

94431

02-03-95A10:52 RCVD

DEED CREATING ESTATE BY THE ENTIRETY

Vol. 95 Page 2540

KNOW ALL MEN BY THESE PRESENTS, That Coral N. DeVore (formerly Coral N. Alexander), hereinafter called the grantor, the spouse of the grantee hereinafter named, for the consideration hereinafter stated, has bargained and sold and by these presents does grant, bargain, sell and convey unto James O. DeVore, herein called the grantee, an undivided one-half of the following described real property situated in Klamath County, Oregon, to-wit: Lot 6, Block 9 of Pleasant View Tracts in Klamath County, Oregon.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining;

TO HAVE AND TO HOLD an undivided one-half of the above described real property unto the grantee forever.

The above named grantor retains a like undivided one-half of that same real property, and it is the intent and purpose of this instrument to create and there hereby is created an estate by the entirety between husband and wife as to this real property.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ -0-

① However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). ② (The sentence between the symbols ①, if not applicable, should be deleted. See ORS 93.030.)

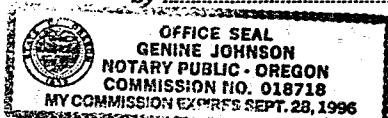
WITNESS grantor's hand this 2nd day of February, 19 95

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.

Coral N. DeVore
CORAL N. DEVORE

STATE OF OREGON, County of KLAMATH) ss.

This instrument was acknowledged before me on February 2, 19 95, by CORAL N. DEVORE



Genine Johnson
Notary Public for Oregon

My commission expires September 28, 1996

CORAL N. DeVORE

Grantor's Name and Address

JAMES O. DeVORE

Grantee's Name and Address

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

James O. & Coral N. DeVore
2522 Homedale Road
Klamath Falls, OR 97603

Until requested otherwise send all tax statements to (Name, Address, Zip):

James O. & Coral N. DeVore
2522 Homedale Road
Klamath Falls, OR 97603

SPACE RESERVED
FOR
RECORDER'S USE

FEE: \$30.00

STATE OF OREGON,

County of Klamath

I certify that the within instrument was received for record on the 3rd day of Feb, 19 95, at 10:52 o'clock A.M., and recorded in book/reel/volume No. M95 on page 2540 or as fee/file/instrument/microfilm/reception No. 94431. Record of Deeds of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk

NAME TITLE
By Daphne Mullins Deputy

P 2022
I.D. TAG NO.
318
Local File Number

OREGON DEPARTMENT OF HEALTH
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

138-
K-47521

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

10

CERTIFIER

11
12
13
14

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

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First: <u>Donald</u> Middle: <u>Maria</u> Last: <u>DE VORE</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>July 27, 1990</u>
4. SOCIAL SECURITY NUMBER <u>544-42-9626</u>	5a. AGE - Last Birthday (Years) <u>54</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Klamath Falls, OR</u>
7. DATE OF BIRTH (Month, Day, Year) <u>May 11, 1936</u>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):			
9b. FACILITY NAME (If not institution, give street and number) <u>2522 Homedale Road</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	9d. COUNTY OF DEATH <u>Klamath</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Secretary</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Education</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married Widowed, Divorced (Specify) <u>James Otis De Vore</u>	
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Klamath</u>	13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	13d. STREET AND NUMBER <u>2522 Homedale Road</u>
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <u>97603</u>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed: Elementary (K-12) College (14 or 15+) <u>12</u>	
17. FATHER - NAME first middle last <u>Archibald F. Mc Donald</u>		18. MOTHER - NAME first middle maiden <u>Eliza K. Kirkpatrick</u>	
19. INFORMANT NAME and relationship to decedent <u>James Otis De Vore Spouse</u>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. LOCATION: City or Town, State <u>Klamath Falls, Oregon</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Merrill Bail</u>		21b. LICENSE NUMBER (Of Licensee) <u>3329</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel</u> <u>515 Pine Street, Klamath Falls, OR 97601</u>
23. DATE FILED (Month, Day, Year) <u>JUL 31 1990</u>		24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>8:35 P M</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <u>Kenneth L. Tuttle</u> M.D.			
30. DATE SIGNED (Month, Day, Year) <u>July 30, 1990</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth L. Tuttle M.D. 2850 Daggett Street Klamath Falls, OR 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH <u>M</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>	
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	
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) <u>Metastatic adenocarcinoma of the breast</u>		Interval between onset and death <u>1926</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY <u>M</u>	41c. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41e. 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.

When recorded return to:
James O. DeVore
2522 Homedale Rd. Klamath Falls, OR 97603
DATE ISSUED JUL 31 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath Title Co. the 3rd day of Feb. A.D. 19 95 at 10:53 o'clock A M., and duly recorded in Vol. M95 of Deeds on Page 2541

FEE \$10.00

Bernetha G. Letsch - County Clerk

By Pauline M. Henderson