file/
instrument/microfilm No. _____
Record of Deeds of said county.

Witness my hand and seal of
County affixed.

NAME

By _____ Deputy

SPACE RESERVED
FOR
RECORDER'S USE

mtc 32050-MK
OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK	E 5281 1.D. TAG NO. 154	OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH	126 91-008800
Local File Number		State File Number	
1. DECEASED'S NAME Irene Ethel KINTZ		2. SEX F	
3. DATE OF DEATH (Month, Day, Year) May 7, 1991		4. SOCIAL SECURITY NUMBER (Last 4 digits) 322-20-7669	
5. AGE - Last Birthday (Years) 67		6. PLACE OF BIRTH (City and State or Foreign Country) Okemah, Oklahoma	
7. DATE OF BIRTH (Month, Day, Year) January 31, 1924		8. PLACE OF DEATH (Check one and write) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (if not institution, give street and city) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. COUNTY OF DEATH Klamath		12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life (Do not use retired) Legal Secretary	
13. KIND OF BUSINESS/INDUSTRY Secretarial		14. MARITAL STATUS - Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)	
15. DATE OF MARRIAGE (Month, Day, Year) Married		16. SPOUSE (If married, give name and address) James B. Kintz	
17. RESIDENCE - STATE Oregon		18. CITY, TOWN, OR LOCATION Klamath Falls	
19. ZIP CODE 97639		20. STREET AND NUMBER HC 63 Box 854	
21. RACE (American Indian, Black, White, etc.) White		22. DECEASED'S EDUCATION (Specify only highest grade completed) 12	
23. FATHER - Name first middle last Harry - Clem		24. MOTHER - Name first middle last Rebecca - Abernathy	
25. METHOD OF DEPOSITION <input type="checkbox"/> Mouth <input checked="" type="checkbox"/> Written <input type="checkbox"/> Other (Specify) Klamath Cremation Service		26. LOCATION (City or Town, State) Klamath Falls, Oregon	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		28. LICENSE NUMBER 3287	
29. DATE FILED (Month, Day, Year) MAY 8 1991		30. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601	
31. DID MORTAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		32. SIGNATURE OF DECEASED <i>[Signature]</i>	
33. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 2:50 A.M.		34. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 27a. TIME OF DEATH 2:50	
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		27b. DATE PRONOUNCED DEAD (Month, Day, Year) 5/7/91	
29. To the best of your knowledge, death occurred in this place and at this time (Do not check if not stated) <i>[Signature]</i> M.D.		31. On the basis of examination under investigation, is the condition death occurred at this time, date, place and due to the following and manner stated? Yes	
30. DATE SIGNED (Month, Day, Year) 5/7/91		32. DATE SIGNED (Month, Day, Year) 5/7/91	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (If not at home) Craig Merhoff M.D. 2850 Daggett Street Klamath Falls, Oregon 97601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (If not at home)	
34. IMMEDIATE CAUSE (ENTER ONE OR MORE CAUSES HERE - SEE FOR ALL, AND DO NOT put other immediately at death - e.g. Contract or Respiratory Arrest) Cerebral aneurysm			
35. DUE TO OR AS A CONSEQUENCE OF Brain Metastasis from Colon Cancer			
36. AS A CONSEQUENCE OF Brain Metastasis - Colon Cancer			
37. OTHER SIGNIFICANT CONDITIONS Ca signed by Dr. 12/90			
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Legal Intervention		39. DATE OF DEATH 5/7/91	
40. TIME OF DEATH 2:50		41. PLACE OF DEATH Klamath Falls, Oregon	
42. DESCRIBE HOW DEATH OCCURRED		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

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 **DEC 23 1993**

[Signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Mountain Title co** the **18th** day of **Jan** A.D. 19 **94** at **3:17** o'clock **P M.**, and duly recorded in Vol. **M94** of **Deeds** on Page **1886**
Evelyn Biehn County Clerk
By *[Signature]*

FEE \$10.00
Return: Mountain Title co