

1-1-74

99299

ATC # 951234

WARRANTY DEED

Vol M45 Page 112859KNOW ALL MEN BY THESE PRESENTS, That Patricia T. Lewis

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by

Norman Lewis

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:

The North Half of the South half of the Southwest Quarter,
Sec 11, Township 41 South, Range 7 East Willamette Meridian;
Klamath County, Oregon

(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 \$divorce settlement
 However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which).^⓪ (The sentence between the symbols^⓪, 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 25 day of APRIL, 1995; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

Patricia T. Lewis

(If executed by a corporation, affix corporate seal)

STATE OF OREGONCounty of HAWAIIApril 25, 1995

Personally appeared the above named

Patricia T. Lewisand acknowledged the foregoing instrument to be her voluntary act and deed.

Before me:

(OFFICIAL SEAL)

STATE OF HAWAII

Notary Public for Oregon

My commission expires: 7-27-95STATE OF OREGONCounty of HAWAIIPersonally appeared Patricia T. Lewis

and

who, being duly sworn,

each for himself and not one for the other, did say that the former is the

president and that the latter is the

secretary of

a corporation,

and that the seal affixed to the foregoing instrument is the corporate seal

of said corporation and that said instrument was signed and sealed in be-

half of said corporation by authority of its board of directors; and each of

them acknowledged said instrument to be its voluntary act and deed.

Before me:

Notary Public for Oregon

My commission expires:

(OFFICIAL SEAL)

Patricia T. Lewis

PO Box 754

Kailua-Kona, Hawaii 96745

GRANTOR'S NAME AND ADDRESS

Norman Lewis

PO Box 846

Captain Cook, Hawaii 96704

GRANTEE'S NAME AND ADDRESS

After recording return to:

Norman Lewis

PO Box 846

Captain Cook, Hawaii 96704

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.

Norman Lewis

PO Box 846

Captain Cook, Hawaii 96704

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of Klamath

I certify that the within instru-

ment was received for record on the

1st day of May, 1995,at 3:32 o'clock P.M., and recordedin book/reel/volume No. M95 onpage 11285 or as document/fee/file/instrument/microfilm No. 99299,

Record of Deeds of said county.

Witness my hand and seal of

County affixed.

Bernetha G. Letsch, Co ClerkBy Suzanne Healy Deputy

FEE:\$30.00

SPACE RESERVED FOR RECORDER'S USE

AGENT
CK INK

G-7154
I.D. TAG NO.

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

136

Local File Number

ATCH 42983

State File Number

DECEDENT

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1 DECEDENT'S First Name Middle Last
Ruth Gwendolyn PIERSON

2 SEX Female

3 DATE OF DEATH (Month, Day, Year) April 21, 1994

4 SOCIAL SECURITY NUMBER [REDACTED]

5a AGE Last Birthday (Years) 73

5b Under 1 Year Mos. Days Hours Mins.

6 BIRTHPLACE (City and State or Foreign Country) Salina KS

7 DATE OF BIRTH (Month, Day, Year) December 22, 1920

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

9a PLACE OF DEATH (Check only one)
☒ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number) Ashland Community Hospital

9c CITY, TOWN, OR LOCATION OF DEATH Ashland

9d COUNTY OF DEATH Jackson

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) William R.

13a RESIDENCE - STATE Oregon

13b CITY, TOWN OR LOCATION Ashland

13c STREET AND NUMBER 1735 East Main

13d INSIDE CITY LIMITS? ☒ Yes ☐ No

13e ZIP CODE 97520

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) College (14 or 5+) 3 Years

17 FATHER - Name first middle last Walter H. Jones

18 MOTHER - Name first middle maiden Mable S. Shoemaker

19 INFORMANT - Name and relationship to deceased William R. Pierson Husband

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

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Litwiller-Simonsen Crematory

20c LOCATION - City or Town, State Ashland, Oregon

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

21b LICENSE NUMBER (Of Licensee) 3360

22 NAME, ADDRESS AND ZIP OF FACILITY Litwiller - Simonsen Funeral Home 1811 Ashland St., Ashland, OR 97520

23 DATE FILED (Month, Day, Year) APR 27 1994

24 REGISTRAR'S SIGNATURE [Signature]

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

26 WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

27 TIME OF DEATH 12:50 M ☐ Yes ☒ No

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.

30 DATE SIGNED (Month, Day, Year) 4-22-94

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

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Jerome Nitzberg, MD 241 Maple Street Ashland, OR 97520

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.)

PART I (a) Acute cardiac arrhythmia - ventricular fibrillation

(b) DUE TO, OR AS A CONSEQUENCE OF: fibullectomy

(c) DUE TO, OR AS A CONSEQUENCE OF:

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

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

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

After recording, return to:
John Scott Pierson, 1807 East Main
Ashland, OR 97526

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

MAY 02 1994

DATE ISSUED:

Henry Collins Jr.
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 1st day of May A.D., 19 95 at 3:33 o'clock P. M., and duly recorded in Vol. M95 of Deeds on Page 11286.

FEE \$10.00

By Bernetha G. Leisch, County Clerk