

NA

99386

BARGAIN AND SALE DEED

Vol. M95 Page 11441KNOW ALL MEN BY THESE PRESENTS, That Billie R. Scott, hereinafter called grantor,
for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Howard Dean Carlsonhereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the
tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County
of Klamath, State of Oregon, described as follows, to-wit:

LOT 10, Block 48, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT,
PLAT NUMBER 2, according to the official plat thereof on file in the office
of the office of the County Clerk of Klamath County, Oregon.

Subject to all reservations of rights contained in Deed dated July 14, 1994
recorded in Vol. M94 at Page 21817

I.D. 159907

R 469479

R - 3811-015A0-04400-000

(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.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$. other than money
~~the whole or part of the consideration (indicate which)~~

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 3 day of May, 1995;
 if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly author-
 ized to do so 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.

Billie R. ScottSTATE OF OREGON, County of KlamathThis instrument was acknowledged before me on May 3, 1995,by Billie R. Scott

This instrument was acknowledged before me on _____, 19____,

by _____

Camille Krieger

Notary Public for Oregon

My commission expires 9-22-96Billie R. Scott5946 Seagull Dr.Bonanza, OR 97623

Grantor's Name and Address

Howard Dean Carlson5946 Seagull Dr.Bonanza, OR 97623

Grantee's Name and Address

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

Howard Dean Carlson5946 Seagull Dr.Bonanza, OR 97623

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

Howard Dean Carlson5946 Seagull Dr.Bonanza, OR 97623

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instru-
 ment was received for record on the
3rd day of May, 1995,
 at 9:56 o'clock A.M., and recorded
 in book/reel/volume No. M95 on
 page 11441 or as fee/file/instru-
 ment/microfilm/reception No. 99386,
 Record of Deeds of said County.

Witness my hand and seal of
 County affixed.

Bernetha G. Letsch, Co Clerk

NAME

TITLE

Deputy

FEE:\$30.00/cc\$1.00

ATC # 01043079

TYPE OR
PRINT IN
PERMANENT
BLACK INK

E-9787
I.D. TAG NO.

316

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: Helen Middle: Zetta Last: ALMETER		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 15, 1994
4. SOCIAL SECURITY NUMBER 543-36-1826		5a. AGE Last Birthday (Years) 66	5b. Under 1 Year Mos. 66 Days 00 Hours 00 Mins 00
5. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, Oregon		7. DATE OF BIRTH (Month, Day, Year) March 7, 1928	
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"/> DDA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):			
9b. FACILITY NAME (if not institution, give street and number) 330 Delta Street		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Register Nurse		10b. KIND OF BUSINESS/INDUSTRY Medical Nursing Service	
11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)		12. SPOUSE (if Married, Widowed) Ralph W. Almeter	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Klamath Falls	
13c. RESIDENCE - STREET AND NUMBER 330 Delta Street		14. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (14 or 5-1) <input checked="" type="checkbox"/> 4	
15. RACE American Indian <input type="checkbox"/> Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (14 or 5-1) <input checked="" type="checkbox"/> 4	
17. FATHER - NAME first middle last Frank J. Sullivan		18. MOTHER - NAME first middle maiden Zetta - Taylor	
19. INFORMANT - NAME and relationship to deceased Ralph W. Almeter-Spouse		20. LOCATION - City or Town, State Klamath Falls, OR	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James D. Rogers</i>		21b. LICENSE NUMBER (Of Licensee) C0-3572	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601		23. REGISTRAR'S SIGNATURE <i>Janet Bailey</i>	
24. DATE FILED (Month, Day, Year) JUL 18 1994		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. DATE SIGNED (Month, Day, Year) 7/15/94		27. TIME OF DEATH 4:00 AM	
28. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>James H. Beggs</i>		29. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>James H. Beggs</i>	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James H. Beggs M.D. 2300 Clairmont St., Klamath Falls, OR 97601		31. DATE SIGNED (Month, Day, Year) 7/15/94	
32. 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) Probable arrhythmia DUE TO, OR AS A CONSEQUENCE OF: (b) Hypoxia DUE TO, OR AS A CONSEQUENCE OF: (c) Lung Cancer		Interval between onset and death 1 month Interval between onset and death 2 mos. Interval between onset and death 6 mos.	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Abundant Plaque, Hypertension, ASCVD		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were records consulted in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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"/> Legal Intervention <input type="checkbox"/> Homicide		41. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)	
42. DATE OF INJURY (Month, Day, Year)		43. TIME OF INJURY	
44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. DESCRIBE HOW INJURY OCCURRED	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State)		47. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

CAUSE OF
DEATH

15

16

17

RESERVED FOR REGISTRAR'S USE

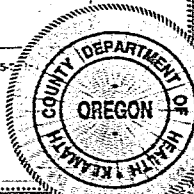
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

ORIGINAL VITAL STATISTICS COPY

JUL 18 1994

DATE ISSUED:

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFTER RECORDING RETURN TO:
RALPH ALMETER JR.
1038 MAIN
KLAMATH FALLS, OR 97601

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Aspen Title & Escrow

on this 3rd day of May A.D., 19 95
at 10:49 o'clock A M. and duly recorded
in Vol. M95 of Deeds Page 11442

Bernetha G. Letsch County Clerk
By *Janet Bailey* Deputy.

Fee, \$10.00