

NL

2651

UTC 13067555

## WARRANTY DEED—SURVIVORSHIP

Vol. 1195

Page

17935

KNOW ALL MEN BY THESE PRESENTS, That

LANNY WOLLASTON AND ROBERTA WOLLASTON

or the consideration hereinafter stated to the grantor paid by LANNY WOLLASTON, ROBERTA WOLLASTON, hereinafter called the grantor, AND EMBER NICCOLI

hereinafter called grantees, hereby grants, bargains, sells and conveys unto the grantees, not as tenants in common but with the right of survivorship, their assigns and the heirs of the survivor of the grantees, the following described real property with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in the County of Klamath, State of Oregon, to-wit:

SEE ATTACHED LEGAL DESCRIPTION MADE A PART HEREOF

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

TO HAVE AND TO HOLD the above described and granted premises unto the grantees, their assigns and the heirs of such survivor, forever; provided that the grantees herein do not take the title in common but with the right of survivorship, that is, that the fee shall vest absolutely in the survivor of the grantees.

And the grantor above named hereby covenants to and with the above named grantees, their heirs and assigns, that grantor is lawfully seized in fee simple of the premises, that same are free from all encumbrances except those of record and apparent to the land

and that

grantor will warrant and forever defend the 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 \$..... to create survivorship. However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). (The sentence between the symbols®, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that the provisions hereof apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument this 30th day of June, 19.....; if a corporate grantor, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized 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.

Lanny Wollaston

Robert A. Wollaston

Robert A. Wollaston



OFFICIAL SEAL  
B. JEAN PHILLIPS  
NOTARY PUBLIC - OREGON  
COMMISSION NO. 012061  
MY COMMISSION EXPIRES MAR. 02, 1996

Klamath

his instrument was acknowledged before me on

June 30

1995

Robert A. Wollaston only

This instrument was acknowledged before me on

19.....

by



OFFICIAL SEAL  
B. JEAN PHILLIPS  
NOTARY PUBLIC - OREGON  
COMMISSION NO. 012061  
MY COMMISSION EXPIRES MAR. 02, 1996

My commission expires

3-2-96

Notary Public for Oregon

Grantor's Name and Address

Grantee's Name and Address

After recording return to (Name, Address, Zip):  
Lanny Wollaston et al  
P.O. Box 12  
Beatty Oregon 97621

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

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,

County of.....

ss.

I certify that the within instrument was received for record on the..... day of....., 19....., at..... o'clock..... M., and recorded in book/leaf/volume No..... on page..... and/or as fee/file/instrument/microfilm/reception No..... Record of Deeds of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By....., Deputy

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

A portion of the E1/2 of the NE1/4 of the NE1/4 of Section 22, Township 36 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at the Northeast corner of the NE1/4 NE1/4 of said Section 22, Township 36 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon; thence South along the East line of said NE1/4 NE1/4 a distance of 264 feet; thence West a distance of 330 feet; thence North parallel to the East line of said NE1/4 NE1/4 a distance of 264 feet to the North line of said Section 22; thence East a distance of 330 feet to the point of beginning.

SAVING AND EXCEPTING the Southerly 30 feet thereof.

ALSO SAVING AND EXCEPTING THEREFROM that portion lying within the right of way of the Klamath Falls Lakeview Hwy 20 and Yellow Jacket Spring Road.

## ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Shasta } ss.On 7-6-95 before me, Charlotte Garland  
(DATE) (NOTARY)  
personally appeared Lanny Wollaston  
SIGNER(S)

☐ personally known to me - OR - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Charlotte Garland  
NOTARY'S SIGNATURE

## OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgment to an unauthorized document.

## CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

☒ INDIVIDUAL  
☐ CORPORATE OFFICER

TITLE(S)

☐ PARTNER(S)  
☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
NAME OF PERSON(S) OR ENTITY(IES)

## DESCRIPTION OF ATTACHED DOCUMENT

Warranty deed-survivorship  
TITLE OR TYPE OF DOCUMENT

1  
NUMBER OF PAGES

7/6/95  
DATE OF DOCUMENT

OTHER

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 11th day  
of July A.D., 19 95 at 2:59 o'clock P M., and duly recorded in Vol. M95  
of Deeds on Page 17935

FEE \$40.00

Bernetha G. Letsch County Clerk

By [Signature]

1. First Name <b>Doreen</b>		2. Middle Name <b>Kay</b>		3. Last Name <b>MARKS</b>		4. SEX <b>Female</b>		5. DATE OF DEATH (Month, Day, Year) <b>September 22, 1993</b>	
6. SOCIAL SECURITY NUMBER <b>556-38-0242</b>		7. AGE-Last Birthday (Years) <b>60</b>		8. Under 1 Year Mos. Days Hours Mins.		9. BIRTH PLACE (City and State or Foreign) <b>Pierre, South Dakota</b>		10. DATE OF BIRTH (Month, Day, Year) <b>January 31, 1933</b>	
11. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		13. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		14. COUNTY OF DEATH <b>Klamath</b>			
15. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		16. KIND OF BUSINESS/INDUSTRY <b>College</b>		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		18. SPOUSE (If Married, Widowed) <b>Alvin Marks</b>			
19. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Student</b>		20. RESIDENCE - STATE <b>OR</b>		21. COUNTY <b>Klamath</b>		22. CITY, TOWN OR LOCATION <b>Klamath Falls</b>		23. STREET AND NUMBER <b>5337 Knightwood DR.</b>	
24. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25. ZIP CODE <b>97603</b>		26. 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:		27. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		28. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (1-12) College (14 or 5+) <b>3</b>	
29. FATHER - NAME first middle last <b>Myron B. Burke</b>		30. MOTHER - NAME first middle maiden <b>Sarah Mercedes Kendall</b>		31. INFORMANT - NAME and relationship to decedent <b>Alvin Marks Spouse</b>		32. 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)		33. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Cremation Service</b>	
34. LOCATION - City or Town, State <b>Klamath Falls, OR</b>		35. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Riggs</i>		36. LICENSE NUMBER (Of Licensee) <b>52-0297</b>		37. NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel 515 Pine St., Klamath Falls, OR 97601</b>		38. REGISTRAR'S SIGNATURE <i>Charlene Barcus</i>	
39. DATE FILED (Month, Day, Year) <b>SEP 24 1993</b>		40. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		41. 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  
**5:50 A** 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 and manner stated.  
(Signature) *[Signature]* M.D.

30. DATE SIGNED (Month, Day, Year)  
**September 22, 1993**

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)  
**Craig Merhoff M.D. 2850 Daggett St., Klamath Falls, OR 97601**

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, the death occurred at the time, date, place and due to the cause and manner stated.  
(Signature) *[Signature]*

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  
**Craig Merhoff M.D. 2850 Daggett St., Klamath Falls, OR 97601**

35. 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)

(a) **Asphyxia**

(b) **Infarcted Coronary Vessels**

(c) **Coronary Artery Disease & Thrombosis**

Interval between onset and death  
**18h**  
**36h**  
**Chronic**

36. OTHER SIGNIFICANT CONDITIONS:  
Conditions contributing to death but not resulting in the underlying cause given in PART I  
**Myocardial Infarction**

37. Did tobacco use contribute to the death?  
☒ No ☐ Probably ☐ Unknown

38. AUTOPSY  
☐ Yes ☒ No

39. If YES, are findings considered in determining cause of death?  
☐ Yes ☒ No ☐ N/A

40. MANNER OF DEATH  
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY  
M ☐ Yes ☒ No

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)

AFTER RECORDING RETURN TO:  
ALVIN S. MARKS, 2134 DOVER, KLAMATH FALLS, OR 97601  
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: **SEP 24 1993**

*Charlene Barcus*  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Mountain Title Co** the **11th** day of **July** A.D., 19 **95** at **3:00** o'clock **P** M., and duly recorded in Vol. **M95** of **Deaths** on Page **17938**.

FEE \$10.00

Bernetha G. Petsch County Clerk  
By *[Signature]*

