FORM No. 721 – QUITCLAIM DEED (Individual or Corporate).

NA

93040 12-29-94P03:45 RCVD

Vol. M94 Page 39146

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, That Nellie R. Irvine, hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and quitclaim unto Nellie R. Irvine and Allen E. Irvine not as joint residents but right of survivorship, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Lots 4 and 5 Block 45 of CITY OF Malin, according to the official plat thereof on file in the records of Klamath County, Or.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is $00.00 ①However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which). ①(The sentence between the symbols①, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 29th day of December, 1994; if a corporate grantor, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized thereto 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 AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

X Nellie R Irvine

Deanna Klassman – witness

Mildred Topliff – witness

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on Dec. 29, 1994,

by

This instrument was acknowledged before me on Dec. 29, 1994,

by

as

of

OFFICIAL SEAL
JOHN P. MC CULLEY
NOTARY PUBLIC - OREGON
COMMISSION NO. 013245
MY COMMISSION EXPIRES MAR. 20, 1996

John P. McCulley
Notary Public for Oregon

My commission expires 3-20-1996

Grantor's Name and Address

Grantee's Name and Address

After recording return to (Name, Address, Zip):

Until requested otherwise send all tax statements to (Name, Address, Zip):
Allen E. Irvine
2018 Sierra Place
Klamath Falls, OR 97603

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 29th day of Dec., 19 94, at 3:45 o'clock P.M., and recorded in book/reel/volume No. M94 on page 39146 and/or as fee/file/instrument/microfilm/reception No. 93040, Record of Deeds of said County.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
NAME TITLE

By Claudia Mullendore Deputy

Fee $30.00

30

66596
I.D. TAG NO.

212
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

136
State File Number

DECEDENT

1 DECEDENT'S NAME: First: Ruth; Middle: H; Last: SHARD
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): May 28, 1990
4 SOCIAL SECURITY NUMBER: 542-92-1024
5a AGE - Last Birthday (Years): 94
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Cadillac, Michigan
7 DATE OF BIRTH (Month, Day, Year): July 28, 1895
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
9 PLACE OF DEATH (Check only one): ☐ Hospital ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9a FACILITY NAME (If not institution, give street and number): 5103 Altamont Drive
9b 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): Housewife
10b KIND OF BUSINESS/INDUSTRY: Homemaker
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12 SPOUSE (If Married, Widowed): Lester C.
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 5103 Altamont Drive
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97603
14 WAS DECEDENT 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 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME: First: Gilbert; Middle: -; Last: Tompkins
18 MOTHER'S NAME: First: Rhoda; Middle: -; Last (maiden): Kelley
19 INFORMANT - NAME and relationship to deceased: Donnella R. Plowman, daughter

DISPOSITION

20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify):
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c LOCATION - City or Town, State: Klamath Falls, OR 97601

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b LICENSE NUMBER (Of Licensee): 47-3104
22 NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23 DATE FILED (Month, Day, Year): MAY 30 1990
24 REGISTRAR'S SIGNATURE: Nancy Kennedy
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27 TIME OF DEATH: 11:00 A M
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): Kenneth K. Magee
30 DATE SIGNED (Month, Day, Year): May 29, 1990
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I
36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not state mode of dying, e.g. Cardiac or Respiratory Arrest.
(a) Cardiac Arrest — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic Heart Disease — Interval between onset and death: Years
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: Multiple problems of aging
37 Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38 AUTOPSY ☐ Yes ☒ No
39 If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year):
41b TIME OF INJURY: M
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):

RESERVED FOR REGISTRAR'S USE

45-2 REV 1-89

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED MAY 30 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COPY - NOT VALID IF ANY ALTERATIONS OR ERASURES ON THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donnella R. Plowman the 29th day of Dec A.D., 19 94 at 1:45 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 39147.

Evelyn Biehn County Clerk
By Donna L. Mullendore

FEE $10.00

Ret: Donnella R. Plowman, 5103 Altamont, Klamath Falls