

91502

11-22-94P03:53 RCVD

K-49502

DEED CREATING ESTATE BY THE ENTIRETY

Vol. m94 Page 35895

KNOW ALL MEN BY THESE PRESENTS, That John E. Harmon, Jr.

....., hereinafter called the grantor, the spouse of the grantee hereinafter named, for the consideration hereinafter stated, has bargained and sold and by these presents does grant, bargain, sell and convey unto Ellen J. Harmon....., herein called the grantee, an undivided one-half of the following described real property situated in Klamath County, Oregon, to-wit:

The house and property located at 920 Applewood Street,
Klamath Falls, Oregon. Old Orchard Manor, Lot 47 & 48 POR
R-3809-03700-000 (PPTY. MAP NO. Description) PPTY. Class-101A
PULL NO.-FFK/TTS.

SEE ATTACHED EXHIBIT "A"

Re-record to add correct legal description of property.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining:

TO HAVE AND TO HOLD an undivided one-half of the above described real property unto the grantee forever.
The above named grantee covenants, warrants, defends, releases, holds, guarantees, agrees to pay, and agrees to

The above named grantor retains a like undivided one-half of that same real property, and it is the intent and purpose of this instrument to create and there hereby is created an estate by the entirety between husband and wife as to this real property.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$00.00 affection

WITNESS my hand and the seal of the County of _____, State of _____, this _____ day of _____, 20____.

WITNESS grantor's hand this 22 day of NOVEMBER 19 94

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.

John E. Hamer Jr.

STATE OF OREGON, County of Klamath) ss

This instrument was acknowledged before me on NOVEMBER 22 1994.

OFFICIAL SEAL
JOHN F. GLEDOWSKI
NOTARY PUBLIC - OREGON
COMMISSION NO. 004238
MY COMMISSION EXPIRES JAN. 24, 1995

My commission expires 1-24-91 Notary Public for Oregon

John E. Harmon, Jr.
920 Applewood Street
Klamath Falls, Oregon 97603

Ellen J. Harmon
920 Applewood Street
Klamath Falls, Oregon 97603
Grantee's Name and Address

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

John E. Jr. & Ellen J. Harmon
920 Applewood Street
Klamath Falls, Oregon 97603

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

John E. Jr. & Ellen J. Harmon
920 Applewood Street
Klamath Falls, Oregon 97603

STATE OF OREGON.

County ofKlamath

I certify that the within instrument was received for record on the 22nd day of Nov., 1994, at 3:53 o'clock P.M., and recorded in book/real/volume No. M94 on page 35895 or as fee file/instrument/microfilm/reception No. 91582. Record of Deeds of said County.

Witness my hand and seal of
County affixed.

NAME Evelyn Biehn, County Clerk

NAME _____

By Pauline Mullen Deputy

Fee \$30.00

INDEX

30.00
CK

21017

EXHIBIT "A"
DESCRIPTION OF PROPERTY

That portion of Lots 47 and 48 of OLD ORCHARD MANOR in the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon, described as follows:

Beginning at the Northeast corner of said Lot 48; thence South along the East line of said lot, 34.3 feet to a point; thence West parallel to the South line of said lot to a point which is 34.3 feet South of the Northwest corner of said lot; thence North along the West line of said Lot 48 and Lot 47 to a point which is 42.7 feet North of the Southwest corner of said Lot 47; thence East parallel to the South line of said Lot 47 to a point on the East line of said Lot 47 which is 42.7 feet North of the Southeast corner of said Lot 47; thence South along the East line of said lots to the point of beginning. Account No: 3809-034CB-03700 Key No: R443915

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 16th day
of July A.D., 19 96 at 9:42 o'clock A M., and duly recorded in Vol. M96
of Deeds on Page 21016

FEE \$10.00/RR

By Bernetha G. Letsch, County Clerk

K-49502

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1. DECEDENT'S NAME First: Adelaide Middle: Margaret Last: HARMON | | 2. SEX F | 3. DATE OF DEATH (Month, Day, Year) Dec. 21, 1992 |
| 4. SOCIAL SECURITY NUMBER 562/36/4533 | 5a. AGE-Last Birthday (Years) 62 | 5b. Under 1 Year Mo. 0 Days 0 Hours 0 Mins. 0 | 6. BIRTHPLACE (City and State or Foreign Country) Pueblo, CO. |
| 7. DATE OF BIRTH (Month, Day, Year) May 15, 1930 | | 8. PLACE OF DEATH (Check only one) a. 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) | |
| 9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center | | 10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | 11. COUNTY OF DEATH Klamath |
| 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) Married |
| 12. SPOUSE (If Married, Widowed) John | | 13. RESIDENCE - STATE Oregon | |
| 13a. RESIDENCE - CITY Klamath | | 13b. CITY, TOWN OR LOCATION Klamath Falls | 13c. STREET AND NUMBER 920 Applewood Street |
| 14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 15. ZIP CODE 97603 | 16. 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 | 17. RACE American Indian, Black, White, etc. (Specify) White |
| 18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 2 College (1-4 or 5+) | | 19. FATHER - NAME first middle last Russell E. Ready | |
| 20. MOTHER - NAME first middle maiden Ruth Frances Derrington | | 21. INFORMANT - NAME and relationship to decedent John Harmon / Husband | |
| 22. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Klamath Cremation Service | | 23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon | |
| 24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles K. Robinson</i> | | 25. LICENSE NUMBER (If Licensee) 3409 | 26. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601 |
| 27. DATE FILED (Month, Day, Year) DEC 24 1992 | | 28. REGISTRAR'S SIGNATURE <i>Charles Robinson</i> | |
| 29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | | 30. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | TO BE COMPLETED ONLY BY MEDICAL EXAMINER | |
| 31. TIME OF DEATH 1505 M <input type="checkbox"/> P <input checked="" type="checkbox"/> No | 32. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No | 33. TIME OF DEATH 12 M <input type="checkbox"/> P <input checked="" type="checkbox"/> No | 34. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 12 hours |
| 35. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) indicated. | | 36. 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>Steven K. Bidleman</i> | | (Signature) <i>Steven K. Bidleman</i> | |
| 37. DATE SIGNED (Month, Day, Year) 12-22-92 | | 38. DATE SIGNED (Month, Day, Year) 12-22-92 | |
| 39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Or. / 97601 | | 40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Or. / 97601 | |
| 41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 43. 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.) | | 44. INTERVAL BETWEEN ONSET AND DEATH | |
| PART I (a) Brain Stem Hemorrhage | | 12 hours | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (b) | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I Emphysema, morbid obesity | | 45. IF YES were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 46. 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 | | 47. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 48. DATE OF INJURY (Month, Day, Year) | | 49. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 49. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No | | 50. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 51. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) | | 52. DESCRIBE HOW INJURY OCCURRED | |
| 53. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | 54. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |

ORIGINAL - VITAL STATISTICS COPY

AFTER RECORDING RETURN 5-10-791

John E. Harmon, Jr.
920 Applewood St.
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: **DEC 29 1992**

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: 88

Filed for record at request of Klamath County Title the 16th day of July A.D., 19 96 at 9:42 o'clock AM, and duly recorded in Vol. M96 of Deeds on Page 21018

FEE \$10.00

By Bernetha G. Letsch, County Clerk