

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, That  
GERALD ORNDORFF and ELIZABETH ORNDORFF, as tenants in common  
hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by \_\_\_\_\_  
JEANNE SALADE-LUTHER \_\_\_\_\_, hereinafter called  
the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns,  
the certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining,  
situated in the County of \_\_\_\_\_ Klamath \_\_\_\_\_ and State of Oregon, described as follows, to-wit:

Lot 53 of FIRST ADDITION TO SPORTSMAN PARK, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

# MOUNTAIN TITLE COMPANY

***"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 30.930."***

*To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.*

And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple and the above granted premises, free from all encumbrances except those of record and those apparent upon the land, if any, as the date of this deed and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 2,950.00

[illegible]

*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 8 day of December, 1994; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

STATE OF OREGON,  
County of Clatsop  
December 8, 1974 SS

GERALD ORNDORF  
ELIZABETH ORNDORF

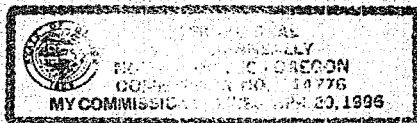
Personally appeared the above named

GERALD ORNDORF  
ELIZABETH ORNDORF

\_\_\_\_\_ and acknowledged the foregoing instrument  
to be their voluntary act and deed.

**Before me:**

Notary Public for Oregon  
My commission expires: 6/30/2011



STATE OF OREGON, County of \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this

\_\_\_\_\_, 19\_\_\_\_, by \_\_\_\_\_,  
\_\_\_\_\_, president, and by \_\_\_\_\_,  
\_\_\_\_\_, secretary of \_\_\_\_\_.

a \_\_\_\_\_ corporation, on behalf of the corporation.

Notary Public for Oregon \_\_\_\_\_  
My commission expires: \_\_\_\_\_ (SEAL)

STATE OF OREGON,

County of Klamath ss.

I certify that the within instrument was

received for record on the 8th  
day of Aug, 1994.

at 11:10 o'clock A M., and recorded  
in book M94 on page 24309 or as

file/reel number 85536  
Record of Deeds of said county.

Witness my hand and seal of County  
affixed.

DATE: 11/21/2011

Evelyn Biehn, County Clerk  
Recording Officer

By Pauline K. Miller Deputy  
Fee: \$30.00

Fee \$30.00

**MOUNTAIN TITLE COMPANY**

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08-08-94A11:10 RCVD

TYPE OR  
PRINT IN  
BLACK INKD-4648  
LN. TAG NO.  
321OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

89-014232

1. 30  
2. 31  
3. 523  
4. 060  
5. 13  
6.  
7. 01  
8. 12  
9. 182  
10.  
11.  
12. 209  
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14.  
15.  
16.  
17.

1. DECEASED'S NAME Per Olaef HEDBERG		2. SEX M		3. DATE OF DEATH (Month, Day, Year) July 22, 1989	
4. SOCIAL SECURITY NUMBER 540/03/7437		5. AGE - Last Birthday (Years) 85		6. DATE OF BIRTH (Month, Day, Year) Sept. 24, 1903	
7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (City and State or Foreign) Tronadon, Sweden		9. PLACE OF DEATH (Foreign only only)	
10. FACILITY NAME (If not institution, give street and number) West Care Home		11. NURSING HOME <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		12. COUNTY OF DEATH Klamath	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner		14. KIND OF BUSINESS/INDUSTRY Building Contractor		15. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)	
16. RESIDENCE - STATE Oregon		17. CITY, TOWN, OR LOCATION Klamath Falls		18. STREET AND NUMBER 1005 Prospect	
19. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. ZIP CODE 97601		21. RACE (Specify) White	
22. FATHER - NAME (Last, first, middle) Lars - Hedberg		23. MOTHER - NAME (Last, first, middle) Marta - Flodin		24. DECEASED'S EDUCATION (Specify only highest grade completed) Fannie Hedberg / Wife	
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		27. LOCATION - City or Town, State Klamath Falls, Oregon	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON SELECTED AS SUCH <i>James N. Beggs</i>		29. LICENSE NUMBER (If Licensee) 3409		30. NAME, ADDRESS AND ZIP OF FAMILY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601	
31. DATE FILED (Month, Day, Year) Jul 26 1989		32. REGISTRAR'S SIGNATURE <i>James Kennedy</i>		33. WAS CERT. MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
<p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>35. TIME OF DEATH 1830</p> <p>36. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>37. To the best of my knowledge, death occurred at the time, date, place and day before recorded and manner stated (Signature) <i>James N. Beggs MD</i></p> <p>38. DATE SIGNED (Month, Day, Year) 7/29/89</p> <p>39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James N. Beggs, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601</p> <p>40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p>					
<p>41. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FORM (A AND B). Do not enter mode of death, e.g. Carcinoma or Respiratory Arrest)</p> <p>PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <i>Probable septic shock</i></p> <p>(b) DUE TO, OR AS A CONSEQUENCE OF:</p> <p>PART II (c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I: <i>Generalized debility, Dementia</i></p> <p>42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Unexplained <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention</p> <p>43. DATE OF DEATH 44. TIME OF DEATH 45. PLACE OF DEATH (At home, farm, street, factory, office building, etc. (Specify))</p> <p>46. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/> Unknown</p> <p>47. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>48. YES were findings consistent in subsequent cases of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p>					

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-88

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

AUG 05 1994

UPON RECORDING, PLEASE RETURN TO:

RUDY L. HEDBERG 720 COUNTRY CLUB RD. EUGENE, OR 97401

EDWARD J. JOHNSON II  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 8th day  
of Aug A.D., 19 94 at 11:10 o'clock A. M., and duly recorded in Vol. M94  
of Deeds on Page 24310

FEE \$10.00

Evelyn Biehn - County Clerk

By Deborah M. Nickerson