

91607

11-23-94P03:37 RCVD

Vol. m94 Page 36092

WARRANTY DEED

Aspen Title #01042517
AFTER RECORDING RETURN TO:
JOHN E. KOBLOS
FELICE P KOBLOS

P.O. BOX 765
KENO, OREGON 97627

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

DANIEL WALSH AND LISA WALSH, hereinafter called GRANTOR(S),
convey(s) to JOHN E. KOBLOS AND FELICE P. KOBLOS, husband and
wife, hereinafter called GRANTEE(S), all that real property
situated in the County of Klamath, State of Oregon, described
as:

Lot 20, Block 311 DARROW ADDITION TO THE CITY OF KLAMATH FALLS,
in the County of Klamath, State of Oregon.

CODE 1 MAP 3809-33DD TL 14300

"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 FEED 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, contracts and/or
liens for irrigation and/or drainage, AND Trust Deed including
the terms and provisions thereof, recorded February 3, 1992, in
Book M93, Page 2198, in favor of William L. Clem, Blanche L.
Clem and Frances Clem, which Trust Deed the Grantees herein DO
agree to assume and pay according to the terms, 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
\$33,000.00.

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 16th day of November 1994.

DANIEL WALSH
DANIEL WALSH

LISA WALSH
LISA WALSH

STATE OF CALIFORNIA)

COUNTY OF LOS ANGELES ss.

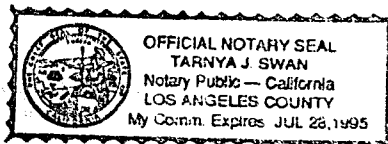
On NOVEMBER 21, 1994 before me,
TARVA J. SWAN, personally appeared
DANIEL WALSH AND LISA WALSH

personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the
instrument the person(s) or the entity upon behalf of which the:
Continued on next page

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person(s) acted, executed the instrument.
WITNESS my hand and official seal.



Signature Tarnya J. Swan
My commission expires 7/28/95

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 PM., and duly recorded in Vol. M94
of Deeds on Page 36097
FEE \$35.00
By Evelyn Biehn -County Clerk
Doreen Mullens

State File # _____

CERTIFICATE OF DEATH

Decedent's Name: **Doris Evelyn BROWN**

Sex: **Female** Date of Birth: **October 30, 1915**

4. SOCIAL SECURITY NUMBER: **530-01-6956** 5a. AGE Last birthday: **79** 5b. Under 1 Year: **19** 5c. Under 1 Day: **19** 5d. Under 1 Day: **19** 6. BIRTHPLACE (City and State or Foreign Country): **Helena, Montana** 7. DATE OF BIRTH (Month, Day, Year): **August 30, 1915**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 9a. PLACE OF DEATH (Check only one) ☐ HOSPITAL ☐ Inpatient ☒ Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify) _____

9b. FACILITY NAME (If not institution, give street and number): **Merle West Medical Center** 9c. CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls** 9d. COUNTY OF DEATH: **Klamath**

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): **Licensed Tax Consultant** 10b. KIND OF BUSINESS/INDUSTRY: **Self Employed** 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Widowed** 12. SPOUSE (If Married, Widowed): **Carl Francis**

13a. RESIDENCE - STATE: **Oregon** 13b. COUNTY: **Klamath** 13c. CITY, TOWN, OR LOCATION: **Merrill** 13d. STREET AND NUMBER: **135 N. Washington (P.O. Box 495)**

14. INSIDE CITY LIMITS? ☒ Yes ☐ No 15. ZIP CODE: **97633** 16. RACE American Indian, Black, White, etc. (Specify): **White** 17. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elementary/Secondary (0-12) College (14 or 15) 2**

18. FATHER NAME first middle last: **Clarence Vaughn Westbrook** 19. MOTHER NAME first middle maiden: **Berthel Rose Catching** 20. INFORMANT NAME and relationship to decedent: **Cheri K. Sandberg, daughter**

21a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____ 21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Eternal Hills Memorial Gardens** 21c. LOCATION City or Town State: **Klamath Falls, OR 97601**

22. SIGNATURE OF FUNERAL SERVICE LICENSER OR PERSON ACTING AS SUCH: **William J. Davenport** 23. LICENSE NUMBER (Of Licenses): **CO-3104** 24. NAME, ADDRESS AND ZIP OF FACILITY: **Davenport's Chapel of the Good Shepherd, 6420 So. 6th St. Klamath Falls, Oregon 97603-7194**

25. DATE FILED (Month, Day, Year): **OCT 26 1994** 26. REGISTRAR'S SIGNATURE: **Evelyn Biehnn**

27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A 28. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

29. TO BE COMPLETED BY CERTIFYING PHYSICIAN

30. TIME OF DEATH: **18:29 P M** 31. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): **October 23, 1994 18:29 P M**

32. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND MANNER STATED. (Signature): **Robert N. Edwards, M.D.**

33. DATE SIGNED (Month, Day, Year): **October 24, 1994** 34. COUNTY: **Klamath**

35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): **Robert N. Edwards, M.D., 4509 South 6th Street, Suite #311, Klamath Falls, OR 97603**

36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): _____

37. 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)

PART I (a) **Multiple Trauma due to Motor Vehicle Accident** (b) **Due to, or as a consequence of:** (c) **Other Significant Conditions:**

38. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown 39. AUTOPSY ☒ Yes ☐ No 40. IF YES, were findings consistent in determining cause of death? ☒ Yes ☐ No ☐ N/A

41. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☒ Accidental ☐ Undetermined ☐ Suicide ☐ Homicide

42. DATE OF INJURY: **10/23/94** 43. TIME OF INJURY: **17:50 P M** 44. INJURY AT WORK? ☐ Yes ☒ No

45. DESCRIBE HOW INJURY OCCURRED: **Driver of vehicle which crossed into oncoming vehicle's lane & hit head-on**

46. THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT ON WHICH THIS CERTIFICATE IS BASED. (Signature): **Janet Bailey**

47. DATE ISSUED: **NOV 18 1994**

48. ORIGINAL / STATISTICS COPY

STATE OF OREGON: COUNTY OF KLAMATH: ss

Filed for record at request of Aspen Title Co the 23rd day of Nov A.D., 1994 at 3:38 o'clock P.M., and duly recorded in Vol. M94 of Deeds on Page 36099

FEE \$10.00

Return: Dawn Kahl, 2908 Homedale Rd, Klamath Falls, 97603

Evelyn Biehnn - County Clerk
By Janet Bailey