86607 08-24-94A09:10 RCMOUNTAIN TITLE COMPANY Vol. m94 Page 26258

mtc 33411-HF

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, That
VOLLY E. MILLER and BENITA L. MILLER, as tenants by the entirety
hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by
MICHAEL CHERRY and JUDITH B. CHERRY, as tenants in common *, 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 26, Block 1, Tract 1083 - CEDAR TRAILS, 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 of 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 $ 31,000.00.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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 23rd *day of* August, 19 94; *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.*

Volly E. Miller
VOLLY E. MILLER
Benita L. Miller
BENITA L. MILLER

STATE OF OREGON,
County of Klamath) ss.
August 23, 1994

Personally appeared the above named
VOLLY E. MILLER
BENITA L. MILLER
and acknowledged the foregoing instrument to be their *voluntary act and deed.*

Before me: Helen M. Fink
Notary Public for Oregon
My commission expires

OFFICIAL SEAL
HELEN M. FINK
NOTARY PUBLIC - OREGON
COMMISSION NO. 014708
MY COMMISSION EXPIRES APR. 20, 1996

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)*

VOLLY E. MILLER and BENITA L. MILLER
3430 Bisbee St
Klamath Falls, OR 97603
GRANTOR'S NAME AND ADDRESS

MICHAEL CHERRY and JUDITH B. CHERRY
2212 TONTO RIDGE ROAD
PRESCOTT, AZ 86301
GRANTEE'S NAME AND ADDRESS

After recording return to:
MICHAEL CHERRY and JUDITH B. CHERRY
2212 TONTO RIDGE ROAD
PRESCOTT, AZ 86301
NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address:
MICHAEL CHERRY and JUDITH B. CHERRY
2212 TONTO RIDGE ROAD
PRESCOTT, AZ 86301
NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

Fee $30.00

STATE OF OREGON,
ss.
County of Klamath
I certify that the within instrument was received for record on the 24th *day of* Aug, *19* 94, *at* 9:10 *o'clock* A. M., *and recorded in book* M94 *on page* 26258 *or as file/reel number* 86607, *Record of Deeds of said county.*
Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
Recording Officer
By Darlene Mullendore *Deputy*

MOUNTAIN TITLE COMPANY

MOUNTAIN TITLE COMPANY

MOUNTAIN TITLE COMPANY

M94 26259

Return to Mathew Nickles
905 NW 115th St
Vancouver, WA 98685

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

158140 I.D. TAG NO.
151 Local File Number

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

136 State File Number

DECEDENT

1. DECEDENT'S NAME: First: Dale; Middle: Dowler; Last: NICKLES
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 8, 1994
4. SOCIAL SECURITY NUMBER: 533-12-7023
5. AGE (Last Birthday): (Years) 70; 5a. Under 1 Year: (Months); 5b. Under 1 Day: (Hours) (Minutes)
6. BIRTHPLACE (City and State or Foreign Country): Republic, Washington
7. DATE OF BIRTH (Month, Day, Year): September 6, 1923
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. PLACE OF DEATH (Check only one)
9b. FACILITY NAME (If not institution, give street and number): Claimant Nursing 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.): Wire Chief
10b. KIND OF BUSINESS/INDUSTRY: Rail Road
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Della Nickles
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1722 Winona Way
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME first middle last: Joseph Buford Nickles
18. MOTHER'S NAME first middle maiden: Florence Dowler
19. INFORMANT - NAME and relationship to deceased: Della Nickles - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE PERSON ACTING AS SUCH: Dodd A. Lee
LICENSEE OR
21b. LICENSE NUMBER (Of Licensee): 94-AF-1363
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, OR. 97603
23. DATE FILED (Month, Day, Year): APR 11 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 1:25 A.M.
WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature): James N. Beggs M.D.
30. DATE SIGNED (Month/Day/Year): 4/8/94

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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)
COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs M.D. 2300 Claimant Drive Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) Brain Tumor (Glioblastoma) — Interval between onset and death: 2-18 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☒ 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

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

DATE ISSUED APR 11 1994

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 24th day of Aug A.D. 19 94 at 9:10 o'clock A.M., and duly recorded in Vol. M94, of Deeds on Page 26259.

Evelyn Biehn County Clerk
By Pauline Mullenders

FEE $10.00