

14555
14708

Vol. 496 Page 6561

Vol. 496 Page 6911 Job #: 52RB390

R/W Reference #: 9521921/s

EASEMENT

The Undersigned Grantor(s) for and in consideration of 200.00 Dollars (\$ 200.00) and other good and valuable consideration, the receipt whereof is hereby acknowledged, do hereby grant and convey to US WEST Communications, Inc., a Colorado Corporation, (Grantee) whose address is 1600 7th Ave., Seattle, Washington 98191 its successors, assigns, lessees, licensees and agents a perpetual easement to construct, reconstruct, operate, maintain and remove such telecommunications facilities as Grantee may require upon, over, under and across the following described land which the Grantor owns or in which the Grantor has any interest, to wit:

A parcel of land situated in Section 31, Township 39 South, Range 8 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at a point on the Southerly line of the Weyerhaeuser Timber Company Private Logging Road and the Southeasterly right-of-way line at the old county road known as "Puckett Road" from which the Northeast corner of Lot 17, Block 2, KLAMATH RIVER ACRES bears the following two bearings and distances North 63° 02' 00" West 50.38 feet, South 19° 53' 57" West 60.45 feet; thence from said point of beginning Southwesterly along the Easterly right of way line of the said old county road known as "Puckett Road" 606 feet, more or less, to the Westerly right-of-way line of the Klamath Falls-Ashland Highway (Highway 66); thence Northeasterly along the Westerly right-of-way line of said Klamath Falls-Ashland Highway (Highway 66) 608 feet, more or less to the Southerly line of the Weyerhaeuser Timber Company Private Logging Road; thence Westerly along the Southerly line of the said Weyerhaeuser Timber Company Private Logging Road 153 feet, more or less, to the point of beginning.

AS SHOWN ON ATTACHED EXHIBIT A.

situated in County of Klamath, State of Oregon.

The rights granted herein allow a fiber optic cable and conduit to be installed concurrently with a natural gas pipeline in a trench to be constructed by Pacific Gas Transmission Company as part of its Medford Lateral Project, (O-KL-1767) as provided for in that Right of Way Agreement between the Grantor and Pacific Gas Transmission Company executed on that 8th day of August, 1994.

It is agreed between the parties that as soon as Pacific Gas Transmission Company has completed the installation of the initial pipeline, the aforesaid parcel(s) shall be restricted to the following:

That portion of the said lands of Grantor above described lying between lines parallel to and situate fifteen (15) feet to the north and twenty (20) feet to the south (going in a general westerly direction through the State of Oregon) measured at right angles from the center line (or tangent thereof if a curve) of the initial pipe as actually laid by Pacific Gas Transmission Company across the said lands of Grantor, or adjacent thereto if the initial pipe is not actually laid on the said lands of the Grantor, such parallel line or lines being extended to the boundary lines of the said lands so as to enclose the right-of-way and easement, said right-of-way and easement shall not exceed thirty-five (35) feet in width.

The true and accurate position of such fibre optic cable and conduit is more completely detailed in the plans and construction data of said project and are subject to all the terms, conditions and specifications stated in said PGT Right-of-Way Agreement.

Grantee shall have the right of ingress and egress over and across the Land of the Grantor to and from the above-described property and the right to clear and keep cleared all trees and other obstructions. Grantee shall be responsible for all damage caused to Grantor arising from Grantee's exercise of the rights and privileges herein granted.

The Grantor reserves the right to occupy, use and cultivate said Easement for all purposes not inconsistent with, nor interfering with the rights herein granted.

The rights, conditions and provisions of this easement shall inure to the benefit of and be binding upon the heirs, executors, administrators, successors and assigns of the respective parties hereto.

Any claim, controversy or dispute arising out of this Agreement shall be settled by arbitration in accordance with the applicable rules of the American Arbitration Association, and judgement upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The arbitration shall be conducted in the county where the property is located.

In witness whereof the undersigned has executed this instrument this 28th day of August, 1995

Witness: _____

BY: Jim L. Evins
 Jim L. Evins
Jackie E. Evins
 Jackie E. Evins

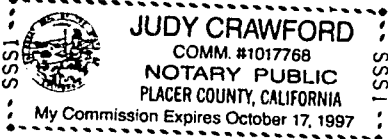
Witness: _____

BY: Jerry Dale Stackhouse
 Jerry Dale Stackhouse
Roberta Stackhouse
 Roberta Stackhouse

CA
 State of Oregon)
PLACER ss
 County of Klamath)

On this day personally appeared before me Jim L. Evins and Jackie E. Evins known to me to be the individuals who executed the foregoing instrument, and acknowledged that they signed the same as a free and voluntary act and deed, for the uses and purposes herein mentioned.

Given under my hand and official seal this 28th day of August, 1995.



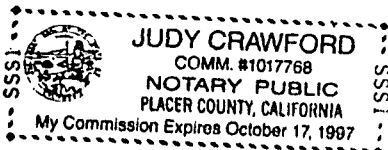
Judy Crawford
 Notary Public in and for the State of CA
 Residing at Colusa, CA

CA
 State of Oregon)
Placer ss
 County of Klamath)

My Commission expires: 10-17-97

On this day personally appeared before me Jerry Dale Stackhouse and Roberta J. Stackhouse known to me to be the individuals who executed the foregoing instrument, and acknowledged that they signed the same as a free and voluntary act and deed, for the uses and purposes herein mentioned.

Given under my hand and official seal this 28th day of August, 1995.



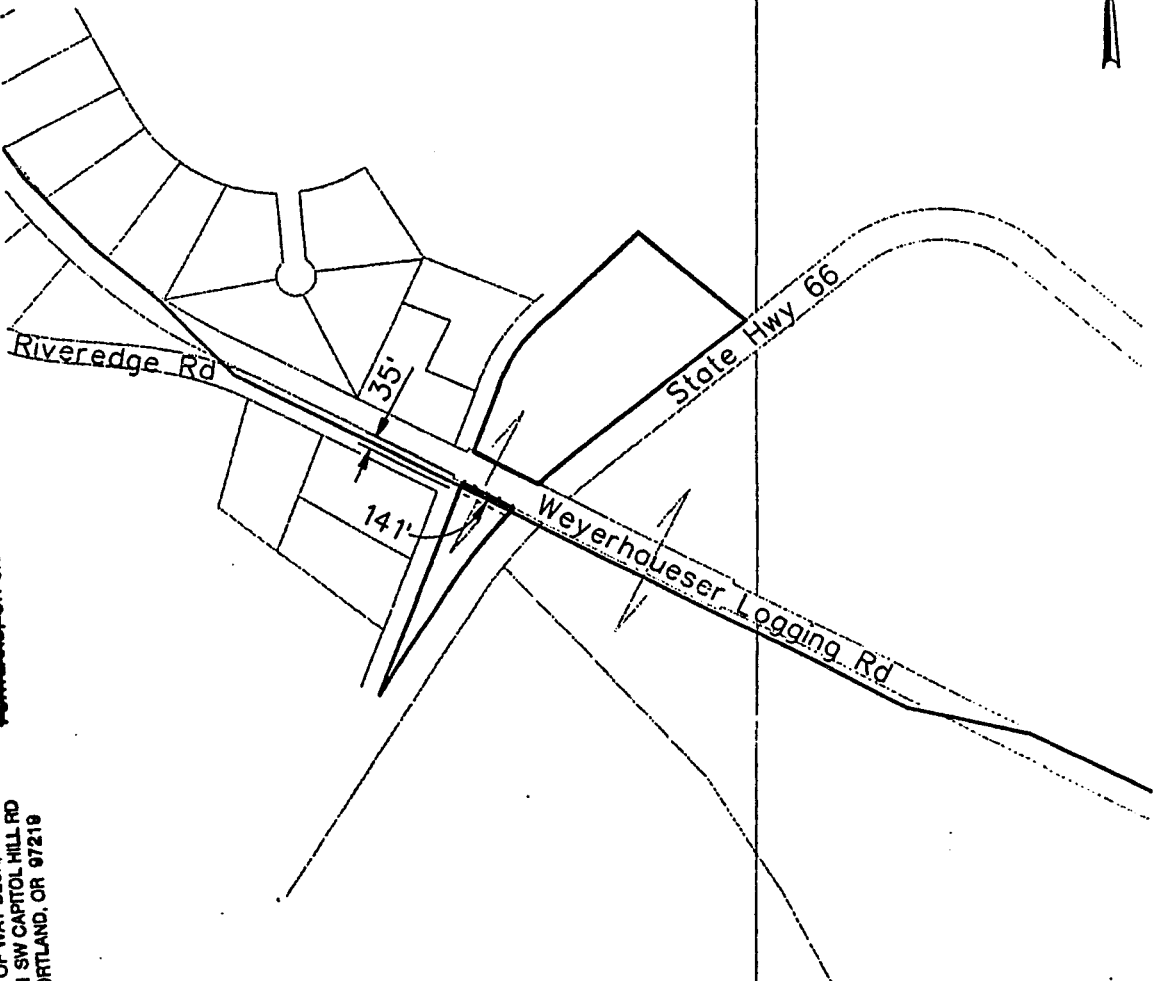
Judy Crawford
 Notary Public in and for the State of CA
 Residing at Colusa, CA

My Commission expires: 10-17-97

KLAMATH COUNTY, OREGON

SEC. 31, T-39-S, R-8-E

6563
6913



(1767) Jim L. and Jackie Evins
APN: 3908031C0-00300

RETURN TO GRANTEE AT:
US WEST COMMUNICATIONS INC.
RIGHT OF WAY DESK-RM 440
8021 SW CAPITOL HILL RD
PORTLAND, OR 97219

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ day
of _____ A.D., 19 _____ at _____ o'clock _____ M., and duly recorded in Vol. _____
of _____ on Page _____
By Bernetha G. Letsch, County Clerk
Cheryl Russell

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of US West Communications the 14th day
of March A.D., 19 96 at 1:04 o'clock P M., and duly recorded in Vol. M96
of Deeds on Page 6911

FEE NO FEE Record to Correct

By Bernetha G. Letsch, County Clerk
Cheryl Russell

**OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS**

156826
I.D. TAG No.
90

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

95-004383

Local File Number

136-

State File Number

1. DECEDENT'S NAME First: John Middle: - Last: MULLANIX		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 1, 1995
4. SOCIAL SECURITY NUMBER 540-10-7779		5a. AGE-Last Birthday (Years) 83	5b. Under 1 Year Mo. - Days - Hours - Mins -
6. BIRTHPLACE (City and State or Foreign Country) Hiawatha, NE		7. DATE OF BIRTH (Month, Day, Year) June 7, 1911	
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"/> D.O.A. <input type="checkbox"/> Other <input checked="" 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) Plum Ridge Care Center		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) Logger, Tree Scaler		10b. KIND OF BUSINESS/INDUSTRY Timber Industry	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Cora Taylor Mullanix	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Malin	
13c. STREET AND NUMBER 2629 Railroad Avenue (P.O. Box 166)		13d. COUNTY OF DEATH Klamath	
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14a. ZIP CODE 97632	
14b. 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		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+)		17. FATHER - NAME first middle last William Brennan Mullanix	
18. MOTHER - NAME first middle maiden Rachel - Logster		19. INFORMANT - NAME and relationship to decedent Cora Mullanix, wife	
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. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Malin Community Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSED OR PERSON ACTING AS SUCH <i>William F. Davenport</i>		21b. LICENSE NUMBER (Of License) CO-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) MAR 03 1995	
24. REGISTRAR'S SIGNATURE <i>Edward J. Johnson</i>		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. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 07:50 A.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <i>James F. Novak MD</i> 30. DATE SIGNED (Month, Day, Year) March 2, 1995		31. 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, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) March 2, 1995 33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James F. Novak, MD, 1905 Main Street, Klamath Falls, Oregon 97601			
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 Strokes		Interval between onset and death 2w	
(b) Hypertension		Interval between onset and death 20+ yrs	
(c) Other Significant Conditions: Conditions contributing to death but not resulting in the underlying cause given in PART I.		Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		40. DESCRIBE HOW INJURY OCCURRED	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		41d. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED **JAN 25 1996**

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Cora Mullanix** the **14th** day of **March** A.D., 19 **96** at **1:21** o'clock **P** M., and duly recorded in Vol. **M96** of **DEEDS** on Page **6914**.

RETURN: Cora Mullanix
P.O. Box 166
Malin Or 97632

By *Bernetha G. Letsch*
Bernetha G. Letsch, County Clerk

FEE \$10.00