93423

Vol m95 Page 678

01-[illegible]-95 A10:50 RCVD

K-46333

DECLARATION OF MERGER

WHEREAS, Donald R. LeBeau and Suzanne LeBeau, husband and wife, have taken a Non-Merger Deed from Stephen O'Brien, Darlene O'Brien and Empire Communications, Inc., related to that certain real property situated in Klamath County, Oregon, and more particularly described in Exhibit "A" attached hereto and by this reference incorporated herein; and

WHEREAS, Donald R. LeBeau and Suzanne LeBeau now desire to declare a Merger of their fee ownership of the real property described in Exhibit "A"; and

BY THIS INSTRUMENT, Donald R. LeBeau and Suzanne LeBeau do hereby declare a Merger of their fee ownership and legal and equitable title in the real property described in Exhibit "A".

IN WITNESS WHEREOF, Donald R. LeBeau and Suzanne LeBeau have executed this document the 14th day of November, 1994.

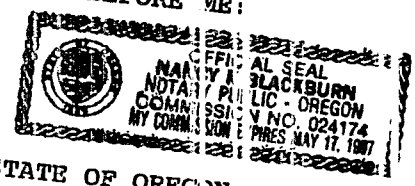
Donald R. LeBeau
DONALD R. LEBEAU

Suzanne LeBeau
SUZANNE LEBEAU

STATE OF OREGON)
) ss.
County of Deschutes)

Personally appeared the above named DONALD R. LEBEAU and acknowledged the foregoing instrument to be his voluntary act and deed.

BEFORE ME:

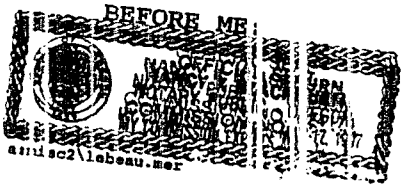


Notary Public for Oregon
My commission expires: 5-17-97

STATE OF OREGON)
) ss.
County of Lincoln)

Personally appeared the above named SUZANNE LEBEAU and acknowledged the foregoing instrument to be her voluntary act and deed.

BEFORE ME:



Notary Public for Oregon
My commission expires: 5-17-97

EXHIBIT A TO

NON-MERGR DEED

The E 1/2 NW 1/4 of Section 22, Township 23 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon, LESS AND EXCEPTING that portion lying within the right of way of the Great Northern Railroad.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 10th day of Jan A.D., 19 95 at 10:50 o'clock AM., and duly recorded in Vol. M95, of Deeds on Page 679.

Bernetha J. Letsch County Clerk

By Pauline Millenstein

FEE $20.00

Return: Roger A. Nelson

180039
I.D. TAG NO.

8
Local File Number

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

136

State File Number

DECEDENT

1. DECEDENT'S NAME: First: Ruth; Middle: Frieda; Last: LEIB
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 4, 1995
4. SOCIAL SECURITY NUMBER: 543-10-3834
5a. AGE-Last Birthday (Years): 83
5b. Months
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Germany
7. DATE OF BIRTH (Month, Day, Year): November 11, 1911
8. WAS DECEDENT 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): 419 N. 9th
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.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Charles
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 419 N. 9th
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if Yes, e.g. Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
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 - NAME first middle last: Arthur J. F. Bimler
18. MOTHER - NAME first middle maiden: Rosine - -

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Charles Leib - husband
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Linkville Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 0329
21c. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601

REGISTRAR

22. DATE FILED (Month, Day, Year): JAN 05 1995
23. REGISTRAR'S SIGNATURE: Nancy Kennedy
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
25. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

26. TIME OF DEATH: 00:45 M
27. 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): 1-4-95
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee, MD 1900 Main St., Klamath Falls, OR 97601
32. 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

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

CAUSE OF DEATH

34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (c) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I
(a) DUE TO, OR AS A CONSEQUENCE OF: Uremia & Cardiac Arrest — Interval between onset and death: Months
(b) DUE TO, OR AS A CONSEQUENCE OF: Chronic anorexia & Dehydration — Interval between onset and death: 1 yr.
(c) DUE TO, OR AS A CONSEQUENCE OF: — 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.

35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ Unknown
36. AUTOPSY? ☐ Yes ☒ No
37. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? ☐ Yes ☐ No ☐ N/A

38. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
39a. DATE OF INJURY (Month, Day, Year)
39b. TIME OF INJURY
39c. INJURY AT WORK? ☐ Yes ☐ No
39d. DESCRIBE HOW INJURY OCCURRED
39e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
39f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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

45-2 Rev 11-62

DATE ISSUED: JAN 05 1995

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Chas. Leib on the 10th day of Jan A.D., 19 95 at 10:16 o'clock A.M., and duly recorded in Vol. M95 of Deeds on Page 680

Bernetta G. Letsch, County Clerk
By Laurence Mullenshore

FEE $10.00
Return: