41148

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Aspen TITLE & ESCROW, INC.

WARRANTY DEED

ASPEN TITLE ESCROW NO. 05046491
AFTER RECORDING RETURN TO:
MICHAEL L. BACHMAN
DIANA L. BACHMAN
P.O. Box 5271
Klamath 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

CARROLL C. MYERS
COMMISSION 1103892
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
Commission Expires JUNE 30, 2000

35

B-3845

ID TAG NO.

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First: EUGENE | Middle: FRED | Last: BOTTERBUSCH

2 DATE OF DEATH (month, day, year): September 06, 1987

3 RACE (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 68

5b Under 1 year: mos / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): August 27, 1919

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 430 Adams Street

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country):

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Gwen

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: 550 - 16 - 3981

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Composing Room Foreman

14b KIND OF BUSINESS OR INDUSTRY: Newspaper

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 430 Adams St. ZIP: 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER — NAME first middle last: Fred Louis Botterbusch

17 MOTHER — first middle last (Maiden Name): Ruth Marguerite Meredith

18 INFORMANT — NAME and relationship to deceased: Gwen Botterbusch / Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Kenneth K. Magee

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601

CERTIFICATION OF PHYSICIAN

To be completed by Certifying Physician

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21b (Signature): Kenneth K. Magee

21b DATE SIGNED (Mo., Day, Year): 9-9-87

21c HOUR OF DEATH: 3:00 P M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD / 1900 Main / Klamath Falls, Oregon / 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

REGISTRAR

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year):

22b REGISTRAR (Signature):

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I

(a) Respiratory arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Severe liver Failure — Interval between onset and death: Years

DUE TO, OR AS A CONSEQUENCE OF:

(c) Pancreatic Carcinoma — Interval between onset and death: Years

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Pancreatic Cirrhosis

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

INJURY

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year):

26c HOUR OF INJURY: M

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No):

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

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

ORIGINAL - VITAL STATISTICS COPY

45-8 Prev. 8-83

STATE OF OREGON: COUNTY OF KLAMATH: ss.

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. Lesch, County Clerk