

88088

09-14-94P02:32 RCVD

BARGAIN AND SALE DEED

Vol. m94 Page 28965

KNOW ALL MEN BY THESE PRESENTS, That FRANCIS M. EATON**

, hereinafter called grantor,

for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto

TERRY BLAINE NEWTON and CATHY JO NEWTON, Husband and Wife as Tenants in the Entirety, 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 _____, State of Oregon, described as follows, to-wit:

** EVELYN J. EATON is deceased, a copy of death certificate is attached and to be recorded with this deed.

Lot 5, in Block 16, as shown on the map entitled "TRACT NO. 1042 TWO RIVERS NORTH" filed in the office of the County Clerk, Klamath County, State of 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 \$ 14,500.00

~~However, the actual consideration herein stated is not to include 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 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 12th day of September, 1994; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so 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 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.

Francis M. Eaton

Francis M. Eaton

STATE OF OREGON, County of _____ Lane _____ ss. _____

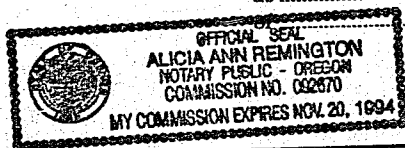
This instrument was acknowledged before me on September 12, 1994,

by Francis M. Eaton

This instrument was acknowledged before me on _____, 19____,

by _____

as _____



Alicia Ann Remington

Notary Public for Oregon

My commission expires 11-20-94

Francis M. Eaton

Grantor's Name and Address

Terry B. & Cathy Jo Newton

355 Waite

Eugene, OR 97402

Grantee's Name and Address

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

Eugene Escrow Service, Inc.

P. O. Box 409

Eugene, OR 97440 (Accommodation)

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

Terry B. & Cathy Jo Newton

355 Waite

Eugene, OR 97402

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of _____ ss.

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ or as fee/file/instrument/microfilm/reception No. _____ Record of Deeds of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy

52528

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

28966

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1. DECEDENT'S NAME First: Evelyn, Middle: Jean, Last: EATON		2. SEX F	3. DATE OF DEATH (Month, Day, Year) June 24, 1989
4. SOCIAL SECURITY NUMBER 343-12-9905		5a. AGE - Last Birthday (Year) 64	5b. Under 1 Year Mcs. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Evanston, Illinois		7. DATE OF BIRTH (Month, Day, Year) November 14, 1924	
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"/> ER/Outpatient <input type="checkbox"/> DCA <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) Robison Jewish Home		9c. CITY, TOWN, OR LOCATION OF DEATH Portland	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Administrative Assistant		10b. KIND OF BUSINESS/INDUSTRY Advertising/Sales	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced) Francis M. Eaton	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Washington	
13c. CITY, TOWN, OR LOCATION Hillsboro		13d. STREET AND NUMBER 1157 NE Hawthorne Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. RACE American Indian, Black, White, etc. (Specify) White		17. INFORMANT - NAME and relationship to decedent Francis Eaton, Husband	
17. FATHER - NAME first middle last William A. Bauer		18. MOTHER - NAME first middle maiden Bertha	
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Fir lawn Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Janice Mead</i>		21b. LICENSE NUMBER (Of Licensee) 0157	
22. NAME, ADDRESS AND ZIP OF FACILITY Bronleewe-Bass Funeral Home 1070 W. Main, Hillsboro, OR 97123		23. DATE FILED (Month, Day, Year) JUN 26 1989	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 5:13 P. M. 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
30. DATE SIGNED (Month, Day, Year) 6/26/89		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) <i>Richard Burningham</i>	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Richard Burningham, MD, 800 SW 13th, Portland, OR		34. DATE SIGNED (Month, Day, Year) 6/26/89	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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.)	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		40. MANNER OF DEATH <input 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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. DESCRIBE HOW INJURY OCCURRED		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

JUN 26 1989

DATE ISSUED

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Eugene Escrow the 14th day of Sept A.D., 19 94 at 2:32 o'clock P. M., and duly recorded in Vol. M94 of Deeds on Page 28965

FEE \$35.00

Evelyn Biehn County Clerk

By *Orlene Mullender*