

11-14-94A11:24 RCVD

Vol May Pade

WARRANTY DEED

#01042458 AFTER RECORDING RETURN TO:

stephen F. COOK 3851 Bisbee Klamath Falls, OR 97603

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

JOHN T. MATHIS and WILMA V. HALAAS, hereinafter called GRANTOR(S), convey(s) to STEPHEN F. COOK, hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

The N 1/2 of Lot 3, Block 1, SECOND ADDITION TO ALTAMONT ACRES, in the County of Klamath, State of Oregon.

Code 41 Map 3909-1008 TL 1900



"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 \$40,000.00.

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 4th day of November, 1994.

Ø OHN Τ. MATHIS

m WILMA V. HALAAS

STATE OF OREGON

County of Klamath

The foregoing instrument was acknowledged before me this 7# day of November 1994, by JOHN T. MATHIS and WILMA V. HALAAS.

Before me: Warlener ddington My Commission Expires:

))ss.



Halaas

CERTIFICATE OF DEATH

SIALE UP IDANU IDAHO DEPARTMENT OF HEALTH AND WELFARE COOPERATIVE CENTER FOR HEALTH STATISTICS

DATE FILED: SEPTEMBER 12, 1994 STATE FILE NUMBER: 94-05368 DECEDENT: FLORENCE ELLEN MASTERS DATE OF DEATH: AUG. 31, 1994 PLACE OF DEATH: LEWISTON, IDAHO DATE OF BIRTH: MAR. 03, 1924 PLACE OF BIRTH: ARIZONA AGE: 70 YEARS SEX: FEMALE VETERAN? NO MARITAL STATUS: WIDOWED

SOCIAL SECURITY NUMBER: 544-16-5994 RESIDENCE: LEWISTON, IDAHO

FATHER: DAN SATER MATHIS FATHERS BIRTHPLACE: OKLAHOMA MOTHER (MAIDEN): IDA MAE DARR MOTHERS BIRTHPLACE: IDAHO

MANNER OF DEATH : NATURAL

MORTUARY: MOUNTAIN VIEW FUNERAL HOME MORTICIAN: JAMES A. GREGORY CERTIFYING PHYSICIAN: TIMOTHY J. WALKER, MD 1. CAUSE OF DEATH, UNDERLYING CAUSE LAST: LUNG CANCER

LEWISTON, IDAHO DISPOSITION: CREMATION

AUTOPSY: NO

INTERVAL

6 MONTHS

34874

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES: NONE LISTED

I certily that this is a true and correct reproduction or abstract of an official record field with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS. SEPTEMBER 22, 1994

JANE S. SMITH State Registrar

STATE OF OREGON: COUNTY OF KLAMATH:

DATE ISSUED:

Filed	for record at requ	lest of
of	November	A D 10 9/ Aspen Title Company the 1/th
		A.D., 19 94 at 11:24 o'clock A. M., and duly recorded in Vol. M94
		00 Fage . 348/3
FEE	\$35.00	Evelyn Biehn County Clerk
	422.00	By Chartte Minta