

KNOW ALL MEN BY THESE PRESENTS, That ANITA L. BRADLEY, herein called grantor,

for the consideration herein stated, does hereby grant, bargain, sell and convey unto GERALD T. BRADLEY, herein called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of KLAMATH, State of Oregon, described as follows, to wit:

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF AS EXHIBIT "A"

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.

97 MAR 13 P 3:48

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ other than money

However, the actual consideration consists of or includes other property or value given or promised is the whole / part of the consideration.

In construing this deed and where the context so requires, the singular includes the plural and grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

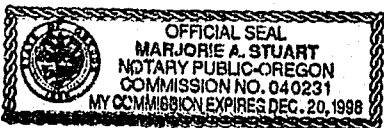
In Witness Whereof, the grantor has executed this instrument this 13th day of March, 1997; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

Anita L. Bradley  
Anita L. Bradley

STATE OF Oregon ss. March 13 19 97  
COUNTY OF Klamath

Personally appeared the above named Anita L. Bradley

and acknowledged the foregoing instrument to be her voluntary act.



Before me:  
Marjorie A. Stuart  
Notary Public for Oregon  
My commission expires 12/20/98

=====

Grantor: Anita Bradley

Grantee: Gerald T. Bradley

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EXHIBIT "A"  
LEGAL DESCRIPTION

A parcel of land situate in Section 6, Township 38 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

A parcel in the S1/2 of the SW1/4 of Section 6, Township 38 South Range 9 East of the Willamette Meridian, Klamath County, Oregon. Beginning at the SE corner of SW1/4 of Section 6, 600 feet North; thence West 834.0 feet more or less to the NE right-of-way of the old Dalles-California Highway. Thence South 49 degrees 20' East along said right-of-way 417.6 feet; thence South 43 degrees 01' East along said right-of-way 100 feet; thence South 29 degrees 32' East along said right-of-way 100.00 feet. Thence South 22 degrees 29' East 182.2 feet along said right-of-way more or less to the South boundary of Section 6 Township 38 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon. Thence East along said South boundary of Section 6, 324.3 feet more or less to point of beginning.

EXCEPT from the above described property, the following: All that part of Lot 2, Section 6, Township 38 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, described as follows: Beginning at a point on the Northeasterly line of the right-of-way of the County road bearing North 600 feet and West 834.0 feet from the quarter corner common to Sections 6 and 7, Township 38 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, to true point of beginning. Thence East 261.5 feet, thence Southwest at right angle to the County road, 170 feet more or less to the Northeast right-of-way of County road; thence North 49 degrees 20' West 199.0 feet along the Northerly right-of-way of County road to the point of beginning.

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 13th day  
of March A.D., 19 97 at 3:48 o'clock P. M., and duly recorded in Vol. M97  
of Deeds on Page 7471.

Bernetha G. Letsch, County Clerk

FEE \$35.00

by *Beth Ann Rose*

Local File Number \_\_\_\_\_ State File Number \_\_\_\_\_

1. DECEDENT'S FIRST NAME: **NOTMAN** Middle: **Zachary** LAST: **ANLAUF** 2. SEX: **Male** 3. DATE OF DEATH (Month, Day, Year): **February 22, 1997**

4. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 5a. AGE Last Birthday (Years): **77** 5b. Under 1 Year: \_\_\_\_\_ 5c. Under 1 Day: \_\_\_\_\_ 6. BIRTHPLACE (City and State or Foreign Country): **Muttle Creek, OR** 7. DATE OF BIRTH (Month, Day, Year): **December 03, 1919**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?  Yes  No 9. PLACE OF DEATH (Check only one):  HOSPITAL  Inpatient  Outpatient  D.O.A.  OTHER: \_\_\_\_\_

10a. FACILITY NAME (If not institution, give street and number): **20055 Highway 62 #18** 10b. CITY, TOWN, OR LOCATION OF DEATH: **Shady Cove** 10c. COUNTY OF DEATH: **Jackson**

11. MARITAL STATUS: **Married** 12. SPOUSE (If Married, Widowed, Divorced (Specify)): **Sally**

13a. RESIDENCE - STATE: **Oregon** 13b. COUNTY: **Jackson** 13c. CITY, TOWN OR LOCATION: **Shady Cove** 13d. STREET AND NUMBER: **20055 Highway 62 #18**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)  No  Yes 15. RACE American Indian, Black, White, etc. (Specify): **White** 16. DECEDENT'S EDUCATION (Specify only highest grade completed): **12**

17. FATHER - NAME first middle last: **Joseph Anlauf** 18. MOTHER - NAME first middle maiden: **Alice Zachary** 19. INFORMANT - NAME and relationship to deceased: **Sally Anlauf (Wife)**

20a. METHOD OF DISPOSITION  Burial  Cremation  Removal from State  Donation  Other (Specify): \_\_\_\_\_ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Hull & Hull Crematory** 20c. LOCATION - City or Town, State: **Grants Pass, OR**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *Dianna J. Neel* 21b. LICENSE NUMBER (Of Licensee): **0041** 22. NAME, ADDRESS AND ZIP OF FACILITY: **Hull & Hull Funeral Directors  
612 NW A St. Grants Pass, OR 97526**

23. DATE FILED (Month, Day, Year): **FEB 28 1997** 24. REGISTRAR'S SIGNATURE: *Dianna Poeme*

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?  YES  NO (ANA) 26. WAS GIFT MADE?  YES  NO  N/A

2-28-97 13/1

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: **4:00 A** M  Yes  No 28. WAS MEDICAL EXAMINER NOTIFIED?  Yes  No

29. To the best of your knowledge, when occurred at the time, date, place and due to the causes and manner stated. (Signature): *William C Husum MD*

30. DATE SIGNED (Month, Day, Year): **2-27-97**

31. 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): **William C Husum MD 2600 Siskiyou Blvd Medford OR 97504**

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): \_\_\_\_\_

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) **Metastatic Ca Prostate** Interval between onset and death: \_\_\_\_\_

(b) DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_ Interval between onset and death: \_\_\_\_\_

(c) DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_ Interval between onset and death: \_\_\_\_\_

PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I. **Parkinson's Disease**

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

40. MANNER OF DEATH:  Natural  Pending investigation  Accident  Undetermined  Suicide  Legal Intervention  Homicide  Other

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): \_\_\_\_\_

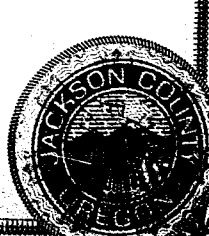
ORIGINAL VITAL STATISTICS COPY 45-2 Rev 12/94

Return: Sally Anlauf  
 20055 Hwy 62 #18  
 Shady Cove, Oregon 97539

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

DATE ISSUED: **FEB 28 1997**

*Henry Collins, Jr.*  
 HENRY COLLINS, JR.  
 COUNTY REGISTRAR  
 JACKSON COUNTY, OREGON



STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of **Sally Anlauf** the **13th** day of **March** A.D., 19 **97** at **3:48** o'clock **P.**-M., and duly recorded in Vol. **M97** of **Deeds** on Page **7473**

FEE \$10.00

by *Bernetha G. Letch* County Clerk  
*Kathleen Rose*