

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 P 3:05

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.

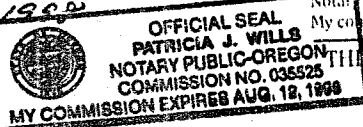
William E. Helsley
WILLIAM E. HELSLEY

CORPORATE ACKNOWLEDGEMENT

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

STATE OF OREGON, County of _____ ss.
The foregoing instrument was acknowledged before me
this _____ day of _____ 19 _____ and
by _____
of _____
a corporation, on behalf of the corporation.

Patricia J. Wills
Notary Public for Oregon
My commission expires: Aug 12, 1998



Notary Public for Oregon
My commission expires:

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

29245
ID TAG NO
411-87
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 146

87-014493

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STATING THE
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CAUSE LAST

CAUSE OF
DEATH

30 SEP 27 1996

DECEASED - NAME 1 Sherman Francis EGGER			DATE OF DEATH (month day year) July 29, 1987		
RACE White Black American Indian etc (specify) 2 White			SEX Male		
AGE - Last birthday (year) 3 70			DATE OF BIRTH (month day year) January 1, 1917		
CITY, TOWN OR LOCATION OF DEATH 4 Grants Pass			HOSPITAL OR OTHER INSTITUTION - NAME (If not in other give street and number) 5 582 Schroeder Lane		
STATE OF BIRTH (if not in U.S. name country) 6 Oregon			CITIZEN OF WHAT COUNTRY 7 U. S. A.		
SOCIAL SECURITY NUMBER 8 544-09-3959			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 9 Married		
USUAL OCCUPATION (Give kind of work done during most of working life) 10 Tavern Owner/Operator			SPOUSE (IF MARRIED WIDOWED) 11 Zelda M.		
RESIDENCE - STATE 12 Oregon			COUNTY OF DEATH 13 Josephine		
CITY, TOWN OR LOCATION 14 Grants Pass			STREET AND NUMBER OR R.F.D. 15 582 Schroeder Lane		
FATHER - NAME 16 John L. Egger			MOTHER - NAME 17 Essie Richey		
BURIAL, CREMATION, REMOVAL MAUS (specify) 18 Burial			CEMETERY OR CREMATORY - NAME 19 Hillcrest Memorial Park		
FURNERAL SERVICE LICENSEE (If none, check "None") 20 Charles M. Moline			NAME AND ADDRESS OF FACILITY 21 Hull & Hull Funeral Dirs., 612 NW "A" St., Grants Pass, OR		
CERTIFICATION - MEDICAL EXAMINER I CERTIFY THAT I HAVE INSPECTED INTO THE DEATH OF THE DECEASED AND THE OTHER INFORMATION GIVEN ABOVE AND IN MY OPINION THAT THE DEATH OCCURRED AS STATED. 22 DEATH OCCURRED - FROM THE DECEASED WAS PROHOUNCED DEAD 23 2105 07 - 29 - 87 9:10 p.m.					
FROM 24 Daniel L. Moline, M.D.					
NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ INFANTICIDE ☐ OTHER ☐					
DATE RECEIVED BY REGISTRAR (Month Day Year) 25 August 10, 1987					
REGISTRAR 26 Edward J. Johnson					
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE - (1), (2), AND (3)) 27 Undetermined natural causes					
DUE TO OR AS A CONSEQUENCE OF 28					
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) 29 Hypertension					
DATE OF INJURY (Month Day Year) 30					
HOUR 31					
PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 32					
LOCATION 33					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? 34 YES ☐ NO ☐ N/A ☐					
WAS GIFT MADE? 35 YES ☐ NO ☐ N/A ☐					
RESERVED FOR REGISTRAR'S USE 36					

RETURN TO: Zelda Egger ORIGINAL-VITAL STATISTICS COPY

583 Schroeder Lane
Grants Pass, OR 95727

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 25 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

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

FEE \$10.00

Bernetha G. Letach County Clerk
By *Bernetha G. Letach*