

90523

WARRANTY DEED

Vol. M94 Page 33960

92768

11-02-94A10:55 RCVD

KNOW ALL MEN BY THESE PRESENTS, That Ruth F. Young, a widow, 1037 Blue Ridge, Chico, Ca. 95926

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hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by Don L. Funk and Gail L. Funk, a married couple, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Property ID R356581 R-3612-00400-00700-000 (Real Estate)

Legal Description: TWP 36 Rnge 12, Block Sec 4, Tract POR, Acres 46.57

East 1/2 of West 1/2 of Lot #4 and East 1/2 of Lot #4 and Northeast 1/4 of Southwest 1/4 of Northwest 1/4 that lays East of the Rimrock.

This conveyance is made subject to easements, rights of way of record and to a 60 ft. wide easement for joint user roadway and all other roadway purposes over and across a strip of land North of, parallel to and adjoining the Southerly boundry of the property herein conveyed.

CORRECTING LEGAL DESCRIPTION AS FOLLOWS:

East 1/2 of West 1/2 of Lot #4 and
S 1/2 of NE 1/4 of Lot # 4 and
All of SE 1/4 of Lot # 4 that lays North of
Rimrock Knot Tableland
(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.
And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances

and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

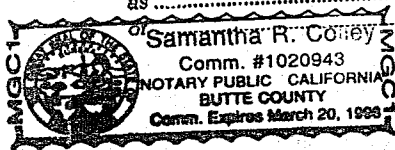
The true and actual consideration paid for this transfer, stated in terms of dollars, is \$3,000.00. However, the actual consideration consists of ~~the value given or promised which is the whole consideration (indicate which).~~ (The sentence between the symbols ©, if not applicable, should be deleted. 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 22nd day of OCTOBER, 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.

STATE OF ~~California~~ Butte, County of ~~Butte~~ ss.
This instrument was acknowledged before me on 10/27, 1994.
by Ruth F. Young
This instrument was acknowledged before me on _____, 19____,
by _____
as _____



Samantha R. Corey
My commission expires 3/20/98 California

Ret: Funk
Don L. & Gail L. GRANTOR'S NAME AND ADDRESS
28465 Whippoorwill Cir.
Shingletown, Ca. 96088
STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Don L. Funk
on this 22nd day of December A.D., 19 94
at 11:17 o'clock A. M. and duly recorded
in Vol. M94 of Deeds Page 38519
Evelyn Biehn County Clerk
By Pauline Mullendare Deputy.

SPACE RESERVED
FOR
RECORDER'S USE

INDEXED

Fee \$30.00

STATE OF OREGON,

County of Klamath ss.
I certify that the within instrument was received for record on the 2nd day of Nov., 1994, at 10:55 o'clock A. M. and recorded in book/reel/volume No. M94 on page 33966 or as fee/file/instrument/microfilm/reception No. 90523, Record of Deeds of said county.
Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk.
NAME
By Pauline Mullendare Deputy

Fee, \$5.00

12-22-94A11:17 RCVD

CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-ATC 020424 State File Number

1. DECEASED'S NAME: First Betty Middle E. Last McFadden

2. SEX: Female

3. DATE OF DEATH (Month, Day, Year): August 23, 1993

4. SOCIAL SECURITY NUMBER: 362-24-0522

5a. AGE-Last Birthday (Years): 68

5b. Under 1 Year: Mos. Days

5c. Under 1 Day: Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Grand Rapids, Michigan

7. DATE OF BIRTH (Month, Day, Year): January 30, 1925

8. WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☒ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care Center

9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9d. COUNTY OF DEATH: Klamath

10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): homemaker

10b. KIND OF BUSINESS/INDUSTRY: Own Home

11. MARITAL STATUS - Married (Never Married, Widowed, Divorced (Specify))

12. SPOUSE (If Married, Widowed): James McFadden

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 2041 Darrow Avenue

14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

15. RACE American Indian, Black, White, etc. (Specify): White

16. DECEASED'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) 12 College (1-4 or 5+)

17. FATHER - NAME first middle last: Morris Eckart

18. MOTHER - NAME first middle maiden: Fern Cooper

19. INFORMANT - NAME and relationship to deceased: James McFadden - Spouse

20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens

20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

21b. LICENSE NUMBER (Of Licensee): 93-49-1363

22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home
4711 Highway 39, Klamath Falls, Oregon 97603

23. DATE FILED (Month, Day, Year): AUG 27 1993

24. REGISTRAR'S SIGNATURE: Charlene Sarcus

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 6:05 AM

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature] M.D.

30. DATE SIGNED (Month, Day, Year): 8/25/93

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH:

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):

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)

33. DATE SIGNED (Month, Day, Year): COUNTY:

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Craig Merhoff M.D. 2680 Uhrmann Road Klamath Falls, Oregon 97601

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

CAUSE OF DEATH

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.)

(a) Arterial Hemorrhage Interval between onset and death: 10 min

(b) Infected Vascular Graft Interval between onset and death:

(c) Renal Vascular Thrombosis Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Congestive Heart Failure

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

38. AUTOPSY ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year):

41b. TIME OF INJURY:

41c. INJURY AT WORK? ☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED:

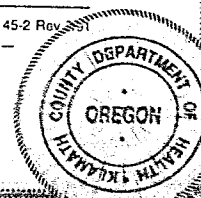
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify):

41f. 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 KLAMATH COUNTY REGISTRAR.

DATE ISSUED: AUG 27 1993

Charlene Sarcus
CHARLENE SARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Company the 22nd day of December A.D., 19 94 at 11:35 o'clock A. M., and duly recorded in Vol. M94 of Deeds on Page 38520.

FEE \$10.00

Ret: Aspen Title Co

Evelyn Biehn,

County Clerk

By Deborah M. Lindgren