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03-17-94A10:29 RCVD AGREEMENT FOR EASEMENT



WITNESSETH:

The Easterly 90 feet of Lot 6 in Block 34, HILLSIDE ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The West 88 feet of Lot 6, Block 34, HILLSIDE ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath, State of Oregon.

NOW, THEREFORE, in view of the premises and in consideration of One Dollar (\$1) by the second party to the first party paid and other valuable considerations, the receipt of all of which hereby is acknowledged by the first party, they agree as follows:

The first party does hereby grant, assign and set over to the second party perpetual use of the sewer pipe now existing on the Easterly 90 feet of Lot 6, Block 34 HILLSIDE ADDITION to Klamath Falls.

This agreement shall be perpetual and shall be a covenant running with the land for the benefit and use of both parties, their heirs, executors, administrators and assigns.

(Insert here a full description of the nature and type of the easement granted to the second party.)

— OVER —

BETWEEN

AND

Klamath Falls, Or 97603

**SPACE RESERVED
FOR
RECORDER'S USE**

STATE OF OREGON,

County of _____ ss.

~~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/file/instrument/microfilm/reception No. _____, Record of _____ of said county.~~

Witness my hand and seal of
County affixed.

NAME _____ TITLE _____
By _____ Deputy _____

The second party shall have all rights of ingress and egress to and from the real estate (including the right from inner to the trees) except as hereinafter provided, for such trim and remove trees, brush, overhanging branches and other obstructions) necessary for the second party to use, enjoy, vent, operation and maintenance of the account books, forest and all rights and privileges incident thereto.

Except as to the rights herein granted, the first party shall have the full use and control of the above described real estate.

The second party hereby agrees to hold and save the first party harmless from any and all claims of third parties arising from second party's use of the rights herein granted.

The easement described above shall continue for a period of in perpetuity, always subject, however, to the following specific conditions, restrictions and considerations:

Both parties agree to share equally the costs and expenses of the pumping and clearing of debris from the existing sewer pipe. Any other repairs or maintenance deemed necessary or advisable, but not included within the maintenance and repairs specified above, shall not be undertaken under this agreement except with the prior, express, and written consent of both parties.

described as follows:

and second party's right of way shall be parallel with the center line and not more than _____ feet
distant from either side thereof.

During the existence of this easement, maintenance of the easement and costs of repair of the easement damaged by natural disasters or other events for which all holders of an interest in the easement are blameless shall be the responsibility of (check one): ☐ the first party; ☐ the second party; ☒ both parties, share and share alike; ☐ both parties, with the first party being responsible for% and the second party being responsible for%. (If the last alternative is selected, the percentages allocated to each party should total 100.)

During the existence of this easement, those holders of an interest in the easement that are responsible for damage to the easement because of negligence or abnormal use shall repair the damage at their sole expense.

This agreement shall bind and inure to the benefit of, as the circumstances may require, not only the immediate parties hereto but also their respective heirs, executors, administrators and successors in interest.

In construing this agreement, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this agreement shall apply equally to individuals and to corporations. If the undersigned is a corporation, it has caused its name to be signed and its seal (if any) affixed by an officer or other person duly authorized to do so by its board of directors.

IN WITNESS WHEREOF, the parties have hereunto set their hands in duplicate on this, the day and year first hereinabove written.

GARY D. ROSE/LINDA ROSE/PRYOR/BANDY | ROSE

FREDA W. KURRE First Party HERBERT W. KURRE

Second Part

STATE OF OREGON.

County of Klamath

ES.

This instrument was acknowledged before me on

19....., by Gary D. Rose,

Linda Rose Pryor, Randy L. Rose, Herbert

W. Kurre, Freda W. Kurre

STATE OF OREGON.

County of KLAMATH

1

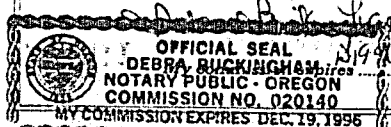
This instrument was acknowledged before me on

16th day of February 19 94, by NORMAN E MARGARET
HOLLIDAY

of 5

43

012



Mary E. Groomer
Notary Public for Oregon
My commission expires 9-18-94

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 17th day
of March A.D., 19 94 at 10:29 o'clock A M., and duly recorded in Vol. 194,
of Deeds on Page 8098

FEE \$35.00

Evelyn Biehn • County Clerk

By Pauline M. Nieldor

RETURN TO: KATHRYN YORK 1402 KANE STREET, KLAMATH FALLS, OREGON 97603

094196 LD TAG NO 479 Local File Number		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH		138	State File Number
1. DECEDENT'S NAME Lewis		Middle Albern		Last YORK	
2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 13, 1993			
4. SOCIAL SECURITY NUMBER 269-10-5420		5a. AGE Last Birthday (Years) 75		6. BIRTHPLACE (City and State or Foreign) Bellevue, Ohio	
7. DATE OF BIRTH (Month, Day, Year) July 1, 1918		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER			
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.) Clergyman		13. KIND OF BUSINESS/INDUSTRY Baptist Ministry		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath		17. STREET AND NUMBER 1402 Kane Street	
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE 97603		20. RACE American Indian, Black, White, etc. (Specify) White	
21. FATHER - NAME first middle last John G. York		22. MOTHER - NAME first middle maiden Elinor-Fillinger		23. INFORMANT - NAME and relationship to deceased Kathryn York Spouse	
24. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		26. LOCATION - City or Town, State Klamath Falls, OR	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael Ph</i>		28. LICENSE NUMBER (Of Licensee) 47-3287		29. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St., Klamath Falls, OR 97601	
30. DATE FILED (Month, Day, Year) OCT 15 1993		31. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		32. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
33. TIME OF DEATH 8:50P.		34. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
35. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Blake Berven</i> M.D.		36. DATE SIGNED (Month, Day, Year) October 14, 1993			
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake Berven M.D. 2616 Clover Street, Klamath Falls, OR 97601		38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Blake Berven M.D. 2616 Clover Street, Klamath Falls, OR 97601			
39. 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) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (b) 12514D DUE TO, OR AS A CONSEQUENCE OF: PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		39. 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) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (b) 12514D DUE TO, OR AS A CONSEQUENCE OF: PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. DESCRIBE HOW INJURY OCCURRED	
45. LOCATION (Street and Number or Rural Route Number, City or Town, State)		46. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
47. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

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

DATE ISSUED: **OCT 15 1993**

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 17th day of March A.D., 19 94 at 10:29 o'clock AM., and duly recorded in Vol. M94 of Deeds on Page 8100.

FEE \$10.00

Evelyn Biehn - County Clerk
By *Passine Mulendore*