93970

01-25-95A09:31 RCVD

Vol M95 Page 1704

**BARGAIN AND SALE DEED**

MARY ELIZABETH WARDEN, Grantor, conveys to LISA ANN RUTTER and NEAL RUTTER, husband and wife, Grantees, the following described real property:

> Lot 8, Block 14, NORTH KLAMATH FALLS, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The true consideration for this conveyance is estate planning.

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.

Dated this 23 day of January, 1995.

Mary Elizabeth Warden
Mary Elizabeth Warden

STATE OF OREGON, County of Klamath) ss.

Personally appeared before me the above-named Mary Elizabeth Warden and acknowledged the foregoing instrument to be her voluntary act and deed.

OFFICIAL SEAL
WM. M. GANONG
NOTARY PUBLIC-OREGON
COMMISSION NO. 022727
MY COMMISSION EXPIRES APR. 6, 1997

Wm M Ganong
Notary Public for Oregon
My Commission Expires: 4-6-97

Mary Elizabeth Warden, Grantor

Lisa Ann Rutter and Neal Rutter, Grantees

After recording return to:
William M. Ganong
635 Main Street
Klamath Falls, Oregon 97601

Until a change is requested all tax statements shall be sent to:

125 Lowell Street
Klamath Falls OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. M. Ganong the 25th day of Jan A.D., 19 95 at 9:31 o'clock A M., and duly recorded in Vol. M95 of Deeds on Page 1704

FEE $30.00

Bernetha G. Letsch - County Clerk
By Deputy

PRINT IN PERMANENT BLACK INK

179992
I.D. TAG NO.

33
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: Blanche; Middle: Irene; Last: COLEMAN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 20, 1995
4. SOCIAL SECURITY NUMBER: 540-20-9677
5a. AGE-Last Birthday (Years): 69
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Pendleton, Oregon
7. DATE OF BIRTH (Month, Day, Year): July 30, 1925
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): Plum Ridge Care 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.): Waitress
10b. KIND OF BUSINESS/INDUSTRY: Restaurant
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): James L.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2224 Siskiyou
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify 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: John Walter Barnes
18. MOTHER - NAME first middle maiden: Rita - McBean
19. INFORMANT - NAME and relationship to deceased: Michael Coleman - son

**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): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

**REGISTRAR**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JAN 23 1995
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
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: 2030 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)
30. DATE SIGNED (Month, Day, Year): January 23 1995

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
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): Robert F. Bohnen, M. D., 2610 Uhrmann Dr., Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

**CAUSE OF DEATH**

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

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

PART I
(a) Anal fistula with cancer — Interval between onset and death: 9 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Malignant non Hodgkin's Lymphoma — Interval between onset and death: 1 mo. 8 days
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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.: None

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 ☐ 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

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

ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: JAN 23 1995

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mike Coleman the 25th day of Jan A.D., 19 95 at 9:31 o'clock A.M., and duly recorded in Vol. M95 of Deeds on Page 1705.

Bernetha G. Letsch, County Clerk

FEE $10.00 Ret: Mike Coleman
1255 Morningside Ln, Klamath Falls 97603

By Pauline Maddox

080249
I.D. TAG NO.
C0083
Local File Number

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

136-
State File Number

| 1. DECEDENT'S NAME First | Middle | Last | 2. SEX | 3. DATE OF DEATH (Month, Day, Year) |
|---|---|---|---|---|
| Earl | Thomas | WOMBLE | Male | January 5, 1995 |

| 4. SOCIAL SECURITY NUMBER | 5a. AGE-Last Birthday (Years) | 5b. Under 1 Year: Mos. / Days | 5c. Under 1 Day: Hours / Mins. | 6. BIRTHPLACE (City and State or Foreign Country) | 7. DATE OF BIRTH (Month, Day, Year) |
|---|---|---|---|---|---|
| 429-22-7419 | 73 | | | Fulton, AR. | November 22,1921 |

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) | 9c. CITY, TOWN, OR LOCATION OF DEATH | 9d. COUNTY OF DEATH |
|---|---|---|
| Emanuel Hospital | Portland | Multnomah |

| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) | 10b. KIND OF BUSINESS/INDUSTRY | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) | 12. SPOUSE (If Married, Widowed, Divorced) |
|---|---|---|---|
| Operating Engineer | Road & Building Construct. Heavy Equipment | Married | Rosanna M. |

| 13a. RESIDENCE - STATE | 13b. COUNTY | 13c. CITY, TOWN OR LOCATION | 13d. STREET AND NUMBER |
|---|---|---|---|
| Oregon | Klamath | La Pine | HC 76 Box 1029/Wagon Trail Ranch |

| 13e. INSIDE CITY LIMITS? | 13f. ZIP CODE | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐No ☐Yes Specify: | 15. RACE American Indian, Black, White, etc. (Specify) | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5+) |
|---|---|---|---|---|---|
| ☐Yes ☒No | 97739 | | White | 4 | |

| 17. FATHER - NAME first middle last | 18. MOTHER - NAME first middle maiden | 19. INFORMANT - NAME and relationship to deceased |
|---|---|---|
| Jim Womble | None Edwards | Rosanna Womble, Spouse |

| 20a. METHOD OF DISPOSITION | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 20c. LOCATION - City or Town, State |
|---|---|---|
| ☒Mausoleum ☐Burial ☐Cremation ☐Removal from State ☐Donation ☐Other (Specify) | Deschutes memorial Gardens | Bend, Oregon |

| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH | 21b. LICENSE NUMBER (Of Licensee) | 22. NAME, ADDRESS AND ZIP OF FACILITY |
|---|---|---|
| Kurt Peeler | 3566 | Deschutes Memorial Funeral Home 63875 Hwy 97 N, Bend, Oregon 97701 |

23. DATE FILED (Month, Day, Year): JAN 11 1995

24. REGISTRAR'S SIGNATURE

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 | 28. WAS MEDICAL EXAMINER NOTIFIED? |
|---|---|
| M | ☐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)

30. DATE SIGNED (Month, Day, Year)

**TO BE COMPLETED ONLY BY MEDICAL EXAMINER**

| 31a. TIME OF DEATH | 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) |
|---|---|
| 4:13 A M | January 5, 1995 4:13 A 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): January 5, 1995

COPY STATE OF OREGON

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Karen Gunson, M.D., Deputy State Medical Examiner, 301 NE Knott St., Portland, OR 97212

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

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

| | | Interval between onset and death |
|---|---|---|
| PART I (a) | CUTANEOUS BURNS WITH COMPLICATIONS | |
| | DUE TO, OR AS A CONSEQUENCE OF: | |
| (b) | | |
| | DUE TO, OR AS A CONSEQUENCE OF: | |
| (c) | | |

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

| 37. Did tobacco use contribute to the death? | 38. AUTOPSY | 39. If YES, were findings considered in determining cause of death? |
|---|---|---|
| ☐Yes ☐Probably ☒No ☐Unknown | ☐Yes ☒No | ☐Yes ☐No ☐N/A |

| 40. MANNER OF DEATH | 41a. DATE OF INJURY (Month, Day, Year) | 41b. TIME OF INJURY | 41c. INJURY AT WORK? |
|---|---|---|---|
| ☐Natural ☐Pending Investigation ☒Accident ☐Undetermined Manner ☐Suicide ☐Legal Intervention ☐Homicide | Dec. 27, 1994 | 10:30 A M | ☐Yes ☒No |

41d. DESCRIBE HOW INJURY OCCURRED: Burned while adding gasoline to fire

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

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): HC 76, Box 1029, LaPine, Oregon

RESERVED FOR REGISTRAR'S USE: 95-0049

**ORIGINAL-VITAL STATISTICS COPY**

45-5 Rev 11-92

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

DATE ISSUED: JAN 17 1995

GARY L. OXMAN, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

Return: Deschutes Memorial Funeral Home
P.O. Box 5992
Bend, Or. 97708

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Deschutes Memorial Funeral Home the 25th day of Jan A.D., 19 95 at 9:31 o'clock A M., and duly recorded in Vol. M95 of Deeds on Page 1706.

Bernetha G. Letsch County Clerk

FEE $10.00 By