

96 SEP 19 P2:10

NA

25337

QUITCLAIM DEED

Vol. 196 Page 29750

KNOW ALL MEN BY THESE PRESENTS, That

Gerald W. Meyers, Jr.

for the consideration hereinafter stated, does hereby remise, release and quitclaim unto  
Country Properties of Oregon, Inc.hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest  
in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any  
way appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:Lot 4, Block 1, Klamath Forest Estates, according to the official plat  
thereof, on file in the office of the County Clerk, Klamath County,  
Oregon.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$5,500.00.  
However, the actual consideration consists of or includes other property or value given or promised which is  
the whole consideration (indicate which). (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.)In construing this deed, where the context so requires, the singular includes the plural and all grammatical  
changes shall be made so that this deed shall apply equally to corporations and to individuals.In Witness Whereof, the grantor has executed this instrument this 12 day of September, 1996  
if a corporate grantor, it has caused its name to be signed and its seal, if any, affixed by an officer or other person  
duly authorized thereto by order of its board of directors.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.

Gerald W. Meyers, Jr.

STATE OF OREGON, County of

This instrument was acknowledged before me on

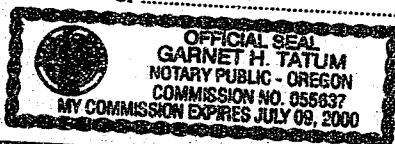
by

This instrument was acknowledged before me on

by

as

of

Garnet H. Tatum  
My commission expires July 9, 2000

Gerald W. Meyers, Jr.

P.O. Box 381

Midland, OR 97634

Grantor's Name and Address

Country Properties of Or, Inc.

P.O. Box 5241

Klamath Falls, OR 97601

Grantee's Name and Address

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

Country Properties of Or, Inc.

P.O. Box 5241

Klamath Falls, OR 97601

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

Country Properties of Or, Inc.

P.O. Box 5241

Klamath Falls, OR 97601

SPACE RESERVED  
FOR  
RECORDER'S USESTATE OF OREGON,  
County of KlamathI certify that the within instrument  
was received for record on the 19th day  
of Sept., 1996, at  
2:10 o'clock P.M., and recorded in  
book/reel/volume No. M96 on page  
29750 and/or as fee/file/instru-  
ment/microfilm/reception No. 25337,  
Record of Deeds of said County.Witness my hand and seal of  
County affixed.

Bernetha G. Letsch, Co. Clerk

By Kethin Rose, Deputy

Fee: \$30.00

ce  
30

# OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

194823  
LD. TAG NO.  
**396**  
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS

96-018279

1. DECEDENT'S NAME First: <u>George</u> Middle: <u>Washington</u> Last: <u>PUCKETT SR.</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>August 18, 1996</u>
4. SOCIAL SECURITY NUMBER <u>541-05-1255</u>		5. AGE-Last Birthday (Years) <u>87</u>	6. BIRTH-Place (City and State or Foreign) <u>Sheridan, Arkansas</u>
7. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify): <u>Posterior Care</u>		8. DATE OF BIRTH (Month, Day, Year) <u>June 17, 1909</u>	
9a. FACILITY NAME (if not institution, give street and number) <u>4663 Freida</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) <u>Timber Faller</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Timber</u>	
11a. RESIDENCE - STATE <u>Oregon</u>		11b. COUNTY OF DEATH <u>Klamath</u>	
12a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12b. ZIP CODE <u>97603</u>	
13a. 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		13b. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
14. FATHER - NAME (first, middle, last) <u>Harvey Puckett</u>		15. MOTHER - NAME (first, middle, last) <u>Jenny Stuckey</u>	
16. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		17. INFORMANT - NAME and relationship to decedent <u>George Puckett Jr. - Son</u>	
18. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Corning Cemetery</u>		19. LOCATION - City or Town, State <u>Corning, California</u>	
20. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Edith Simonson</u>		21. LICENSE NUMBER (if licensed) <u>3588</u>	
22. DATE FILED (Month, Day, Year) <u>AUG 21 1996</u>		23. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603</u>	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>		25. HAS GIFT MADE? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	

27. TIME OF DEATH <u>5:50 P. M.</u>		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) <u>Blake Barven M.D.</u>			
30. DATE SIGNED (Month, Day, Year) <u>8-21-96</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Blake Barven M.D. 2818 Clover Street Klamath Falls, Oregon 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF 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. Cardiac or Respiratory Arrest.)		34. INTERVAL BETWEEN ONSET AND DEATH	
(a) DUE TO, OR AS A CONSEQUENCE OF, <u>Aspiration pneumonia</u>		<u>2 hrs</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF, <u>Alzheimers Disease</u>		<u>2000 yrs</u>	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>A SHD</u>		Interval between onset and death	

40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
42. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No		43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. If yes, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		45. DESCRIBE HOW INJURY OCCURRED					

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: **SEP 13 1996**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss. Return: Mildred Puckett 7014 Keller Ct. K.F. 97603

Filed for record at request of Mildred Puckett of Sept. A.D., 1996 at 2:10 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 29751

FEE \$10.00

Bernetha G. Letsch County Clerk  
By Kathleen Ross