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QUITCLAIM DEED  
Ramon West & Lisa M. West

KNOW ALL MEN BY THESE PRESENTS That Ramon West & Lisa M. West, hereinafter called grantor,  
for the consideration hereinafter stated, does hereby remise, release and quitclaim unto Ramon (Ray) West,  
TRUSTEE of the West 1994 Family Trust,  
hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest  
in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any  
way appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

The following described real property situate in Klamath County, Oregon:

A tract of land in the NW1/4 of Section 25 Township 39 South, Range 9 E.W.M., more particularly described as follows: Commencing at the Southeast corner of the NE1/4 of Section 25; thence South 89°33' West on centerline of Henley Road 2173.58 feet; North 0°39' East 30.01 to the point of beginning; thence North 0°39' East 563.83 feet to an iron pipe on the Northwesterly boundary of the A-4-B Lateral; thence North 51°28' East on said lateral 739.12 feet; thence South 89°58' West 1062.75 feet, more or less, to the West boundary of Section 25; thence South 0°20' West along West boundary of Section 25, 1027.46 feet to the North boundary of Henley Road; thence North 89°33' East along said road 484.17 feet, more or less, to the point of beginning.

(IF SPACE IS SUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ None.  
However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 30 day of August, 1994;  
if a corporate grantor, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized thereto 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 August 30, 1994.

by Ramon West and Lisa M. West,  
This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_.

by \_\_\_\_\_  
as \_\_\_\_\_



Vivienne I. Huestead  
Notary Public for Oregon  
My commission expires 4-11-97

RAMON & LISA WEST  
5911 HENLEY ROAD  
KLAMATH FALLS, OR 97603

RAMON WEST, TRUSTEE  
5911 HENLEY ROAD  
KLAMATH FALLS, OR 97603

After recording return to (Name, Address, Zip):  
RAMON WEST, TRUSTEE  
5911 HENLEY ROAD  
KLAMATH FALLS, OR 97603

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

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 31st day of Aug, 1994, at 3:12 o'clock P.M., and recorded in book/reel/volume No. M94 on page 27330 and/or as fee/file/instrument/microfilm/reception No. 87199, Record of Deeds of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk  
By Ramon Mullendore, Deputy

Fee \$30.00

DATE OF BIRTH (14-00/100 Year)		AGE - last birthday		SEX		DATE OF DEATH (14-00/100 Year)	
June 20, 1928		58		Male		June 20, 1986	
TOWN OR LOCATION OF DEATH		HOSPITAL (if not in home)		DEATH INSTITUTION (if not in home)		COUNTY OF DEATH	
Klamath Falls		Hail		Dr. & Kel		Klamath	
STATE OF BIRTH (14-00/100 U.S.A.)		CITIZEN OF		COUNTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
South Dakota		U.S.A.		USA		Yes	
SOCIAL SECURITY NUMBER		USUAL WORKING		OCCUPATION (Give kind of work if not in home)		KIND OF BUSINESS OR INDUSTRY	
772-10-5314		14a At		To Mechanic		U. S. Army	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.	
Oregon		Klamath		Klamath Falls		3646 Madison Street	
FATHER - NAME		MOTHER - NAME		SPOUSE (if married, widowed, divorced) (specify)		INFORMANT - NAME and relationship to decedent	
Sievart - Benson		Higa - Johnson		Gertrud M. Klein		Gertrud M. Benson, wife	
FUNERAL CREMATION		CEMETERY OR CREMATION		FACILITY		LOCATION - City or town, State	
Burial		Eternal Hills Cemetery		Eagle Point Natl Cem.		Eagle Point, Oregon	
FUNERAL SERVICE LICENSE or person acting as such		NAME AND ADDRESS OF		FACILITY		LOCATION - City or town, State	
William J. Davenport		6420 South Sixth Street		Klamath Falls, Oregon		97603-7194	
CERTIFICATION - MEDICAL EXAMINER		I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF		THE DECEASED PERSON DESCRIBED ABOVE AND IN MY OPINION DEATH RESULTED ON OR ABOUT			
DEATH OCCURRED (Month, Day, Year)		THE DECEASED WAS (Month, Day, Year)		FROM		NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/>	
4:30 P.M. September 8, 1986		8:00 A.M. September 8, 1986		HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>			
CERTIFIER (Signature)		NAME AND TITLE - (Type or Print)		DATE SIGNED (Month, Day, Year)			
Robert Jamieson		Robert E. Jamieson, MD		September 9, 1986			
MEDICAL EXAMINER		COUNTY		DATE RECEIVED BY REGISTRAR (Month, Day, Year)		REGISTRAR	
Klamath				SEP 10 1986		2b (Signature) - Katherine E. Cravink	
IMMEDIATE CAUSE		INTERESTED PARTY		CAUSE PER LINE		Interval between onset and death	
(a) Sedative overdose while on overdose with alcohol intoxication						hours	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b)						Interval between onset and death	
(c)						Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)		AUTOPSY (Specify Yes or No)				Yes	
Arteriosclerotic Heart Disease		24					
DATE OF INJURY (Month, Day, Year)		HOUR		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)			
9/7/86		4:30 PM		Intentional ingestion of Haloperidol overdose			
PLACE OF INJURY - At home, factory, office building, etc. (Specify)		STREET		LOCATION			
Home		3646 Madison St.		Klamath Falls, Oregon			
HOSPITAL REPRESENTATIVE MAKE REQUEST FOR		OFFICIAL GIFT CONSENT		WAS GIFT MADE?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
RESERVED FOR REGISTRAR'S USE							

STATE OF OREGON  
COUNTY OF KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.



MARIAN ACKERMAN, Registrar Vital Statistics  
By Katherine E. Cravink Deputy Registrar  
Date September 19, 1986  
VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.  
Filed for record at request of Mountain Title Co the 31st day of Aug A.D., 19 86 at 3:14 o'clock P.M. and duly recorded in Vol. M94 of Deeds on Page 27331  
Evelyn Biehn - County Clerk  
By Katherine E. Cravink

FEE \$10.00