



KLAMATH COUNTY TITLE COMPANY

**K-48861-D
STATUTORY WARRANTY DEED
(Individual or Corporation)**

Alene Owsley OWSLEY

conveys and warrants to Kermit Taylor and Diane Taylor, Husband and Wife , Grantor.
the following described real property in the County of Klamath and State of Oregon. , Grantee.

Lot 2 in Block 209 of Mills SEcond Addition to the City of Klamath Falls,
according to the official plat thereof on file in the office of the County
Clerk of Klamath County, Oregon.

96
APR -9
AIO-45

This property is free of liens and encumbrances, EXCEPT: SUBJECT TO: Reservations and restrictions of record, rights of way, and easements of record and those apparent upon the land, contracts and/or liens for irrigation and/or drainage.

The true consideration for this conveyance is \$ 15,000.00 (Here comply with the requirements of ORS 93.030*).

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.

DATED this 1st day of April 19 96 . If a corporate grantor, it has caused its name to be signed by resolution of its board of directors.

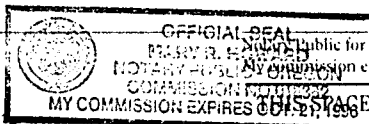
Alene Owsley
Alene Owsley Owsley

CORPORATE ACKNOWLEDGEMENT

STATE OF OREGON, County of Jackson)ss.
The foregoing instrument was acknowledged before me
this 1st day of April 19 96
by Alene Owsley Owsley

STATE OF OREGON, County of _____)ss.
The foregoing instrument was acknowledged before me
this _____ day of _____ 19 _____
by _____ and
by _____
of _____
a corporation, on behalf of the corporation.

Mary R. Howard
Notary Public for Oregon
My commission expires: 10-21-96



After recording return to: and Send Tax Statement

Kermit & Diane Taylor
2144 White

2144 White Klamath Falls, Oregon 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 9th day
of April A.D., 19 96 at 10:45 o'clock A M., and duly recorded in Vol. M96
of Deeds on Page 9912.

FEE \$30.00

By Bernetha G. Letsch, County Clerk

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 148

158
Local File Number

85-008065
State File Number

DECEASED-NAME WAYNE N. CAROTHERS		DATE OF DEATH (MONTH, DAY, YEAR) April 24, 1985	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		SEX Male	AGE - LAST BIRTHDAY (YEARS) 78
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION West Medical Center	COUNTY OF DEATH Klamath
STATE OF BIRTH Idaho		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married
SOCIAL SECURITY NUMBER 544-05-2852		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVER IF RETIRED) Millman	KIND OF BUSINESS OR INDUSTRY Dairy Business
RESIDENCE - STATE Oregon		CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. NO. 2150 White Street
FATHER - NAME (FIRST, MIDDLE, LAST) Charles Arthur Carothers		MOTHER - FIRST, MIDDLE, LAST (GIVEN NAME) Leona Stokes	INFORMANT - NAME AND RELATIONSHIP TO DECEASED Ludie Mae Carothers, wife
BURIAL - CREMATION, REMOVAL, M.P. (SPECIFY) Burial		CENTURY OF CREMATORY - NAME Eternal Hills Memorial Gardens	LOCATION - CITY OR TOWN, STATE Klamath Falls, Oregon
FURNACE ISSUED TO DECEASED BY NAME, ADDRESS AND ADDRESS OF FURNACE Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194			
CERTIFICATION - MEDICAL EXAMINER I CERTIFY THAT I MADE HONORARY INTO THE DEATH OF THE DECEASED PERSON OF WHOM ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT: DEATH OCCURRED (MONTH, DAY, YEAR) April 24, 1985 FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> TIME (HOUR) 12:36 P.M. 12:36 P.M. <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CERIFIER SIGNATURE Robert E. Jamison NAME - (TYPE OR PRINT) Robert E. Jamison, MD MEDICAL EXAMINER Klamath COUNTY Klamath DATE SIGNED (MONTH, DAY, YEAR) April 25, 1985			
DATE RECEIVED BY REGISTRAR (MONTH, DAY, YEAR) APR 25 1985		REGISTRAR SIGNATURE Edward J. Johnson	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) (A) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH years	
(B)		INTERVAL BETWEEN ONSET AND DEATH	
(C)		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		AUTOPSY (SPECIFY YES OR NO) No	
DATE OF INJURY (MONTH, DAY, YEAR) 1985		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1)	
INJ. AT WORK (SPECIFY YES OR NO) No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) At Home	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) Klamath Falls, Oregon	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

✓ RETURN TO: WAYNE CAROTHERS
13992 Lake Wildwood Dr.
Penn Valley, California 95946

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.

MAR 27 1996

DATE ISSUED: _____

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 9th day of April A.D., 19 96 at 10:48 o'clock AM, and duly recorded in Vol. M96 of Deeds on Page 9913

Bernetha G. Letsch, County Clerk

FEE \$10.00

By Christy Russell