

26713

RECORDING REQUESTED BY

Vol. M96 Page 32481

'96 OCT 14 P1:47

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME David E. & Margaret L. LongSTREET ADDRESS 19830 NW Adcock RoadCITY, STATE & ZIP CODE Yamhill, Oregon 97148

TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

DOCUMENTARY TRANSFER TAX \$

- ☐ computed on full value of property conveyed, or
☐ computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax _____ Firm Name _____

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), Forest Long and
Ola Maxine Long (Deceased) (NAME OF GRANTOR(S))grant to David E. Long and Margaret L. Longall that real property situated in the City of _____ (NAME OF GRANTEE(S))
Klamath County, Oregon described as follows (insert legal description):

(NAME OF COUNTY) (STATE)
 Lot 1 of Block 28 of Oregon Pines, as same is shown on plat filed
 June 30, 1969 duly recorded in the office of the county recorder
 of said county.

Assessor's parcel No. _____

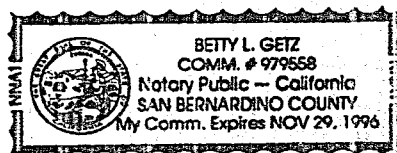
Executed on March 28, 1996, at Rialto, California

(CITY AND STATE)

STATE OF CaliforniaCOUNTY OF San BernardinoForest L. LongOn March 28, 1996 before me, Betty L. Getz, Notary Public

(NAME/TITLE, i.e. "JANE DOE, NOTARY PUBLIC")

personally appeared Forest L. Long
 personally known to me (or proved to me on the basis of satisfactory evidence) to be
 the person(s) whose name(s) is/are subscribed to the within instrument and
 acknowledged to me that he/~~she~~/they, executed the same in his/~~her~~/their authorized
 capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s),
 or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Betty L. Getz
 SIGNATURE OF NOTARY

(Seal)
 MAIL TAX STATEMENTS TO: 19830 N.W. Adcock Road
Yamhill, Oregon 97148

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

WOLCOTTS FORM 778 - Rev. 3-94a (price class 3A)
 GRANT DEED



7 67775 39778 9

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- ☒ INDIVIDUAL(S)
☐ CORPORATE OFFICER(S) _____ (TITLE)
☐ PARTNER(S) _____ LIMITED
☐ ATTORNEY IN FACT _____ GENERAL
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER _____

SIGNER IS REPRESENTING:
 NAME OF PERSON(S) OR ENTITY(ES): _____

© 1994 WOLCOTTS FORMS, INC.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of David E. Long the 14th day
 of OCTober A.D., 19 96 at 1:47 o'clock P. M., and duly recorded in Vol. M96
 of Deeds on Page 32481

Bernetha G. Letsch County Clerk

FEE \$30.00

By Kathleen Ross

County of San Bernardino

DIVISION OF VITAL RECORDS

222 WEST HOSPITALITY LANE, SAN BERNARDINO, CALIFORNIA 92415-0022

001 14 P 1:47

96 OCT 14 P 1:47

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE IN LICH INK ONLY

39336007037

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1D. MIDDLE		1C. LAST (FAMILY)		10. DATE OF DEATH—MO, DAY, YEAR		11. TIME OF DEATH—HOURS, MINUTES	
		OLA		MAXIE		LONG		09/01/1993		2017 F	
1B. RACE		1E. SEX		1F. DATE OF BIRTH—MO, DAY, YEAR		1G. AGE IN YEARS		1H. UNDER 1 YEAR		1I. UNDER 24 HOURS	
White		Male		12/20/1919		73					
12. STATE OF BIRTH		13. CITIZEN OR WHAT COUNTRY		14. FULL NAME OF FATHER		15. STATE OF BIRTH		16. FULL MAIDEN NAME OF MOTHER		17. STATE OF BIRTH	
IN		USA		Harry Morris		IN		Flossie Grabs		IN	
18. MILITARY SERVICE		19. SOCIAL SECURITY NO.		20. MARITAL STATUS		21. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME					
		314-01-4615		Married		Forest L. Long					
22. USUAL OCCUPATION		23. USUAL EMPLOYER		24. YEARS IN OCCUPATION		25. EDUCATION—YEARS COMPLETED					
Distributor		Self Employed		25		12					
26. RESIDENCE—STREET AND NUMBER OR LOCATION		27. CITY		28. STATE		29. ZIP CODE					
187 N. Joyce Avenue		Rialto		California		92376					
30. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		31. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		32. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		33. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT					
		Leon F. Long - Son		215 N. Clifford Ave		Rialto, CA 92376					
34. PLACE OF DEATH		35. STREET ADDRESS—STREET AND NUMBER		36. CITY		37. STATE		38. ZIP CODE			
LOMA LINDA UNIVERSITY MEDICAL CENTER		11234 ANDERSON STREET		LOMA LINDA		CALIFORNIA		92376			
39. IMMEDIATE CAUSE		40. TRAILER PER LINE		41. TRAILER PER LINE		42. TRAILER PER LINE		43. TRAILER PER LINE		44. TRAILER PER LINE	
DUE TO (A) RESPIRATORY FAILURE		DUE TO (B) LARGE RIGHT PLEURAL EFFUSION		DUE TO (C) ADENOCARCINOMA—PROBABLE LU		DUE TO (D) RENAL CELL CARCINOMA		DUE TO (E) LEFT NEPHRECTOMY, 06/28/1993		DUE TO (F) OTHER SIGNIFICANT CONDITIONS	
45. OTHER SIGNIFICANT CONDITIONS		46. OTHER SIGNIFICANT CONDITIONS		47. OTHER SIGNIFICANT CONDITIONS		48. OTHER SIGNIFICANT CONDITIONS		49. OTHER SIGNIFICANT CONDITIONS		50. OTHER SIGNIFICANT CONDITIONS	
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293698

ERROL J. MACKZUM
Auditor-Recorder
FEB 01 1994

This copy not valid unless prepared on engraved form displaying seal and signature of Recorder.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return: David Long
19830 N.W. Adcock Rd.
Yamhill, Or. 97148

Filed for record at request of David Long the 14th day of October A.D., 19 96 at 1:47 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 32482

FEE \$10.00

Bernetha G. Letsch

By Kathleen Brown County Clerk