

RIGHT OF WAY & UTILITY EASEMENT

In consideration of the sum of ONE DOLLAR (\$1.00), Sykes Realty Inc., Grantor, does hereby convey to the City of Klamath Falls, Grantee, a perpetual roadway easement to use a strip of land across the property of Grantor and described as follows:

A strip of land located in the NE¼ of Section 18, T.38S., R.9E., W. M., Klamath County, Oregon, more particularly described as follows:

Beginning at a point on the south line of the NE¼ of Section 18, T.38S., R.9E., W.M., from which the E¼ corner of said Section 18 bears S87°53'31"E 832.31 feet; thence N49°29'45"E 39.59 feet; thence 380.10 feet along the arc of a 440.00 foot radius curve to the left, the long chord of which bears N24°44'52"E 368.39 feet; thence North 257.68 feet; thence 70.08 feet along the arc of a 45.00 radius curve to the left, the long chord of which bears N44°36'41"W 63.21 feet; thence N89°13'22"W 4.61 feet; thence North 60.01 feet; thence S89°13'22"E 158.01 feet; thence South 60.01 feet; thence N89°13'22"W 3.39 feet; thence 71.30 feet along the arc of a 45.00 foot radius curve to the left, the long chord of which bears S45°23'19"W 64.07 feet; thence South 255.65 feet; thence 406.97 feet along the arc of a 500.00 foot radius curve to the right, the long chord of which bears S23°19'03"W 395.83 feet to a point on the south line of the NE¼ of Section 18, T.38S., R.9E., W.M.; thence N87°53'31"W 87.70 feet to the point of beginning, containing 1.22 acres.

The terms of this easement are as follows:

1. Grantee shall use the easement strip for public road and utility purposes only and in conjunction with such use may construct, reconstruct, maintain and repair the roadway and utilities thereon or in.
2. Grantee agrees to indemnify and defend Grantor from any loss, claim or liability to Grantor arising out of the Grantee's use of the easement strip.
3. This easement shall be perpetual subject to the vacation and abandonment provisions of State laws applicable to dedicated public roads.
4. This easement is granted subject to all prior easements or encumbrances of record and is binding on and runs to the heirs, successors or assigns of the parties.

IN WITNESS WHEREOF, the parties have caused this instrument to be executed the day and year written below.

GRANTOR - SYKES REALTY, INC.

By: [Signature]
President

Attest: Susan W. Cameron
Secretary

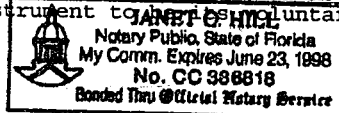
CITY OF KLAMATH FALLS

By: [Signature]
Mayor

Attest: Elisa D. Fritz
City Recorder

STATE OF Florida
COUNTY OF Hillsborough } ss
CITY OF Tampa

On the 17th day of October, 1995, personally appeared John H. Sykes and Susan W. Cameron who, each being first duly sworn, did say that the former is the President and the latter is the Secretary of Sykes Enterprises, Incorporated a North Carolina corporation, and that the instrument was signed on behalf of said corporation; and each of them acknowledged said instrument to be its voluntary act and deed.

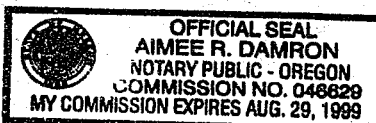


BEFORE ME:

[Signature]
Notary Public for Oregon ~~FLORIDA~~

STATE OF OREGON
COUNTY OF KLAMATH
CITY OF KLAMATH FALLS } ss.

On the 24th day of October, 1995, personally appeared Todd Kellstrom and Elisa D. Fritz, who, each being first duly sworn, did say that the former is the Mayor and the latter is the City Recorder of the City of Klamath Falls, an Oregon municipal corporation, and that the instrument was signed on behalf of said municipal corporation; and each of them acknowledged said instrument to be its voluntary act and deed.



BEFORE ME:

[Signature]
Notary Public for Oregon

AFTER RECORDING RETURN TO:
City Recorder
P.O. Box 237
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 19____.

Notary Public for the State of Oregon

My commission expires _____

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of City of Klamath Falls the 30th day of October A.D., 1995 at 3:38 o'clock P. M., and duly recorded in Vol. M95 of Deeds on Page 29674.

FEE \$15.00

By Bernetha G. Letsch, County Clerk
Annette Mueller

[Signature]
[Illegible text]

[Signature]
[Illegible text]



[Signature]
[Illegible text]

10-30-95P03:38 RCVD

174911
I.D. TAG NO.
619
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol 136 Page 29676

1. DECEDENT'S NAME First: Adelita Middle: Ursula Last: LOPEZ		2. SEX F	3. DATE OF DEATH (Month, Day, Year) October 18, 1995																
4. SOCIAL SECURITY NUMBER 542-52-7794		5a. AGE Last Birthday (Years) 79	5b. Under 1 Year Mos. 79 Days 0 Hours 0 Mins. 0																
6. BIRTHPLACE (City and State or Foreign Country) Clifton, Arizona		7. DATE OF BIRTH (Month, Day, Year) February 11, 1916																	
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"/> Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): Daughter's Home																	
9b. FACILITY NAME (If not institution, give street and number) 20681 White Cliff Circle		9c. CITY, TOWN, OR LOCATION OF DEATH Bend																	
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) Divorced		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Deschutes																	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Chiloquin	13d. STREET AND NUMBER 524 3rd Street																
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97624	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Mexican/American Indian																	
15. RACE American Indian, Black, White, etc. (Specify) Mexican/American Indian		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12																	
17. FATHER - NAME first middle last Josue Cardona Alcala		18. MOTHER - NAME first middle maiden Maria Agular																	
19. INFORMANT - NAME and relationship to decedent Cecilia Halleman, Daughter		20. LOCATION - City or Town, State Klamath Falls, Oregon																	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Thomas St. John</i>		21b. LICENSE NUMBER (Of Licensee) 3110	22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St. Klamath Falls, OR 97601																
23. DATE FILED (Month, Day, Year) October 19, 1995		24. REGISTRAR'S SIGNATURE <i>Jaqueline Smith</i>																	
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																	
<table border="1"> <tr> <th colspan="2">TO BE COMPLETED BY CERTIFYING PHYSICIAN</th> <th colspan="2">TO BE COMPLETED ONLY BY MEDICAL EXAMINER</th> </tr> <tr> <td>27. TIME OF DEATH 9:30 P.</td> <td>28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>31a. TIME OF DEATH M</td> <td>31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</td> </tr> <tr> <td colspan="2">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>Robert V. Pinnick</i></td> <td colspan="2">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) <i>Robert V. Pinnick</i></td> </tr> <tr> <td colspan="2">30. DATE SIGNED (Month, Day, Year) 10/19/95</td> <td colspan="2">33. DATE SIGNED (Month, Day, Year) COUNTY</td> </tr> </table>				TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER		27. TIME OF DEATH 9:30 P.	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	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>Robert V. Pinnick</i>		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) <i>Robert V. Pinnick</i>		30. DATE SIGNED (Month, Day, Year) 10/19/95		33. DATE SIGNED (Month, Day, Year) COUNTY	
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34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert V. Pinnick, M.D. 1501 N.E. Medical Center Drive, Bend, Oregon 97701																			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)																			
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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 <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M																
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)																	

ORIGINAL VITAL STATISTICS COPY

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

DATE ISSUED: **Oct 20, 1995**FLORENCE ABEND-TORRIGINO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Cecilia Halleman** the **30th** day of **October** A.D., 19 **95** at **3:38** o'clock **P** M., and duly recorded in Vol. **M95** of **Deeds** on Page **29676**.

FEE \$10.00

Return: **Cecilia A. Halleman**
20681 Whitecliff Cir
Bend, OR 97702By **Bernetha G. Letsch, County Clerk**
Annelle Mueller