

'97 JUL 16 P3:17

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TITLE & ESCROW, INC.

WARRANTY DEED

ASPEN TITLE ESCROW NO. 05046491

AFTER RECORDING RETURN TO:

MICHAEL L. BACHMAN

DIANA L. BACHMAN

P.O. Box 5271Klamath Falls, OR 97601

UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVE

GWEN BOTTERBUSCH, hereinafter called GRANTOR(S), convey(s) to
MICHAEL L. BACHMAN AND DIANA L. BACHMAN, HUSBAND AND WIFE,
hereinafter called GRANTEE(S), all that real property situated
in the County of Klamath, State of Oregon, described as:

The N 1/2 of Lot 25 all of Lot 26, Block 13, INDUSTRIAL
ADDITION TO THE CITY OF KLAMATH FALLS, in the County of
Klamath, State of Oregon.

CODE 1 MAP 3809-33BA TAX LOT 15100

"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 30.390."

and covenant(s) that grantor is the owner of the above described
property free of all encumbrances except covenants, conditions,
restrictions, reservations, rights, rights of way and easements
of record, if any, and apparent upon the land, contracts and/or
liens for irrigation and/or drainage,

and will warrant and defend the same against all persons who may
lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is
\$38,500.00.

In construing this deed and where the context so requires, the
singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument
this 15th day of July, 1997.

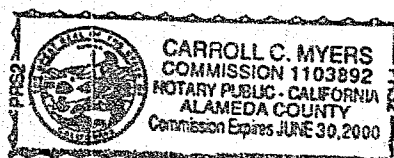
X Gwen Botterbusch
GWEN BOTTERBUSCH

STATE OF CALIFORNIA)
) ss.
COUNTY OF ALAMEDA)

On 7-15-97 before me,
CARROLL C. MYERS - Notary, personally appeared
GWEN BOTTERBUSCH

~~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.

Signature Carroll C Myers
My commission expires: JUNE 30, 2000



22421

B-3845
ID TAG NO.

CERTIFICATE OF DEATH

DECEASED - NAME: **EUGENE FRED ROYTERBUSCH** Last
RACE: **White** SEX: **Male** AGE - Last birthday (years): **68** DATE OF DEATH (month, day, year): **September 06, 1987**
CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls** HOSPITAL OR OTHER INSTITUTION: **430 Adams Street** DATE OF BIRTH (month, day, year): **August 27, 1919**
STATE OF BIRTH (if not in U.S.): **U.S.A.** CITIZEN OF WHAT COUNTRY: **U.S.A.** IF HOSP. OR INST. indicate DOA, or home, farm, institution (specify): **Klamath**
SOCIAL SECURITY NUMBER: **550 - 16 - 3981** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): **Married** SPOUSE (if married, widowed): **Gwen** WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): **YES**
RESIDENCE - STATE: **Oregon** COUNTY: **Klamath** CITY, TOWN OR LOCATION: **Composing Room Foreman** STREET AND NUMBER OR R.F.D.: **430 Adams St.** ZIP: **97601** **Newspaper**
FATHER - NAME: **Fred Louis Royterbusch** MOTHER - first middle last: **Ruth Marguerite Meredith** CITY, TOWN OR LOCATION: **Klamath Falls, Or.** LOCATION: **Klamath Falls, Or.**
BURIAL CREATION: **Cremation** CEMETERY OR CREMATORY - NAME: **Eternal Hills Memorial Gardens** NAME AND ADDRESS OF FACILITY: **WARD'S - 1945 Main - Klamath Falls, Ore. - 97601**
FEDERAL SERVICE LICENSEE or person acting as such: **Kenneth K. Magee** DATE SIGNED (Mo. Day, Year): **9-9-87** HOUR OF DEATH: **3:00 P**
NAME, TITLE AND ADDRESS OF CERTIFIER (Type of Facility): **Kenneth K. Magee, MD / 1900 Main / Klamath Falls, Oregon / 97601**
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Facility):
DATE RECEIVED BY REGISTRAR (Mo. Day, Year):
REGISTRAR:
IMMEDIATE CAUSE: **Heart event** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
DUE TO, OR AS A CONSEQUENCE OF:
DUE TO, OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS: **Coronary Artery Disease**
ACCIDENT (Specify Yes or No): **No** DATE OF INJURY (Mo. Day, Year):
HOUR OF INJURY:
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐ WAS GIFT MADE? YES ☐ NO ☐ N/A ☐
RESERVED FOR REGISTRAR'S USE

STATE OF OREGON: COUNTY OF KLAMATH: Filed for record at request of **Aspen Title & Escrow** the **16th** day of **July** A.D. 19 **97** at **3:17** o'clock **P.** M., and duly recorded in Vol. **M97** of **Deeds** on Page **22420**
FEE \$35.00
By **Bernetha G. Leisch, County Clerk**
Kathleen Ross

ORIGINAL - VITAL STATISTICS COPY