

33606

ORLAND E. KINGZETT and ROBERT P. KINGZETT, as tenants in common,
Grantor(s) hereby grant, bargain, sell and convey to:

AL SCHLIJPER,
Grantee(s) and grantee's heirs, successors and assigns the following described
real property, free of encumbrances except as specifically set forth herein in
the County of KLAMATH and State of Oregon, to wit:

LOT 2 IN BLOCK 5 OF RAINBOW PARK ON THE WILLIAMSON, ACCORDING TO THE
OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF
KLAMATH COUNTY, OREGON, TOGETHER WITH AN UNDIVIDED 1/68TH INTEREST IN
LOTS 4 AND 5, BLOCK 1 OF SAID ADDITION.

SUBJECT TO: all those items of record and those apparent upon the land, if
any, as of the date of this deed and those shown below, if any:
and the grantor will warrant and forever defend the said premises and every
part and parcel thereof against the lawful claims and demands of all persons
whomsoever, except those claiming under the above described encumbrances.

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.

The true and actual consideration for this conveyance is \$ 9,500.00.

Until a change is requested, all tax statements shall be sent to Grantee at the
following address: 4272 BISON COURT NE, SALEM, OR 97305

Dated this 17th day of Feb, 1997

Orland E. Kingzett
ORLAND E. KINGZETT

Robert P. Kingzett
ROBERT P. KINGZETT

STATE OF Ore SS. 2/17 19 97
COUNTY OF Lane
Personally appeared the above named Orland E. Kingzett

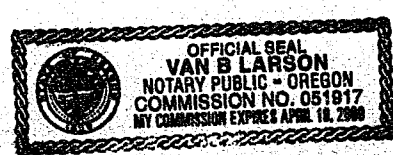
and acknowledged the foregoing instrument to be his voluntary act.

Before me:

[Signature]

Notary Public for Ore

My commission expires 4/19/2000



(seal)

ESCROW NO. MT40550-MS

Return to:
AL SCHLIJPER
4272 BISON COURT NE
SALEM, OR 97305

97 FEB 28 AM 12:27

[illegible]

ENT OF CHIEFOFSA, NORMANLIN ENT NO YEAR NIGHLY TO A HONOR IN A 196

STATE OF OREGON.

County of Klamath

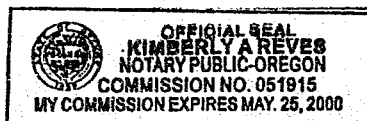
95

FORM No. 23—ACKNOWLEDGMENT.
Stevens-Ness Law Publishing Co. NL
Portland, OR 97204 © 1992

BE IT REMEMBERED, That on this 27 day of February, 19 97,
before me, the undersigned, a Notary Public in and for the State of Oregon, personally appeared the within
named ROBERT P. KINGZETT

known to me to be the identical individual..... described in and who executed the within instrument and
acknowledged to me that his.....executed the same freely and voluntarily.

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed
my official seal the day and year last above written.*



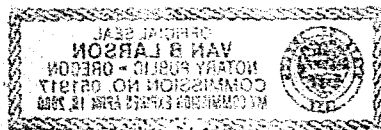
Notary Public for Oregon
My commission expires 5/25/2022

STATE OF OREGON : COUNTY OF KLAMATH:

Filed for record at request of Amerititle the 28th day
of February A.D., 19 97 at 11:27 o'clock A. M., and duly recorded in Vol. M97
of Deeds on Page 5990.

FEE \$35.00

by Bernetha G. Letsch, County Clerk
Kathleen Ross



H-01872

ID. TAG NO.

000157

Local File Number

OREGON DEPARTMENT OF HEALTH
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

State File Number

1. DECEDENT'S NAME First: Mary, Middle: Rita, Last: KINGZETT			2. SEX F	3. DATE OF DEATH (Month, Day, Year) January 5, 1996	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE Last Birthday (Years) 80	5b. Under 1 Year Mo. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Cleveland, OH	7. DATE OF BIRTH (Month, Day, Year) Nov. 15, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) 76643 Martin Creek Road			9c. CITY, TOWN, OR LOCATION OF DEATH Cottage Grove		9d. COUNTY OF DEATH Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker			10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed, Divorced (Specify)) Orlie Kingzett					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Lane	13c. CITY, TOWN OR LOCATION Cottage Grove		13d. STREET AND NUMBER 76643 Martin Creek Road
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5+) 6	
17. FATHER - NAME first middle last Edward Patrick Neary			18. MOTHER - NAME first middle maiden Mae - Bach		19. INFORMANT - NAME and relationship to deceased Orlie Kingzett/Husband
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Smith-Lund-Mills Crematorium		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]			21b. LICENSE NUMBER (Of Licensee) 2242		22. NAME, ADDRESS AND ZIP OF FACILITY Smith-Lund-Mills Funeral Chapel 123 S 7th St. Cottage Grove, OR 97424
23. DATE FILED (Month, Day, Year) JAN 19 1996			24. REGISTRAR'S SIGNATURE Victoria Kay Neary		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 0745 AM		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) [Signature]					
30. DATE SIGNED (Month, Day, Year) January 9, 1996					
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Dr. James Morris, M.D. 2440 Willamette Street Eugene, OR 97401					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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					
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL SECOND AND ALL DO NOT enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) Alzheimer's Disease 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 resulting in the underlying cause given in PART I. Parkinson's Disease					
Interval between onset and death 14 years					
Interval between onset and death					
Interval between onset and death					
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)					

THIS IS A TRUE AND EXACT REPORT OF THE DEATH OF THE DECEASED AS REGISTERED AT THE OFFICE OF THE LANE COUNTY REGISTRAR.

JAN 19 1996

DATE ISSUED:

ADA M. NOBLE
COUNTY REGISTRAR
LANE COUNTY, OREGON

ANY ALTERATION OR ILLEGAL USE OF THIS CERTIFICATE

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Amerititle

on this 28th day of February A.D., 1997
at 11:27 o'clock A. M. and duly recorded
in Vol. M97 of Deeds Page 5992

After recording return to:

Robert Kingzett
1225 Pacific Terrace
Klamath Falls, OR 97601

Bernetha G. Letsch, County Clerk

By [Signature]
Fee, \$10.00

Deputy.