

Aspen

TITLE & ESCROW, INC.

WARRANTY DEED

#03044789

AFTER RECORDING RETURN TO:

WILBERT SKINNER

RELIA SKINNER

PO Box 542Chiloquin, OR 97624

UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVE

OPAL LEE GILMORE, who acquired an interest as OPLE GILMORE and JUDY ANN BUCKLEY and DONALD MELVIN MORGAN and DELLA JEAN WONSER, hereinafter called GRANTOR(S), convey(s) to WILBERT SKINNER and RELIA SKINNER, husband and wife, hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

All of Lots 58 and 59, EXCEPT the Southerly 126 feet of Lot 59, FAIR ACRES SUBDIVISION NO. 1, in the County of Klamath, State of Oregon. EXCEPTING THEREFROM that portion lying within the boundary of Homedale Road.

CODE 41 MAP 3809-35DB TL 700

"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 30.390."

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is
\$42,500.00.

In construing this deed and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument this 17th day of June, 1996.

OPAL LEE GILMORE

JUDY ANN BUCKLEY

DONALD MELVIN MORGAN

DELLA JEAN WONSER

STATE OF COLORADO)

) ss. _____

County of _____)

The foregoing instrument was acknowledged before me this _____ day of June, 1996, by DELLA JEAN WONSER.

Before me: _____

Notary Public for Colorado

My Commission Expires: _____

STATE OF OREGON)

County of Klamath)

Continued on next page

WARRANTY DEED EX011687
PAGE 2 B0P116 101 00101000
01010 001

Before me: [Signature]
Notary Public for Oregon
My commission expires: January 31, 1998
21416 DE C0008V80



ГОСУД. НАГАЛ. КОДЕКС

Before me: Michelle A. Higel
 Notary Public for Colorado
 My Commission Expires: May 6, 2000

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CODE 81 875 3000-3200 AT 100

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STATE VS WBCAE
STATEMENT 12 TO THE LOGGERS WOODS
ON 12 V CHANCE 12 REORDERED VIL LIX

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MAY 19 1964
RECEIVED
MAY 19 1964

VALUES RECORDING BELONG TO:
BOROUGHARD

UNIT 8: FOCUS ON MUSIC

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20 MAY 68 b32

...and the

TYPE OR
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PERMANENT
BLACK INK

103137

I.D. TAG NO.

131

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

22934

State File Number

DECEASED

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1 DECEDENT'S NAME First Troy Middle Melvin Last MORGAN 2 SEX M 3 DATE OF DEATH (Month, Day, Year) March 12, 1992

4 SOCIAL SECURITY NUMBER 494-18-4428 5a AGE - Last Birthday (Month, Day, Year) 72 5b Under 1 Year 5c Under 1 Day 6 BIRTHPLACE (City and State or Foreign Country) Kansas Hills, MO. 7 DATE OF BIRTH (Month, Day, Year) July 6, 1919

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 9a PLACE OF DEATH (Check only one) ☒ Hospital ☐ Home ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify) 9b FACILITY NAME (If not in hospital, give street and number) Merle West Medical Center 9c CITY, TOWN, OR LOCATION OF DEATH Klamath Falls 9d COUNTY OF DEATH Klamath

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Sweeper Driver 10b KIND OF BUSINESS/INDUSTRY Street Department 11 MARITAL STATUS - Married 12 SPOUSE (If Married, Full Name) Dolly

13a RESIDENCE - STATE Oregon 13b COUNTY Klamath 13c CITY, TOWN, OR LOCATION Klamath Falls 13d STREET AND NUMBER 1212 Homedale Road

14a DEEDS CITY LIMITED ☐ Yes ☒ No 14b ZIP CODE 97603 14c WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes 14d RACE American Indian, Black, White, etc. (Specify) White 15 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 6+) 8

17 FATHER - NAME First Middle Last Joe Sire Morgan 18 MOTHER - NAME First Middle Last Laura - Thurman 19 INFORMANT - NAME and relationship to decedent Dolly Morgan / Wife

20a METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens 20c LOCATION - City or Town, State Klamath Falls, Oregon

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON AUTHORIZED AS SUCH 21b LICENSE NUMBER (For Licensee) 3409 22 NAME, ADDRESS AND ZIP OF FACILITY Ward B Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601

23 DATE SIGNED (Month, Day, Year) MAR 18 1992 24 REGISTRAR'S SIGNATURE (Signature) 25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A 26 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

27 TIME OF DEATH 1635 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(s) and manner stated. (Signature) Byron T. Sagunsky 30 DATE SIGNED (Month, Day, Year) 3/16/92 31 NAME, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Byron T. Sagunsky, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601 32 NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print) 33 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Car, or Respiratory Arrest. PART I (a) Respiratory failure (b) (c) 34 OTHER SIGNIFICANT CONDITIONS (Specify conditions contributing to death but not related to cause given in PART I) Pneumonia, Renal failure, Hepatic failure 35 Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Possibly ☐ Link 36 AUTOPSY ☐ Yes ☒ No ☐ Yes ☐ No ☐ N/A 37 If it was found to be contributory in determining cause of death? 38 39 40 41 42

43 NUMBER OF DEATH 44 DATE OF BIRTH (Month, Day, Year) 45 TIME OF BIRTH 46 INJURY AT WORK? ☐ Yes ☒ No 47 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 48 LOCATION (Street and Number or Rural Route Number, City or Town, State)

49 RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 3-00

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

DATE ISSUED

MAR 16 1992

DORRA C. VERLING
CLERK
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 29th day of July A.D., 19 96 at 3:51 o'clock P.M., and duly recorded in Vol. M96 of Deeds on Page 22932

Bernetha G Letsch, County Clerk

By (Signature)

FEE \$40.00