

No. **79449** 04-20-94P02:34 RCVD BARGAIN AND SALE DEEDVol. **M94** Page **11813**

KNOW ALL MEN BY THESE PRESENTS, That...John Schilstra

..., hereinafter called grantor,  
for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Herbert C. Moon and  
Barbara H. Moon, husband and wife  
..., 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:

An undivided one-half interest in and to Lots 33, 34 and 43 in Block 6 of Tract No.  
1090, Wagon Trail Acreages #1, 2nd Addition, according to the official plat thereof on  
file in the office of the County Clerk of Klamath County, Oregon.

(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 \$3,290.00

⓪ ~~Abolished, the actual consideration consists of the following: (The sentence between the symbols ⓪, 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 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 author-  
ized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-  
SCRIBED 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.

*John Schilstra*  
John Schilstra

STATE OF OREGON, County of Klamath

This instrument was acknowledged before me on April 20, 1994

by John Schilstra

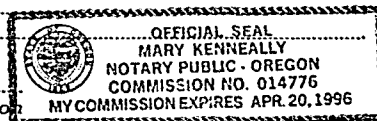
This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_,

by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_

*Mary Kenneally*  
Mary Public for Oregon  
My commission expires 4/20/96



John Schilstra  
56332 Solar Drive  
Bend, Ore

Grantor's Name and Address

Herbert C. Moon  
13622 Prospect Avenue  
Santa Ana, CA 92705

Grantee's Name and Address

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

Herbert C. Moon  
13622 Prospect Avenue  
Santa Ana, CA 92705

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

John Schilstra  
56332 Solar Drive  
Bend Ore 97707

SPACE RESERVED  
FOR  
RECORDER'S USE

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instru-  
ment was received for record on the  
20th day of April, 1994,  
at 2:34 o'clock P.M., and recorded  
in book/reel/volume No. M94 on  
page 11813 or as fee/file/instru-  
ment/microfilm/reception No. 79449,  
Record of Deeds of said County.

Witness my hand and seal of  
County affixed.

Evelyn Biehn, County Clerk  
NAME TITLE  
By *Doreen Mueller* Deputy

Fee \$30.00

30 OK

153408  
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 136

Local File Number

State File Number

1. DECEDENT'S NAME First: Janice Middle: Faye Last: ANDERSON		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) April 4, 1994
4. SOCIAL SECURITY NUMBER 542-50-7539		5a. AGE Last Birthday (Years) 50	5b. Under 1 Year 5c. Under 1 Day 6. BIRTHPLACE (City and State or Foreign Country) Ashland OR
7. DATE OF BIRTH (Month, Day, Year) December 28, 1943		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> ERO Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. PLACE OF DEATH (Check only one) <input type="checkbox"/> City, Town, or Location of Death Ashland	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Disabled		10b. KIND OF BUSINESS/INDUSTRY Disabled	
11. MAJAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Jerry	
13a. RESIDENCE - STATE Oregon		13b. COUNTY OF DEATH Jackson	
13c. CITY, TOWN OR LOCATION Ashland		13d. STREET AND NUMBER 135 Maple Street	
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 No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 12 Years		17. FATHER - NAME first middle last Darold C. McCoy	
18. MOTHER - NAME first middle maiden Genevieve B. Edmondson		19. INFORMANT - NAME and relationship to decedent Jerry Anderson Husband	
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Scenic Hills Memorial Park	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Sebastian Simon</i>		21b. LICENSE NUMBER (Of Licensee) 3360	
22. NAME, ADDRESS AND ZIP OF FACILITY Litwiller - Simonsen Funeral Home 1811 Ashland St., Ashland, OR 97520		23. DATE FILED (Month, Day, Year) APR 0 5 1994	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 9:43 A.M. M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Matthew Gooding</i> 30. DATE SIGNED (Month, Day, Year) 4/5/94 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Matthew Gooding, MD 125 Maple Street 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ashland, OR 97520		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 31b. DATE OF DEATH 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) 33. DATE SIGNED (Month, Day, Year) CITY	
36. 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) CARDIO PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF (b) Hypovolemia 2° Septicemia DUE TO, OR AS A CONSEQUENCE OF (c) Pneumonia, Urinary tract infection PART II OTHER SIGNIFICANT CONDITIONS: Contributing to death but not resulting in the underlying cause given in PART I. Multiple Sclerosis & Quadriplegia 37. Did tobacco use contribute to the death? <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 39. If YES were findings contained in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention 41a. DATE OF INJURY (Month, Day, Year) 41b. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 41c. TIME OF INJURY 41d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 41e. DESCRIBE HOW INJURY OCCURRED	

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 11-82

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

DATE ISSUED:

APR 0 5 1994

HENRY COLLINS, JR.  
COUNTY REGISTRAR  
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jerry Anderson the 20th day  
of April A.D., 19 94 at 3:11 o'clock P.M., and duly recorded in Vol. M94  
of Deeds on Page 11814

FEE \$10.00

Return: Jerry Anderson, 5437 Miller  
Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk

By *Debbie M. Mullenbaker*