

78953 04-11-94P03:48 RCVD BARGAIN AND SALE DEED

Vol 94 Page 10758

KNOW ALL MEN BY THESE PRESENTS, That Klamath County, A Public Corporation of the State of Oregon, hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Roy W. Hawkins & Michael L. Hawkins, Not as Tenants in Common, but with Right of Survivorship 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:

Beginning at a point where the South boundary of Lot 15, Section 6, Township 35 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon, intersects the East shore of Upper Klamath Lake and running thence 358 feet East to the center of the Dalles-California Highway; thence North 14' East 244 feet along the center of said Dalles-California Highway; thence West 335 feet to the East shore of Upper Klamath Lake, thence South and West along the East shore of said Klamath Lake to the place of beginning, being in Section 6, Township 35 South, Range 7 East of the Willamette Meridian, excepting portion thereof included in the said Dalles-California Highway.

SUBJECT TO agreement with the California Oregon Power Company, recorded May 11, 1925, in Volume 65, Deed Records for Klamath County, Oregon, at page 584, relative to regulation of the waters of Upper Klamath Lake.

(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 \$16,000.00

~~Whereas the actual consideration consists of an included other property in value given or promised which is not the consideration (indicate which) it is hereby acknowledged that the grantor has received the full and true consideration of the property described in this deed.~~

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 11th day of April, 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 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.

STATE OF OREGON, County of Klamath) ss.

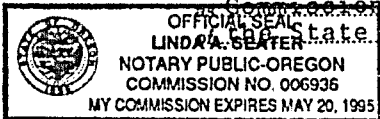
This instrument was acknowledged before me on , 19 ,

by This instrument was acknowledged before me on April 11, 1994,

by Wes Sine, Chairman of the Board and F. Jean Elzner

County Commissioners of Klamath County, A Public Corporation

State of Oregon



My commission expires May 20, 1995

Klamath County
403 Pine Street, Suite 300
Klamath Falls, OR 97601

Grantor's Name and Address

Roy W. & Michael L. Hawkins
5307 Fruitvale Avenue
Bakersfield, CA 93308

Grantee's Name and Address

After recording return to (Name, Address, Zip):

Michael L. Hawkins
5307 Fruitvale Avenue
Bakersfield, CA 93308

Until requested otherwise send all tax statements to (Name, Address, Zip):

Michael L. Hawkins
5307 Fruitvale Avenue
Bakersfield, CA 93308

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of Klamath

I certify that the within instrument was received for record on the 11th day of April, 1994, at 3:48 o'clock P. M., and recorded in book/reel/volume No. M94 on page 10758 or as fee/file/instrument/microfilm/reception No. 78953, Record of Deeds of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

NAME TITLE
By [Signature] Deputy

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

TYPE OR
PRINT IN
PERMANENT
BLACK INK

156709
I.D. TAG NO.
147
Local File Number

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

State File Number

1. DECEDENT'S NAME Earl Richard BUCK		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 6, 1994
4. SOCIAL SECURITY NUMBER 397-03-0282	5a. AGE Last Birthday (Years) 75	5b. Under 1 Year Mos. Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Prairie Farm, WI
7. DATE OF BIRTH (Month, Day, Year) March 12, 1919		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) A. Lorraine	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4539 Clinton Avenue	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc (Specify) White	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12)		17. COVERAGE (1-4 or 5-1) 5+	
18. FATHER - NAME first middle last Harry - Buck		19. MOTHER - NAME first middle maiden Bessie - Caswell	
20. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens Klamath Falls, OR 97603	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) APR 07 1994	
24. SIGNATURE OF FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		25. LICENSE NUMBER (If Licensee) PS-0124	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
28. TO BE COMPLETED BY CERTIFYING PHYSICIAN 28a. TIME OF DEATH 17:15 PM		28b. 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 causes and manner stated. (Signature) <i>[Signature]</i>		30. DATE SIGNED (Month, Day, Year) April 7, 1994	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls; Oregon 97601		32. DATE SIGNED (Month, Day, Year) April 7, 1994	
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 I (a) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) COPD DUE TO, OR AS A CONSEQUENCE OF: (c) Myocardial Infarction		34. INTERVAL BETWEEN ONSET AND DEATH 4 hrs 35. INTERVAL BETWEEN ONSET AND DEATH 15 hrs	
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I Myocardial Infarction		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40. DATE OF INJURY (Month, Day, Year) 4/6/94		41. TIME OF INJURY M	
42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) At home		43. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4539 Clinton Avenue, Klamath Falls, OR 97603	

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
ORIGINAL - VITAL STATISTICS COPY

APR 07 1994

DATE ISSUED

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of A. Lorraine Buck the 11th day of April A.D., 19 94 at 3:53 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 10759.

FEE \$10.00

Return: A. Lorraine Buck, 4539 Clinton, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk
By [Signature]