

66305

MIC 1390-6878
DEED CREATING ESTATE BY THE ENTIRETY

Vol 94 Page 5322

KNOW ALL MEN BY THESE PRESENTS, That

HARRY H. BROWN

(hereinafter called the grantor), the spouse of the grantee hereinafter named, for the consideration hereinafter stated, has bargained and sold and by these presents does grant, bargain, sell and convey unto LENA B. BROWN (herein called the grantee), an undivided one-half of the following described real property situate in KLAMATH County, Oregon, to-wit:

Parcel 1

The north 1/2 of Lot 7 in Block 3, Second Addition to Altamont Acres, excepting therefrom the Easterly 5 feet thereof conveyed for road purposes in Volume 362 at page 563, Deed of Records of Klamath County, Oregon, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. Subject to reservations, restrictions and easements of record and those apparent on the premises.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining;

TO HAVE AND TO HOLD said undivided one-half of said real property unto the said grantee forever.

The above named grantor retains a like undivided one-half of said real property and it is the intent and purpose of this instrument to create and there hereby is created an estate by the entirety between husband and wife as to said real property.

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

However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which). (The sentence between the symbols ©, if not applicable, should be deleted. See ORS 93.030.)

WITNESS grantor's hand this 17th day of February, 1994.

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.

Harry H. Brown

STATE OF OREGON, County of Klamath, ss.

February 17, 1994

Personally appeared the above named

Harry H. Brown

who is known to me to be the spouse of the grantee in the above deed and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:

Kristi L. Ridd

(OFFICIAL SEAL)

Notary Public for Oregon—My commission expires: 11/16/95

HARRY HOLLIS BROWN
4430 BISBEE STREET
KLAMATH FALLS, OREGON 97603

GRANTOR'S NAME AND ADDRESS

LENA BELE BROWN
4430 BISBEE STREET
KLAMATH FALLS, OREGON 97603

GRANTEE'S NAME AND ADDRESS

After recording return to:

Harry & Lena Brown
4430 Bisbee
Klamath Falls, OR 97603

NAME, ADDRESS, ZIP

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

Harry & Lena Brown
4430 Bisbee
Klamath Falls, OR 97603

NAME, ADDRESS, ZIP



OFFICIAL SEAL
STATE OF OREGON,
NOTARY PUBLIC - OREGON
COMMISSION NO. 010431
MY COMMISSION EXPIRES NOV. 16, 1995 Klamath

ss.

I certify that the within instrument was received for record on the 17th day of Feb, 1994, at 1:42 o'clock P.M., and recorded in book/reel/volume No. M94 on page 5322 or as fee/file/instrument/microfilm/reception No. 76305, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk.
NAME TITLE

By Debra M. Mullendore Deputy

Fee \$30.00

02-17-94P01:42 RCVD

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

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

92-015945

103108
I.D. TAG NO.
354
Local File Number

State File Number

1. DECEASED'S NAME Bernard Roy McDONALD		2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 14, 1992
4. SOCIAL SECURITY NUMBER 542/22/3560	5a. AGE Last Birthday (Years) 64	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Detroit, MI
7. DATE OF BIRTH (Month, Day, Year) Feb. 9, 1928		8. PLACE OF DEATH (Check only one) <input checked="" 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 type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) 1425 Etna		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	9c. COUNTY OF DEATH Klamath
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Technical Sergeant	10b. KIND OF BUSINESS/INDUSTRY US Air Force	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married	12. SPOUSE (If Married, Widowed) Jewell
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls	13d. STREET AND NUMBER 1425 Etna
14a. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14b. ZIP CODE 97603	15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+)
17. FATHER - NAME first middle last William L. McDonald		18. MOTHER - NAME first middle maiden Frances M. Hasler	
19. INFORMANT - NAME and relationship to deceased Jewell McDonald / Wife		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles D. Bury</i>		22b. LICENSE NUMBER (Of Licensee) 3409	22c. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601
23. DATE FILED (Month, Day, Year) AUG 18 1992		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. 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 0715		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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. <i>Charles D. Bury</i> August 14, 1992			
30. DATE SIGNED (Month, Day, Year) August 14, 1992			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Charles D. Bury, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601			
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.)			
PART (a) Lymphoma Retroperitoneal		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART (b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. COPD			
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"/> Homicide	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	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)	
42. DESCRIBE HOW INJURY OCCURRED			
43. Did tobacco use contribute to the death? <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		44. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. If YES were findings conclusive in determining cause of death?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

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 **FEB 08 1994**

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Don Stroh the 17th day of Feb A.D., 1994 at 1:52 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 5323.

FEE \$5.00

Return: DonStroh, 1844 Idaho St
Klamath Falls, Or. 97601

Evelyn Biehn- County Clerk
By *President Melendore*