

80490



05-04-94P03:51 RCVD

WARRANTY DEED

Vol. m94 Page 14192

ESCROW NO. 05041664  
 AFTER RECORDING RETURN TO:  
 THEORDORA VIDAGAR  
 EDDIE VIDAGAR

*WLS Bradley Ct*  
*San Mateo, CA 94401*

UNTIL A CHANGE IS REQUESTED ALL TAX  
 STATEMENTS TO THE FOLLOWING ADDRESS:  
 SAME AS ABOVE

KATHLEEN DORIS JOHNSON hereinafter called GRANTOR(S), convey(s)  
 to THEORDORA VIDAGAR AND EDDIE VIDAGAR, HUSBAND AND WIFE  
 hereinafter called GRANTEE(S), all that real property situated  
 in the County of KLAMATH, State of Oregon, described as:

Lot 1, Block 5, KLAMATH RIVER ACRES, in the County of Klamath  
 State of Oregon.

CODE 97 MAP 3907-36A0 TAX LOT 3300

"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 AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST  
 FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.390."

and covenant(s) that grantor is the owner of the above described  
 property free of all encumbrances except covenants, conditions,  
 restrictions, reservations, rights, rights of way and easements  
 of record, if any, and apparent upon the land,

and will warrant and defend the same against all persons who may  
 lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is  
 \$60,000.00.

In construing this deed and where the context so requires, the  
 singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument  
 this 25 day of April, 1994.

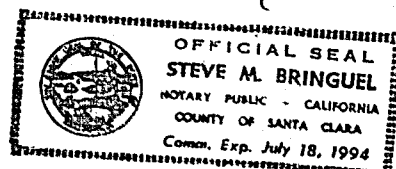
*Kathleen Doris Johnson*  
 KATHLEEN DORIS JOHNSON

STATE OF CALIFORNIA )

County of San Mateo ) ss.

The foregoing instrument was acknowledged before me this 28  
 day of April, 1994, by KATHLEEN DORIS JOHNSON.

Before me: Steve M. BRINGUEL  
 Notary Public for SAN MATEO CO.  
 Commission No. 886654  
 My Commission Expires: July 18, 1994



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co  
 of May A.D., 19 94 at 3:51 o'clock P M., and duly recorded in Vol. M94  
 of Deeds on Page 14192.

FEE \$30.00

Evelyn Biehn • County Clerk

By *Pauline M. Henderson*

F 9484  
I.D. TAG NO.

250

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS 136  
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Vera Middle: Donnagean Last: STILES		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) May 29, 1992
4. SOCIAL SECURITY NUMBER 541-22-3199		5a. AGE Last Birthday (Years) 67	5b. Under 1 Year 5c. Under 1 Day 5d. Under 1 Minute
6. BIRTHPLACE (City and State or Foreign Country) Bend, Oregon		7. DATE OF BIRTH (Month, Day, Year) April 7, 1925	
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"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (if not institution, give street and number) Plum Ridge Care Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Accountant - Ret.		10b. KIND OF BUSINESS/INDUSTRY Accounting services	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Alton	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2030 Fargo	
13e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	
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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+)		17. DECEDENT'S EDUCATION 12	
17. FATHER - NAME first middle last William - Stiles		18. MOTHER - NAME first middle maiden Ivory - Bryant	
19. INFORMANT - NAME and relationship to decedent Alton Stiles - Spouse			
20a. METHOD OF DISPOSITION: <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" 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) Eternal Hills Crematory	
20c. LOCATION - City or Town, State Klamath Falls, OR.			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b. LICENSE NUMBER (Of Licensee) 3224	
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy #39/ Klamath Falls, OR 97603			
23. DATE FIED (Month, Day, Year) JUN 03 1992		24. REGISTRAR'S SIGNATURE Charles Robinson	
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 6:20 P M		28. 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 cause(s) and manner stated. (Signature) Soul Silverman MD			
30. DATE SIGNED (Month, Day, Year) 6/2/92			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Soul Silverman, MD - 2610 Uhrmann Rd. - Klamath Falls, OR 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 I (a) G.I. Hemorrhage		Internal between onset and death	
(b) Lung Cancer		Interval between onset and death	
(c) Sudden		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
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. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
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"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE			

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

DATE ISSUED JUN 03 1992

Donna A. Verling  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Alton Stiles the 4th day  
of May A.D., 19 94 at 3:57 o'clock P.M., and duly recorded in Vol. M94  
of Deeds on Page 14193

FEE \$10.00

Return: Alton Stiles, 2030 Fargo  
Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk

By Deanne Mendenhall