

59549

98 JUN 10 P2:44 Vol. 1998 Page 19802

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

Loren T. Allen
 P O Box 1638
 Pahoa, HI 96778
Grantee's Name and Address

After recording, return to (Name, Address, Zip):
 Loren T. Allen
 P O Box 1638
 Pahoa, HI 96778

Unit requested otherwise, send all tax statements to (Name, Address, Zip):
 Loren T. Allen
 P O Box 1638
 Pahoa, HI 96778

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, County of Klamath) ss.

I certify that the within instrument was received for record on the 10th day of June, 1998, at 2:44 o'clock P.M., and recorded in book/reel/volume No. M98 on page 19802 and/or as fee/file/instrument/microfilm/reception No. 59549-Deed Records of said County.

Witness my hand and seal of County affixed.

Bernetha G. Latsch, Co. Clerk
NAME TITLE

By *Kathleen Ross*, Deputy.

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that Klamath County, a Political sub-division of the State of Oregon hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto Loren T. Allen 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 Klamath County, State of Oregon, described as follows, to-wit:

Lot 16, Block 30, Fourth Addition To Nimrod River Park, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

SUBJECT TO Covenants, conditions, reservations, easements, restrictions, rights, rights of way and all matters appearing of record.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

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

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 1,105.00. 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 &, if not applicable, should be deleted. Sec. ORS 39.020)

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 9th day of June, 1998, if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

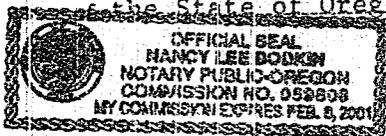
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

[Signatures]
Chmn. of the Bd.
Co. Commissioner
Co. Commissioner

STATE OF OREGON, County of Klamath) ss.
This instrument was acknowledged before me on _____, 19____

by _____
This instrument was acknowledged before me on June 9, 1998,

by William K. Larrard, Chair, M. Steven West & Al Switzer
as Commissioners of Klamath County, a Political sub-division of the State of Oregon.



Nancy Lee Bodden
Notary Public for Oregon
My commission expires Feb 8, 2001

Call 307

1. DECEASENT'S NAME Iceland Robert STINES		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) May 28, 1998	
4. SOCIAL SECURITY NUMBER 552-19-404		5. AGE (Last, Middle, First) 46		6. DATE OF BIRTH (Month, Day, Year) November 3, 1911	
7. PLACE OF BIRTH California, CA		8. RACE White		9. MARRIAGE STATUS Married	
10. DECEASENT'S USUAL OCCUPATION Electrician		11. DECEASENT'S USUAL EMPLOYER Railroad		12. SPOUSE (If Married, Widowed, Divorced, or Separated) Gail	
13. RESIDENCE STATE Oregon		14. CITY, TOWN OR LOCATION Klamath Falls		15. STREET AND NUMBER 3038 Delaware Ave	
16. RESIDENCE COUNTY Klamath		17. DECEASENT'S EDUCATION 9		18. DECEASENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5)	
19. FATHER'S NAME Jacob T. Sines		20. MOTHER'S NAME Pauline M. Sines		21. DECEASENT'S RELIGION Methodist	
22. METHAD OF DISPOSITION Interment		23. PLACE OF INTERMENT Klamath Falls, Oregon		24. DECEASENT'S RESIDENCE AT DEATH Klamath Rural Home, Inc. Klamath Falls, OR 97601	
25. DATE FILED (Month, Day, Year) 05-29-98		26. COUNTY Klamath		27. TIME OF DEATH 1:30	
28. TO HIS BEST KNOWLEDGE, DEATH OCCURRED AS A RESULT OF (Specify cause and manner of death) Ischemic heart disease		29. DATE SIGNED (Month, Day, Year) 05-29-98		30. SIGNATURE OF PHYSICIAN <i>[Signature]</i>	
31. NAME, TITLE, ADDRESS AND ZIP OF DEPT. PERMITTING PHYSICIAN David Panossian, MD 1628 Central St. Klamath Falls, OR 97601		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN PERMITTING PHYSICIAN		33. SIGNATURE OF ATTENDING PHYSICIAN	
34. PART I: CAUSE OF DEATH (1) Ischemic heart disease (2) Chronic obstructive lung disease		35. PART II: OTHER SIGNIFICANT CONDITIONS Diabetes		36. AUTOPSY Yes	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Pending investigation <input type="checkbox"/> Undetermined cause		38. DATE OF INJURY (Month, Day, Year) 05-29-98		39. TIME OF INJURY 1:30	
40. PLACE OF INJURY At home, farm, street, factory, office, building, etc.		41. DESCRIBE HOW INJURY OCCURRED		42. LD CATION (Street and Number or Rural Route Number, City or Town, State)	

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

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: **MAY 29 1998**

EDWARD J. JOHNSON II
 STATE REGISTRAR

STATE OF OREGON, COUNTY OF KLAMATH ss

Filed for record at request of Gail Siens the 10th day of June A.D., 19 98 at 2:44 o'clock P. M. and duly recorded in Vol. M98 on Page 19803

FEE \$10.00

By Bernetha G. Letsch, County Clerk