

50278

Grantor's Name and Address

Grantee's Name and Address

After recording, return to grantee, Address, Zip:

Ronald Stilwell
3665 Anderson Ave.
K. Falls, OR. 97603

Until requested otherwise, send all tax statements to Grantor, Address, Zip:

SPACE RESERVED
FOR
RECORDER'S USE

Fee: \$30.00

MTC 42963

STATE OF OREGON,

County of Klamath } ss.

I certify that the within instrument
 was received for record on the 17th day
 of December, 1997, at
3:54 o'clock P.M., and recorded in
 book/reel/volume No. M97 on page
41043 and/or as fee/file/instru-
 ment/microfilm/reception No. 50278-Deed
 Records of said County.

Witness my hand and seal of County
 affixed.

Bernetha G. Letsch, Co. Clerk
 NAME TITLE

By Kathleen Rose, Deputy.

DEED CREATING ESTATE BY THE ENTIRETY

KNOW ALL BY THESE PRESENTS that Ronald C. Stilwell

, hereinafter called grantor,
 the spouse of the grantee hereinafter named, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto
Ronald C. Stilwell and Tammy L. Stilwell, husband and wife, herein called the grantee,
 an undivided one-half of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in
 any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit:

A parcel of land situated in Lot 18 of "Subdivision of Tracts 25 to 32 inclusive
 together with the South 10 feet of Tracts 33 and 34 of Altamont Ranch Tracts",
 according to the official plat thereof on file in the office of the County Clerk
 of Klamath County, Oregon, being more particularly described as follows:

Beginning at a $\frac{1}{2}$ inch iron pin on the South line of said Lot 18 from which the Southeast corner
 of said Lot 18 bears South 88 degrees 46' East, 366.83 feet; thence North 00 degrees 12'00" West,
 303.15 feet to a $\frac{1}{2}$ inch iron pin on the North line of said Lot 18; thence North 51 degrees 09' West
 along said North lot line, 180.79 feet to a $\frac{1}{2}$ inch ironpin; thence leaving said North lot line South
 05 degrees 03'14" East, 299.12 feet to a $\frac{1}{2}$ in iron pin; thence South 00 degrees 08'00" East, 116.12
 feet to a $\frac{1}{2}$ inch iron pin on South lot line; thence South 88 degrees 46' East, 115.26 feet to the
 point of beginning.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold an undivided one-half of the above described real property unto the grantees forever.

The above named grantor retains a like undivided one-half of that same real property, and it is the intent and purpose of this
 instrument to create, and there hereby is created, an estate by the entirety between husband and wife as to this real property.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0. However, the
 actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate
 which) consideration. (The sentence between the symbols ϕ , if not applicable, should be deleted. See ORS 93.030.)

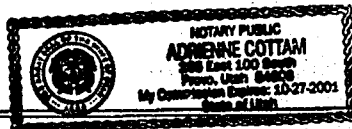
IN WITNESS WHEREOF, the grantor has executed this instrument this 16 day of December, 1997.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN
 THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGU-
 LATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON
 ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPRO-
 PRIATE 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.

Ronald C. Stilwell

UTAH
 STATE OF ~~OREGON~~, County of UTAH } ss.

This instrument was acknowledged before me on December 16th, 1997,
 by Ronald C. Stilwell



Adrienne Cottam
 Notary Public for ~~OREGON~~ UTAH
 My commission expires 10-27-2001

E-3170
I.D. TAG NO.
316
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

7
8
9

REGISTRAR

CERTIFIER

CAUSE OF DEATH

10
11
12
13
14

CONDITIONS

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16
17

1. DECEDENT'S NAME First: Howard Middle: Sherman Last: HUDSON		2. SEX M	3. DATE OF DEATH (Month, Day, Year) July 25, 1990
4. SOCIAL SECURITY NUMBER 491-12-4371	5a. AGE - Last Birthday (Years) 69	5b. Under 1 Year Mo. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Springtown, MO.
7. DATE OF BIRTH (Month, Day, Year) January 28, 1921		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9c. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Lumber Stacker		10b. KIND OF BUSINESS/INDUSTRY Lumber Manufacturing	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Carmelita	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 5403 Knightwood Drive		13d. ZIP CODE 97603	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15. RACE White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12			
17. FATHER - NAME first middle last John Clyde Hudson		18. MOTHER - NAME first middle maiden Virgia Bell Baze	
19. INFORMANT - NAME and relationship to decedent Carmelita Hudson, wife			
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) Eagle Point National Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)		21b. LICENSE NUMBER (Or License) 53-0124	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) JUL 26 1990	
24. REGISTRAR'S SIGNATURE (Signature)		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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
27. TIME OF DEATH 2150 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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)		30. DATE SIGNED (Month, Day, Year) July 26, 1990	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Barbara Gilbertson, D.O., 1905 Main Street, Klamath Falls, Oregon 97601		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. 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.)			
(a) H2 Potentia episode		Interval between onset and death	
(b) Severe pneumonia & U.I.I		Interval between onset and death	
(c) COPD		Interval between onset and death	
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.			
36. 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		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
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. DATE OF INJURY (Month, Day, Year)		41. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41a. PLACE OF INJURY - All home, farm, street, factory, office building, etc. (Specify)		41b. DESCRIBE HOW INJURY OCCURRED	
41c. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 1-89

DATE ISSUED

JUL 27 1990

Donna Q. Verling
DONNA A. VERLING
REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 17th day of December A.D., 19 97 at 3:54 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 41044.

FEE \$10.00

By Bernetha G. Letsch, County Clerk
(Signature)