

31147

11-16-94A10:22 RCVD

## BARGAIN AND SALE DEED (INDIVIDUAL)

9905721

Vol. 1794 Page 35191

LLOYD L. KINDRED

convey(s)

to LLOYD L. KINDRED AND ANTONIA HOLLOPETER, SON AND MOTHER AS TENANTS BY THE ENTIRETY, that is, not at tenants in common but with right of survivorship all that real property situated in Klamath County, State of Oregon, described as:

THAT PARCEL OF LAND DESCRIBED IN EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF:

The true and actual consideration for this transfer is \$ love & affection

Dated this 16th day of March, 19 82

Lloyd L. Kindred  
Lloyd L. Kindred

WASHINGTON  
STATE OF OREGON, County of Pierce ss.

March 2 April, 19 82 personally appeared the above-named

Lloyd L. Kindred and acknowledged the foregoing

instrument to be His voluntary act and deed.

Before me:

[Signature]  
Notary Public for OREGON WASHINGTON  
My commission expires: 11/24/82

- \* The dollar amount should include cash plus all encumbrances existing against the property to which the property remains subject or which the purchaser agrees to pay or assume.
- \*\* If consideration includes other property, or value, add the following: "However, the actual consideration consists of or includes other property or value given or promised which is part of the/the whole consideration." (Indicate which)

BARGAIN AND SALE DEED  
(INDIVIDUAL)

Kindred, Lloyd L.

TO

KINDRED & HOLLOPETER

After Recording Return to:  
Lloyd L. Kindred & Antonia Hollopeter  
1305 North H St. Ste A #211  
Lompoc, CA 93436

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 \_\_\_\_\_ on page \_\_\_\_\_ Record of Deeds of said County.

Witness my hand and seal of County affixed.

By \_\_\_\_\_

\_\_\_\_\_ Title

\_\_\_\_\_ Deputy

EXHIBIT "A"

The Northerly one-half of the following described real property in the County of Klamath, State of Oregon:

BEGINNING at a point 1073.5 feet North of a point 308.7 feet West of the corner to Townships 39 and 40 South, Ranges 7 and 8 East of the Willamette Meridian; thence North 208.7 feet; thence West 208.7 feet; thence South 208.7 feet; thence East 208.7 feet to the place of beginning, being a portion of Section 36, Township 39 South, Range 7 East of the Willamette Meridian,

EXCEPTING THEREFROM the West 5 feet conveyed to Klamath County by Warranty Deed recorded July 21, 1975 in Book M-75, page 8226, Microfilm Records.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 16th day  
of November A.D., 19 94 at 10:22 o'clock A. M., and duly recorded in Vol. M94,  
of Deeds on Page 35191

FEE \$35.00

Evelyn R. Lehn

County Clerk

By *[Signature]*

**OREGON HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS**

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN SERVICES  
Vital Records Unit

87-018581

33250  
ID TAG NO.

395

Local File Number

**CERTIFICATE OF DEATH**

DECEASED - NAME First Middle Last <b>Lawrence Ellis JORDAN</b>			State File Number	
1 RACE White, Black, American Indian, etc. (Specify) <b>White</b>			2 DATE OF DEATH (month, day, year) <b>October 14, 1987</b>	
3 SEX <b>Male</b>			4 AGE - Last birthday (years) <b>65</b>	
5a CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>			5b HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) <b>Merle West Medical Center</b>	
6a STATE OF BIRTH (If not in U.S.A. name country) <b>California</b>			6b DATE OF BIRTH (month, day, year) <b>June 14, 1922</b>	
7a CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			7b MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8 SOCIAL SECURITY NUMBER <b>556-20-8934</b>			8a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Public Relationsman</b>	
9 RESIDENCE - STATE <b>Oregon</b>			9a COUNTY <b>Klamath</b>	
10 FATHER - NAME first middle last <b>Irving - Jordan</b>			10a MOTHER - first middle last (Maiden Name) <b>Rose - Herrick</b>	
11a Burial			11b Cemetery or Crematory - NAME <b>Malin Community Cemetery</b>	
12a Funeral Service Licensee or person acting as such (Signature) <i>William J. Davenport</i>			12b NAME AND ADDRESS OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7191</b>	
13a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) <b>Arthur G. Freeland, MD, 1905 Main Street, Klamath Falls, Oregon</b>			13b DATE SIGNED (Mo. Day, Year) <b>October 15, 1987</b>	
14a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>George B. Peden, MD, 2865 Daggett Street, Klamath Falls, Oregon</b>			14b ZIP <b>97601</b>	
15a DATE RECEIVED BY REGISTRAR (Mo. Day, Year) <b>OCT 15 1987</b>			15b REGISTRAR <i>Trichelle Batliff</i>	
16 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))				
PART I (a) DUE TO OR AS A CONSEQUENCE OF <b>Cardiac arrest</b>			Interval between onset and death <b>immediate</b>	
(b) DUE TO OR AS A CONSEQUENCE OF <b>Atherosclerotic coronary vascular disease</b>			Interval between onset and death <b>3 mos</b>	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			Interval between onset and death	
17a ACCIDENT (Specify Yes or No) <b>No</b>			17b AUTOPSY (Specify Yes or No) <b>No</b>	
17c DATE OF INJURY (Mo. Day, year) <b>26b</b>			17d HOURS OF INJURY <b>26c</b>	
17e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>26f</b>			17f DESCRIBE HOW INJURY OCCURRED <b>26g</b>	
17g INJURY AT WORK (Specify Yes or No) <b>No</b>			17h LOCATION <b>26h</b>	
17i DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>			17j WAS GIFT MADE? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>	
17k RESERVED FOR REGISTRAR'S USE				

**ORIGINAL - VITAL STATISTICS COPY**

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

**JUL 29 1994**

*Edward J. Johnson II*

EDWARD J. JOHNSON II  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return: Parks & Ratliff  
Attorneys at Law

Filed for record at request of \_\_\_\_\_  
of November \_\_\_\_\_ A.D., 19 94 at 10:22 o'clock A. M., and duly recorded in Vol. M94  
of Deeds on Page 35193

FEE \$10.00

Evelyn Bigh

By *Cherette Hestag* County Clerk