FORM No. 721 – QUITCLAIM DEED (Individual or Corporation). COPYRIGHT 1963 BENEFICIAL STATE BANK PUBLISHING CO., PORTLAND, OR 97204

NA 51970 QUITCLAIM DEED Vol. M98 Page 2023

KNOW ALL MEN BY THESE PRESENTS, That C. P. Peyton, hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and quitclaim unto Klamath County, a Political sub-division of the State of Oregon, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Lots 11C, 11D, 12A, 12B, 12C and 12D, Block 4, Supplemental Plat of Railroad Addition to The City of Klamath Falls, Oregon, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

'98 JAN 21 P3:39

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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

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

In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this ..... day of ....., 19.....; if a corporate grantor, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized thereto by order of its board of directors.

Ruth P. Pepple
C. P. Peyton by Ruth Pepple
Power of Attorney

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.

STATE OF OREGON, County of .....) ss.

This instrument was acknowledged before me on ....., 19.....,

by .....

This instrument was acknowledged before me on ....., 19.....,

by .....

as .....

of .....

Notary Public for Oregon

My commission expires .....

C. P. Peyton
% Ruth Pepple
1210 SE Rogue
Grants Pass, OR 97526
Grantor's Name and Address

Klamath County
403 Pine Street, Suite 300
Klamath Falls, OR 97601
Grantee's Name and Address

After recording, return to (Name, Address, Zip):
Klamath County Property Sales
403 Pine Street, Suite 300
Klamath Falls, OR 97601

Until requested otherwise, send all tax statements to (Name, Address, Zip):
Klamath County
403 Pine Street, Suite 300
Klamath Falls, OR 97601

SPACE RESERVED FOR RECORDER'S USE

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

I certify that the within instrument was received for record on the ..... day of ....., 19....., at ..... o'clock ..... M., and recorded in book/reel/volume No. ..... on page ..... and/or as fee/file/instrument/microfilm/reception No. ....., Record of Deeds of said County.

Witness my hand and seal of County affixed.

NAME TITLE

By ....., Deputy

Acknowledgment through Power of Attorney

State of OREGON

County of Josephine

On this 13th day of January, 1999 before me personally appeared Ruth Pepple,

(proved to me on the basis of satisfactory evidence) (~~personally known to me~~) to be the person whose name is subscribed to the within instrument (Type of Document: Quitclaim Deed) as the attorney in fact of C.P. Peyton, and acknowledged that (he)(she) subscribed the name of C.P. Peyton thereto as principal, and (his)(her) own name as attorney in fact.

Notary Public - State of Oregon

My commission expires: 12.28.99

OFFICIAL SEAL
ANN MATTHIES
NOTARY PUBLIC - OREGON
COMMISSION NO. 049958
MY COMMISSION EXPIRES DEC. 28, 1999

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

2025

162977 I.D. TAG NO.

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

Local File Number

State File Number

1. DECEDENT'S LAST NAME: Doris | FIRST: Ady | MIDDLE: PEYTON | 3. SEX: Female | 4. DATE OF DEATH (Month, Day, Year): July 21,1994

5. SOCIAL SECURITY NUMBER: 544-16-5634 | 6. AGE-Last Birthday (Years): 92 | 6a. Under 1 Day | 6b. Under 1 Day | 6c. Under 1 Day | 7. BIRTHPLACE (City and State or Foreign Country): Templeton, CA | 8. DATE OF BIRTH (Month, Day, Year): October 16,1901

9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) | 9a. PLACE OF DEATH (Check only one): Hospital / Nursing Home / Decedent's Home / Hospice / Other

9b. FACILITY NAME (If not institution, give street and number): Rogue Valley Manor Health Center | 9c. CITY, TOWN, OR LOCATION OF DEATH: Medford | 9d. COUNTY OF DEATH: Jackson

10a. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life. Do not use retired): Teacher | 10b. KIND OF BUSINESS/INDUSTRY: Primary | 11. MARITAL STATUS: Married | 12. SURVIVING SPOUSE (If Married, Widow/wife): Calvin P.

13a. RESIDENCE - STATE: Oregon | 13b. COUNTY: Jackson | 13c. CITY OR TOWN OF RESIDENCE: Medford | 13d. STREET AND NUMBER: 1200 Mira Mar #112

13e. INSIDE CITY LIMITS? (Yes/No) | 13f. ZIP CODE: 97504 | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Yes/No, If yes, specify Mexican, Puerto Rican, Cuban, Other) | 15. RACE - American Indian, Black, White, Asian, Pacific Islander, Other (Specify) | 16. DECEDENT'S EDUCATION (Specify only highest grade completed): White | Elementary/Secondary (0-12): 2 | College (1-4 or 5+)

17. FATHER'S NAME: Abel Ady | 18. MOTHER'S MAIDEN NAME: Leona Howie | 19. INFORMANT'S NAME, MAILING ADDRESS, ZIP CODE, AND RELATIONSHIP TO DECEASED: Calvin Peyton- husban

20a. METHOD OF DISPOSITION: (Burial / Cremation / Removal from State / Donation / Other (Specify)): Cremation | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hillcrest Crematory | 20c. LOCATION - City or Town, State: Grants Pass, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Aimee Tomkins | 21b. LICENSE NUMBER (If Licensed): 1984 | 22. NAME, ADDRESS AND ZIP OF FACILITY: Lundberg-L.D. Hall Funeral Home 141 NW "C" St. Grants Pass, OR

23. DATE FILED (Month, Day, Year): AUG 0 8 1994 | 24. REGISTRAR'S SIGNATURE: Edward Johnson

25. WAS MEDICAL EXAMINER OR CORONER CONTACTED? (Yes/No) | 26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes/No)

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:50 A M | 27a. WAS PERSONAL EXAMINATION? (Yes/No): Yes

28. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature): James W Theen

29. DATE SIGNED (Month, Day, Year): 8/1/94

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): James Theen M.D. 555 Black Oak Dr. Medford, OR 97504

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED BY MEDICAL EXAMINER/CORONER

32a. TIME OF DEATH: M | 32b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):

33. On the basis of investigation, and/or autopsy, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature):

34. DATE SIGNED (Month, Day, Year): COUNTY:

PART I. IMMEDIATE CAUSE (Enter only one cause per line for a, b, and c.)
(a) Cerebral arteriosclerosis | Interval between onset and death: 5 yrs
(b) due to, or as a consequence of: CVA | Interval between onset and death:
(c) due to, or as a consequence of:
PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.

35. Did tobacco use contribute to death? (Yes/No/Unknown) | 36. AUTOPSY? (Yes/No) | 37. Were autopsy findings available to complete the cause of death? (Yes/No)

38. MANNER OF DEATH: (Natural / Accident / Suicide / Homicide / Pending Investigation / Could not be determined / Legal Intervention)

39. DATE OF INJURY (Month, Day, Year) | 40. TIME OF INJURY | 41. INJURY AT WORK? (Yes/No) | 42. PLACE WHERE INJURY OCCURRED

43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | 44. LOCATION (Street and Number or Rural Route Number, City or Town, State)

45. REMARKS FOR REGISTRAR'S USE

ORIGINAL VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED AUG 08 1994

Edward J. Johnson

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Property Sales the 21st day of January A.D., 19 98 at 3:39 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 2023.

FEE No Fee

Bernetha G. Loisch, County Clerk
By Kathleen Rose