

56094

Vol. 1748 Page 11609

AFTER RECORDING, RETURN TO:

William M. Ganong
Attorney at Law
514 Walnut Avenue
Klamath Falls OR 97601

SEND TAX STATEMENTS TO:

Genevieve G. Dallas
1834 Fremont Street
Klamath Falls OR 97601

DEED

Genevieve G. Dallas, as the sole surviving Trustee of the Fred J. Dallas Trust U.T.A.D. June 1, 1987, and as the sole surviving Trustee of the Genevieve G. Dallas Trust U.T.A.D. June 1, 1987, Grantors, conveys to Genevieve G. Dallas, Grantee, all of the interest of said Trusts as tenants-in-common, the real property located in Klamath County, Oregon described on Exhibit A attached hereto and incorporated herein by this reference.

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.

Dated this 6 day of April, 1998.

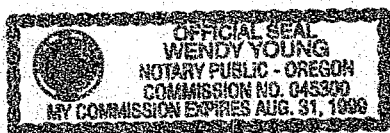
Genevieve G. Dallas
Genevieve G. Dallas

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on April 6, 1998 by
Genevieve G. Dallas.

WITNESS my hand and official seal.

Wendy Young
Signature of Notary



OK
35

the following described parcels of real property located
Klamath County, Oregon:

Parcel #1:

Lot 11, Block 30, HOT SPRINGS ADDITION to the City of Klamath
Falls, Klamath County, Oregon. Klamath County Tax Lot No. 3809-028BC-13800

Parcel #2:

A tract of land situated in the SW $\frac{1}{4}$ SE $\frac{1}{4}$, Section 1, Township 39
South, Range 9 East of the Willamette Meridian, more
particularly described as follows:

Beginning at an iron pin on the Northerly right of way line of
Hilyard Avenue, 30 feet Northerly at right angles from the
center line of Hilyard Avenue said point being North 0° 04'
West a distance of 30 feet and North 89° 56' East a distance
of 774.1 feet from the iron axle which marks the $\frac{1}{4}$ corner
common to Sections 1 and 12, Township 39 South, Range 9 East
of the Willamette Meridian and thence continuing North 89° 56'
East along the North line of Hilyard Avenue 220 feet to the
true point of beginning; thence continuing North 89° 56' East
along the Northerly line of Hilyard Avenue 290.4 feet to the
Southerly right of way line of the Dalles California Highway;
thence North 46° 09' West along the Southerly right of way of
said Highway 246.67 feet; thence South 43° 51' West 115 feet
to an iron pin; thence North 81° 14' West 33.34 feet to an
iron pin; thence South 0° 04' East 93.37 feet to the point of
beginning. Klamath County Tax Lot No. 3809-001DC-02000

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William M. Ganong the 9th day
of April A.D., 19 98 at 2:30 o'clock P M., and duly recorded in Vol. M98
of Deeds on Page 11609.

FEE \$35.00

By Bernetha G. Leisch, County Clerk
Kardun Koon

EXHIBIT A

253279

18. TAX NO.

839

Local File Number

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

State File Number

1. DECEASED'S NAME James Dayton BENTSON		2. SEX M		3. DATE OF DEATH (Month, Day, Year) December 20, 1997	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. Age Last Birthday 58	5b. Under 1 Year Moss	5c. Under 1 Day Hours	6. BIRTHPLACE (City and State or Foreign Location) Salem, Oregon
7. DATES OF BIRTH (Month, Day, Year) May 1, 1939		8. PLACE OF BIRTH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Resident <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> Other			
9. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. FACILITY NAME (If not institution, give street and number) St. Charles Medical Center			
11. MARITAL STATUS - Married, Never Married, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Joann		13. CITY, TOWN OR LOCATION OF DEATH Bend	
14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/Operator		15. KIND OF BUSINESS/INDUSTRY Gun Shop		16. STREET AND NUMBER 148900 Beal Rd.	
17. RESIDENCE - STATE Oregon		18. COUNTY La Pine		19. ZIP CODE 97739	
20. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (American Indian, Black, White, etc.) (Specify) White		22. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (D-12) College (1-4 or 5-) 2	
23. FATHER - NAME first middle last Clifford Bentson		24. MOTHER - NAME first middle maiden Mabel Kilgore		25. INFORMANT - NAME and relationship to deceased Cheryl Norris - Daughter	
26. 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) Ross Hollywood Crematory		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Portland, Oregon		28. LOCATION - City or Town, State	
29. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		30. OREGON LICENSE NO. (If known) 3423		31. NAME, ADDRESS AND ZIP OF FACILITY Telophase Cremation Society 11667 SE Stevens Rd. Portland, Or 97266	
32. DATE SIGNED (Month, Day, Year) January 6, 1998		33. SIGNATURE OF REGISTRAR [Signature]		34. REGISTRAR'S SIGNATURE [Signature]	

35. TIME OF DEATH 2:15 PM		36. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
37. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Matthew Hegewald		38. 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) [Signature]	
39. DATE SIGNED (Month, Day, Year) 12/20/97		40. COUNTY [Blank]	
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Matthew Hegewald, MD 1501 NE Medical Center Drive, Bend, Oregon 97701			
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)			
43. PART I (a) MYO CARDIAC infarction		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
44. PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I. Pneumonia, congestive heart failure		45. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
46. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		47. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
48. DATE OF INJURY (Month, Day, Year)		49. TIME OF INJURY	
50. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		51. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DESCHUTES COUNTY REGISTRAR.

DATE ISSUED

Jan 6, 1998

FLORENCE ABEND-TORRISON
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of JoAnn Bentson the 9th day of April A.D., 19 98 at 2:31 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 11611.

Return: JoAnn Bentson

P.O. Box 1555

LaPine, Or. 97739

By Bernetha G. Leisch, County Clerk

FEE

\$10.00