

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.

38 JAN 21 P 3:39

(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 \$ Foreclosure of

However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). (The sentence between the brackets, if not applicable, should be deleted. See ORS 62.020.)

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.

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.

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

STATE OF OREGON, County of _____) ss.

This instrument was acknowledged before me on _____, 19____,
by _____, 19____,

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
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
Usual 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/real/volume No. _____ on page
_____ and/or as fee/file/instru-
ment/microfilm/reception No. _____,
Record of Deeds of said County.
Witness my hand and seal of
County affixed.
NAME _____ TITLE _____
By _____, Deputy

Mojo

Acknowledgment through Power of Attorney

State of OREGON

County of Josephine

On this 15th 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

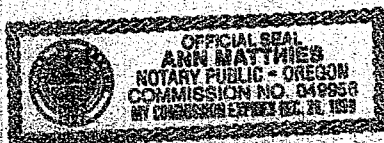
thereto as principal, and (~~his~~) (her) own name as attorney in fact.

[Signature]

Notary Public - State of Oregon

My commission expires: 12.28.99

January 1996



**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: _____

1. DECEASED'S NAME: **Doris**

2. SOCIAL SECURITY NUMBER: **544-16-5634**

3. AGE AT DEATH: **92**

4. SEX: **F**

5. DATE OF DEATH (Month, Day, Year): **July 21, 1994**

6. PLACE OF DEATH (City and State or Foreign Country): **Templeton, OK**

7. DATE OF BIRTH (Month, Day, Year): **October 16, 1901**

8. FACILITY NAME (If not institution, give street and number): **Rogue Valley Manor Health Center**

9. CITY, TOWN, OR LOCATION OF DEATH: **Medford**

10. COUNTY OF DEATH: **Jackson**

11. MARITAL STATUS: **Married**

12. STREET (AND NUMBER): **1200 N. Main St. #112**

13. CITY, TOWN, OR LOCATION OF DEATH: **Medford**

14. COUNTY OF DEATH: **Jackson**

15. NAME OF DECEASED'S NEXT OF KIN: **Calvin P.**

16. NAME OF DECEASED'S NEXT OF KIN: **Abel Ady**

17. NAME OF DECEASED'S NEXT OF KIN: **James Theen M.D.**

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100. NAME OF DECEASED'S NEXT OF KIN: **James Theen M.D.**

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 03 1994**

Edward J. Johnson
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 By **Bernetha G. Latsch, County Clerk**