25842

Vol. M96 Page 30771

KLAMATH COUNTY TITLE COMPANY

K-49810-D

STATUTORY WARRANTY DEED
(Individual or Corporation)

WILLIAM E. HELSLEY, Grantor,

conveys and warrants to WILLIAM TRAVERN, Grantee,

the following described real property in the County of KLAMATH and State of Oregon.

Lot 13, Block 13, SUN FOREST ESTATES, TRACT NO. 1060 according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

'96 SEP 27 P3:05

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 $ 5,000.00 (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 20th day of September 19 96. If a corporate grantor, it has caused its name to be signed by resolution of its board of directors.

WILLIAM E. HELSLEY

STATE OF OREGON, County of Multnomah)ss.
The foregoing instrument was acknowledged before me this 26th day of Sept 19 96 by William E. Helsley

Notary Public for Oregon
My commission expires: Aug 12, 1998

OFFICIAL SEAL
PATRICIA J. WILLS
NOTARY PUBLIC-OREGON
COMMISSION NO. 035525
MY COMMISSION EXPIRES AUG. 12, 1998

CORPORATE ACKNOWLEDGEMENT

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.

Notary Public for Oregon
My commission expires:

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:
William Travern
7535 ElCapitan Way
Buena Park, CA 90620

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 27th day of September A.D., 19 96 at 3:05 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 30771.

Bernetha G. Letsch County Clerk
By Kathleen Rose

FEE $30.00

K-49728

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

29245 ID TAG NO

411-87 Local File Number

87-014493 State File Number

CERTIFICATE OF DEATH
ORS — 146

DECEASED — NAME (First, Middle, Last)	1 Sherman Francis EGGER		DATE OF DEATH (month, day, year) July 29, 1987
RACE (White, Black, American Indian, etc. specify) 3 White	SEX 4 Male	AGE - Last Birthday (years) 5a 70	DATE OF BIRTH (month, day, year) 6 January 1, 1917
CITY, TOWN OR LOCATION OF DEATH 7a Grants Pass	HOSPITAL OR OTHER INSTITUTION — NAME (If not in hospital, give street and number) 7b 582 Schroeder Lane		COUNTY OF DEATH 7d Josephine
STATE OF BIRTH (If not in U.S.A. name country) 8 Oregon	CITIZEN OF WHAT COUNTRY 9 U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED, DIVORCED) 11 Zelda M.
SOCIAL SECURITY NUMBER 13 544-09-3959	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Tavern Owner/Operator	KIND OF BUSINESS OR INDUSTRY 14b Self-employed	WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) 12 Yes
RESIDENCE — STATE 15a Oregon	COUNTY 15b Josephine	CITY, TOWN OR LOCATION 15c Grants Pass	STREET AND NUMBER OR R.F.D. 15d 582 Schroeder Lane ZIP 97527
FATHER — NAME (First, Middle, Last) 16 John L. Egger	MOTHER (First, Middle, Last, Maiden Name) 17 Essie Richey	INFORMANT (Name and relationship to deceased) 18 Zelda M. Egger - Wife	Inside City Limits (specify yes or no) 15e No
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial	CEMETERY OR CREMATORY — NAME 19b Hillcrest Memorial Park		LOCATION (City or Town, State) 19c Grants Pass, Oregon
FUNERAL SERVICE LICENSEE (Signature) 20a [signature]	NAME AND ADDRESS OF FACILITY Hull & Hull Funeral Dirs., 612 NW "A" St., Grants Pass, OR 97526		

CERTIFICATION — MEDICAL EXAMINER
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE AND IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND FOR THE CAUSE STATED.

DEATH OCCURRED (Hour) 21a 2105	THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year, Hour) 21b 07 - 29 - 87 9:10 p.	FROM 21c NATURAL CAUSES ☒ HOMICIDE ☐ ACCIDENT ☐ UNDETERMINED ☐ SUICIDE ☐ PENDING ☐	
CERTIFIER (Signature) 21d [signature] M.D.		NAME AND TITLE (Type or Print) 21e Daniel L. Moline, M. D.	
MEDICAL EXAMINER For 21f Josephine Co.		DATE SIGNED (Month, Day, Year) 21g August 6, 1987	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a August 10, 1987	REGISTRAR 22b [signature] Zelda G. Young		

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE) (a), (b), (c) and (d)

PART I 24a Undetermined natural causes — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF 24b — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF 24c — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART I 25 Hypertension — Autopsy (Specify Yes or No) 26 No

DATE OF INJURY (Month, Day, Year) 25a	HOUR 25b	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II above) 25c
INJ. AT WORK (Specify Yes or No) 25d	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e	LOCATION (Street or R.F.D. No., City or Town, County, State) 25f

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N.A. ☐ WAS GIFT MADE? YES ☐ NO ☐ N.A. ☐

RESERVED FOR REGISTRAR'S USE

RETURN TO: Zelda Egger
583 Schroeder Lane
Grants Pass, OR 95727

ORIGINAL-VITAL STATISTICS COPY

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.

EDWARD J. JOHNSON II
STATE REGISTRAR

DATE ISSUED: SEP 25 1996

96 SEP 27 P3:05

STATE OF OREGON: COUNTY OF KLAMATH: ss.

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Bernetha G. Letsch County Clerk
By Bernetha Rose

FEE $10.00