30727

'97 JAN -2 P1:08

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BILL OF SALE

ROBERT ALAN PRIM grants, bargains, sells, transfers and conveys to JILL PRIM an undivided ten percent (10%) interest as tenant in common in and to the following leasehold and improvements situated in Klamath County, Oregon:

> Forest Service Special Use Permit covering Lot 1, Block U, LAKE OF THE WOODS SUMMER HOMESITES, together with cabin and improvements, a joint interest in community dock, and all furniture, furnishings and appliances in the cabin.

There is no monetary consideration for this transfer as the transfer is for the purpose of making a gift to the transferee. As a result of this conveyance, transferee's interest in the property is twenty-percent (20%).

DATED: January 2 1997.

Robert alan Prim

ROBERT ALAN PRIM

STATE OF OREGON)
) ss.
County of KLAMATH)

This instrument was acknowledged before me by ROBERT ALAN PRIM on January 2, 1997.

OFFICIAL SEAL
CAROLE A. UNDE
NOTARY PUBLIC-OREGON
COMMISSION NO. 056736
COMMISSION EXPIRES AUG. 15, 2000

Carole A. Linde

Notary Public for Oregon
My Commission Expires: 8-15-2000

After recording return to:
Lombard, Knudsen & Holtey
P.O. Box 1090
Ashland, OR 97520
(541)482-8491

Send tax statements to:
No change

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Robert Prim the 2nd day of January A.D., 1997 at 1:08 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 36.

Return: Robert Prim
P.O. Box 62
Ontario, Ca. 91762

FEE $30.00

Bernetha G. Letsch, County Clerk
by Kathleen Ross

PERMANENT BLACK INK

224004
I.D. TAG NO.

540
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Norman; Middle: Jack; Last: DUFFY
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 24, 1996
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 69
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Plummer, Idaho
7. DATE OF BIRTH (Month, Day, Year): August 1, 1927
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☑ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner
10b. KIND OF BUSINESS/INDUSTRY: Retail Grocery
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Darlene
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2765 Nile Street ✓
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Philip J. Duffy
18. MOTHER - NAME first middle maiden: Amanda - Haggard
19. INFORMANT - NAME and relationship to deceased: Darlene Duffy - wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): NOV 27 1996
24. REGISTRAR'S SIGNATURE: Marlene Blevins
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☑ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1205 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): Blake Berven
30. DATE SIGNED (Month, Day, Year): November 26, 1996

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature):
33. DATE SIGNED (Month, Day, Year): COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake D. Berven, M.D., 2616 Clover, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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

PART I
(a) Pneumonia + extensive intracranial hemorrhage — Interval between onset and death: 12 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Chronic anticoagulation for atrial fibrillation — Interval between onset and death: 4 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(c) Embolic CVA — Interval between onset and death: 4 yrs

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: ASHD, Seizure disorder

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other; ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: DEC 16 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Darlene Duffy the 2nd day of January A.D., 19 97 at 1:09 o'clock P.M., and duly recorded in Vol. M97, of Deeds on Page 37.

FEE $10.00

Bernetha G. Letsch, County Clerk
by Kathleen Ross