59549

'98 JUN 10 P2:44 Vol. M98 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

Until 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

Fee: $30.00

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 10th day of June, 19 98, 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. Letsch, Co. Clerk
NAME TITLE

By Kathleen Rose, 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 ①, 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 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.

William K. Harrad, Chmn. of the Bd.
M. Steven West, Co. Commissioner
Al Switzer, 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. Harrad-Chair, M. Steven West & Al Switzer

as Commissioners of Klamath County, a Political sub-division of the State of Oregon.

OFFICIAL SEAL
NANCY LEE BODKIN
NOTARY PUBLIC-OREGON
COMMISSION NO. 059808
MY COMMISSION EXPIRES FEB. 8, 2001

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

cell 30

CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

1a. STATE FILE NO. 2176593
1b. LOCAL FILE NO. 250

1. DECEDENT'S NAME: First: Leland; Middle: Robert; Last: SINES
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 28, 1998
4. SOCIAL SECURITY NUMBER: 552-19-4103
5a. AGE-Last Birthday (Years): 86
5b. If Under 1 Year: Months / Days / Hours
6. BIRTHPLACE (City and State or Foreign Country): Carrington, ND
7. DATE OF BIRTH (Month, Day, Year): November 3, 1911
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes / No
8b. MARITAL STATUS: Married
9. SURVIVING SPOUSE (If Married, Widow(er)): Gail
10a. DECEDENT'S USUAL OCCUPATION: Electrician
10b. KIND OF BUSINESS/INDUSTRY: Railroad
11. PLACE OF DEATH: Hospital
12a. COUNTY OF DEATH: Klamath
12b. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
12c. FACILITY NAME: Klamath Regional Rehabilitation Center
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3038 Delaware Ave
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: White
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 9
17. FATHER - NAME: Jacob F. Sines
18. MOTHER - NAME: Zora Mae Matsunaga
19. INFORMANT - NAME and relationship to deceased: Gail Sines, wife
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION: Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. NAME OF FACILITY: Klamath Funeral Home, Inc.
21c. ADDRESS: 3600 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): MAY 29 1998

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFIER - PHYSICIAN

27. TIME OF DEATH: 1930 Yes / No
28. WAS MEDICAL EXAMINER CONTACTED? No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
30. DATE SIGNED (Month, Day, Year): 05-29-98
31a. IF PERSON ACCEPTED DEAD (Month, Day, Year, Hour)
31b. I attended the deceased from ... to ... I last saw the deceased alive on ... Based on examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated.
32. DATE SIGNED (Month, Day, Year)
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): David Parnassian, MD, 1628 Carolyn St, Klamath Falls, OR 97601
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

35. DEATH WAS CAUSED BY:
PART I (a) Cerebral bleeding — Interval between onset and death: Hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) Ischemic heart disease — Interval between onset and death: Years
DUE TO, OR AS A CONSEQUENCE OF:
(c) Chronic obstructive lung disease — Interval between onset and death: Years
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I
36. Did tobacco use contribute to death? Yes (Primarily) / No / Unknown
37. AUTOPSY: Yes / No
38. Were autopsy findings considered in determining cause of death? Yes / No / N/A

39. MANNER OF DEATH: Natural / Pending Investigation / Accident / Undetermined / Suicide / Homicide / Legal Intervention / Other
40a. DATE OF INJURY (Month, Day, Year)
40b. TIME OF INJURY
40c. INJURY AT WORK? Yes / No
40d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
40e. DESCRIBE HOW INJURY OCCURRED
40f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

I 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

MAY 29 1998
DATE ISSUED

EDWARD J. JOHNSON JR.
STATE REGISTRAR

STATE OF OREGON, COUNTY OF KLAMATH: ss.

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

Bernetha G. Letsch, County Clerk

By Kathleen Rose

FEE $10.00