



51046

98 JAN -2 P3:20

Vol. 198 Page 104

STATUTORY WARRANTY DEED

IDA LEA GIVAN; AND JESSE F. FRANCIS AND HILDA E. FRANCIS, TRUSTEES OR THEIR SUCCESSORS IN TRUST UNDER THE FRANCIS LOVING TRUST DATED JANUARY 16, 1990, Grantor, conveys and warrants to KENNETH HUFFORD AND LESLIE HUFFORD, HUSBAND AND WIFE, Grantee,

the following described real property free of liens and encumbrances, except as specifically set forth herein:
GOVERNMENT LOTS 1 AND 2 AND THE E1/2 NW1/4 OF SECTION 18, TOWNSHIP 30 SOUTH, RANGE 11 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON.

THE SOUTH 1/2 OF SECTION 11, THE NORTH 1/2 OF SECTION 13, AND THE NORTH 1/2 OF SECTION 14, ALL IN TOWNSHIP 30 SOUTH, RANGE 10, EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON.

This property is free of liens and encumbrances, EXCEPT: Reservations and restrictions of record, rights of way, and easements of record and those apparent upon the land, contracts and/or liens for irrigation and/or drainage.

K.H.
L.H.
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 consideration for this conveyance is \$ 690,000.00 (Here comply with the requirements of ORS 93.030)

Dated this 30 day of December, 19 97

IDA LEA GIVAN
IDA LEA GIVAN

HILDA E. FRANCIS, TRUSTEE
HILDA E. FRANCIS, TRUSTEE

HILDA E. FRANCIS, INDIVIDUALLY
HILDA E. FRANCIS, INDIVIDUALLY

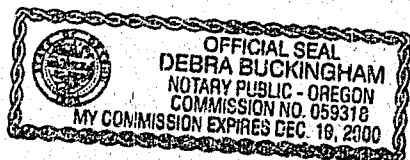
STATE OF OREGON

County of KLAMATH } ss.

BE IT REMEMBERED, That on this 2ND day of JANUARY, 19 98, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named IDA LEA GIVAN AND HILDA E. FRANCIS

known to me to be the identical individual described in and who executed the within instrument and acknowledged to me that THEY 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.



Debra Buckingham
My Commission expires 12-19-2000

Notary Public for Oregon.

Title Order No. K-51186Escrow No. K51186D

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:

KEN HUFFORDPO BOX 21NORTH POWDER, OR 97867

Name, Address, Zip

Until a change is requested all tax statement shall be sent to the following address.

KEN HUFFORDPO BOX 21NORTH POWDER, OR 97867

Name, Address, Zip

PRINT IN
PERMANENT
BLACK INK

079700
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

105

Local File Number

State File Number

1. DECEDENT'S NAME First: Jesse Middle: Freddie Last: FRANCIS			2. SEX M	3. DATE OF DEATH (Month, Day, Year) October 7, 1991
4. SOCIAL SECURITY NUMBER 543-20-6753		5a. AGE-Last Birthday (Years) 67	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Medford, Oregon			7. DATE OF BIRTH (Month, Day, Year) July 24, 1924	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Highway	
9b. FACILITY NAME (If not institution, give street and number) Silver Lake Highway & Forest Service# 49			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retiree) Rancher			10b. KIND OF BUSINESS/INDUSTRY Cattle Industry	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (If Married, Widowed) Hilda Francis	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Chiloquin
13d. STREET AND NUMBER P.O. Box 213		14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15. ZIP CODE 97624		16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes		
17. RACE American Indian, Black, White, etc. (Specify) White		18. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		
19. FATHER - NAME first middle last Henry E. Francis			20. MOTHER - NAME first middle maiden Annie L. Skeen	
21. INFORMANT - NAME and relationship to deceased Hilda Francis Spouse			22. LOCATION - City or Town, State Chiloquin, Oregon	
23. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wilson Cemetery	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Riggs</i>			26. LICENSE NUMBER (Of Licensee) 49-1275	
27. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel			28. ADDRESS AND ZIP OF FACILITY 515 Pine ST. Klamath Falls, OR 97601	
29. DATE FILED (Month, Day, Year)			30. REGISTRAR'S SIGNATURE	
31. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			32. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
<div style="display: flex; justify-content: space-between;"> <div> <p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>33. TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)</p> <p>36. DATE SIGNED (Month, Day, Year)</p> </div> <div> <p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>37. TIME OF DEATH 8:35 A M</p> <p>38. DATE PRONOUNCED DEAD (Month, Day, Year) October 7, 1991</p> <p>39. 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)</p> <p>40. DATE SIGNED (Month, Day, Year) 10/9/91</p> </div> </div>				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon G. Mc Kellar M.D.M.E. 2300 Clairmont Street Klamath Falls, Oregon 97601				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33. 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) Multiple Traumatic Injuries			Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			Interval between onset and death	
41. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention			42. DATE OF INJURY (Month, Day, Year) 10-7-91	
43. TIME OF INJURY 8:35A			44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Klamath Falls Highway			46. DESCRIBE HOW INJURY OCCURRED Driver of Pickup Truck broadsided by Log Truck at intersection	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State) Silver Lake Highway & Forest Road# 49			48. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
49. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			50. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

STATE OF OREGON: COUNTY OF KLAMATH ss:

Filed for record at request of First American the 2nd day of January A.D., 19 98 at 3:20 o'clock P M., and duly recorded in Vol. M98 of Deaths on Page 104

FEE \$35.00

Bernetha G. Letsch, County Clerk
By *Bernetha G. Letsch*