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

CERTIFICATE OF DEATH

ORS — 146

29245 ID TAG NO

411-87 Local File Number

87-014493 State File Number

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 either, give street and number): 7b. 582 Schroeder Lane
IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): 7c. -
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): 11. Zelda M.
WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): 12. Yes
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
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
INSIDE CITY LIMITS (specify yes or no): 15e. No
FATHER — NAME: 16. John L. Egger
MOTHER — NAME (Maiden Name): 17. Essie Richey
INFORMANT — NAME and relationship to deceased: 18. Zelda M. Egger - Wife
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 RESULTED ON OR ABOUT
DEATH OCCURRED (Hour): 21a. 2105
THE DECEASED WAS PRONOUNCED DEAD: 07 - 29 - 87 9:10 p.
FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
CERTIFIER (Signature): 21d. [signature]
NAME AND TITLE — (Type or Print): 21e. Daniel L. Moline, M. D.
MEDICAL EXAMINER For Josephine County: 21f.
DATE SIGNED (Month, Day, Year): 21g. August 6, 1987
DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a. August 10, 1987
REGISTRAR (Signature): 22b. [signature]

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))
PART I (a) Undetermined natural causes
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Hypertension
AUTOPSY (Specify Yes or No): 24. No
DATE OF INJURY (Month, Day, Year): 25a.
HOUR: 25b.
HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 23): 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.

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

DATE ISSUED: SEP 25 1996

96 SEP 27 P3:05

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. 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 30772.

Bernetha G. Letsch County Clerk
By [signature]

FEE $10.00