

91605

ASPEN TITLE ESCROW #01042480
AFFIANT'S DEED

THIS INDENTURE made this 22nd day of November, 1994, by and between Elizabeth Rogers, the affiant named in the duly filed Affidavit concerning the Small Estate of A. Edith Williams, also known as Edith A. Williams, deceased, hereinafter called the first party, and Kathryn M. Jackson and Connie L. Boone, or the survivor of them, as joint tenants with the right of survivorship and not as tenants in common, hereinafter called the second party:

WITNESSETH:

For value received and the consideration hereinafter stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successor-in-interest and assigns all the estate, right and interest of the deceased at the time of decedent's death, and all the right, title and interest that the Estate of the deceased by operation of the law or otherwise may have thereafter acquired in that certain real property situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Lot 13, Block 213, MILLS SECOND ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath, State of Oregon.

KEY NO. 614035 CODE 1 MAP 0809-33DB TL 10300

SUBJECT TO: 1. Regulations, including levies, liens and utility assessments of the City of Klamath Falls;

2. Conditions, Restrictions, Easements and Assessments, as shown on the recorded plat of Mills Second Addition to the city of Klamath Falls.

TO HAVE AND TO HOLD the same unto the second party and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$23,000.00.

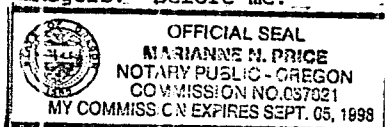
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

IN WITNESS WHEREOF, the first party has executed this instrument.

X Elizabeth Rogers
Elizabeth Rogers, Affiant

STATE OF OREGON)
) ss
County of Lane)

This instrument was acknowledged before me on November 22nd, 1994, by Elizabeth Rogers. Before me:



Marianne N. Price
Notary Public for Oregon
My Commission Expires: 9-5-98

AFTER RECORDING RETURN TO:
Kathryn M. Jackson
P.O. Box 887
Keno, Oregon 97627

Until a change is requested,
send tax stmts to:
Kathryn M. Jackson
P.O. Box 887
Keno, Oregon 97627

STATE OF OREGON)
County of klamath)
I certify that the within instrument was received
for record on the 23rd day of Nov, 1994,
at 3:36 o'clock P.M., and recorded in book/
reel/volume No. M94, on page 36095, or as fee/
file/instrument/microfilm/reception No. 91605,
Record of Deeds of said County.
Witness my hand and seal of County affixed.
Evelyn Biehn, County Clerk
Name Title

BY Doreen M. Miller Deputy

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

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

PERMANENT
FLACK INK

158137
I.D. TAG NO.

140

Local File Number

State File Number

DECEDENT

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

22.

23.

24.

25.

26.

27.

28.

29.

30.

31.

32.

33.

34.

35.

36.

37.

38.

39.

40.

41.

42.

1. DECEDENT'S NAME William Lawrence CLEM		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 29, 1994	
4. SOCIAL SECURITY NUMBER 441-03-8847		5. AGE (Month, Day, Year) 83		6. PLACE OF BIRTH (City and State or Foreign Country) Miller Grove, Texas	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> At home <input type="checkbox"/> In nursing home <input type="checkbox"/> In hospital <input type="checkbox"/> In other facility		9. DATE OF BIRTH (Month, Day, Year) December 21, 1910	
10. FACILITY NAME (If not at home, give street and number) Clatmont Nursing Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath	
13. RESIDENCE - STATE Oregon		14. RESIDENCE - COUNTY Klamath		15. RESIDENCE - CITY, TOWN, OR LOCATION Klamath Falls	
16. INSIDE CITY (Lat/Long) 97603		17. MARITAL STATUS (Specify) Married		18. SPOUSE (If Married, Widowed, Divorced (Specify)) Lila Clem	
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes		20. RACE (Specify) White		21. DECEDENT'S EDUCATION (Specify only highest grade completed) 3	
22. FATHER'S NAME (First, middle, last) William - Thomas		23. MOTHER'S NAME (First, middle, last) E. Green		24. INFORMANT NAME and relationship to decedent William Clem - Self	
25. METHOD OF DEPOSITION (Check one) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		26. PLACE OF DEPOSITION (Name of cemetery, crematory, or other) Eternal Hills Crematory		27. LOCATION (City or Town, State) Klamath Falls, Oregon	
28. SIGNATURE OF UNIVERSE PERSON ACTING AS REGISTRAR Edward J. Johnson		29. LICENSE NUMBER (or License) 94-AF-1363		30. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603	
31. DATE FILED (Month, Day, Year) MAR 30 1994		32. REGISTRAR'S SIGNATURE Edward J. Johnson		33. WAS GIFT MADE? YES	
34. DO HOSPITAL REGISTRATION (Check one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		35. TO BE COMPLETED BY CERTIFYING PHYSICIAN 35a. TIME OF DEATH 4:10 P.M.		35b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
36. TO BE COMPLETED BY MEDICAL EXAMINER 36a. TIME OF DEATH 4:10 P.M.		36b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		37. 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) James N. Bagg	
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James N. Bagg, M.D. 2300 Clatmont Drive Klamath Falls, Oregon 97601		39. NAME OF ATTENDING PHYSICIAN (Type or Print) James N. Bagg, M.D.		40. 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) Myocardial infarction	
41. OTHER SIGNIFICANT CONTRIBUTING CONDITIONS contributing to death (not resulting in the underlying cause given in PART I) Choked on food		42. Did tobacco use contribute to this death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. Did alcohol use contribute to this death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention		45. DATE OF INJURY (Month, Day, Year) 1/20/94		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) Home		48. DESCRIBE HOW INJURY OCCURRED Choked on food		49. LOCATION (Street and Number or Rural Route Number, City or Town, State) Choked on food	

ORIGINAL VITAL STATISTICS COPY

45 2 Rev. 11 82

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

APR 15 1994

Edward J. Johnson
STATE REGISTRAR

After recording
Francis Clem

Returned to
161 2nd Ave. S.E. KFO 97601

AN ALTERATION OR FALSIFICATION OF THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 23rd day of Nov A.D. 19 94 at 3:37 o'clock P.M. and duly recorded in Vol. M94 of Deeds on Page 36096

FEE \$10.00

Evelyn Biehne - County Clerk
By Edward J. Johnson