

62405

MTC 45007
WARRANTY DEEDVol. 198 Page 25124

MARVIN M. RICHTER and DOROTHY M. RICHTER, as tenants by the entirety,
Grantor(s) hereby grant, bargain, sell, warrant and convey to:
CHARLIE VIGUE and JUDY A. VIGUE, husband and wife,
Grantee(s) and grantee's heirs, successors and assigns the following described
real property, free of encumbrances except as specifically set forth herein in
the County of ~~CLATSOP~~ and State of Oregon, to wit:
KLAMATH

SEE ATTACHED EXHIBIT "A" REFERENCED AND MADE A PART HEREOF.

TAX ACCOUNT NO.: 2310 02700 00800 MI

SUBJECT TO: all those items of record and those apparent upon the land, if
any, as of the date of this deed and those shown below, if any:
and the grantor will warrant and forever defend the said premises and every
part and parcel thereof against the lawful claims and demands of all persons
whomsoever, except those claiming under the above described encumbrances.

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.

The true and actual consideration for this conveyance is \$ 28,000.00.

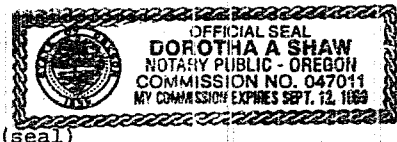
Until a change is requested, all tax statements shall be sent to Grantee at the
following address: 570 BROAD ST. S., MONMOUTH, OR 97361

Dated this 29 day of June, 1998

Marvin M. Richter
MARVIN M. RICHTER

DOROTHY M. RICHTER

STATE OF Oregon SS. 6/29 19 98
COUNTY OF Clackamas
Personally appeared the above named Marvin M Richter

and acknowledged the foregoing instrument to be a voluntary act.

Before me: Dorothea A. Shaw
Dorothea A. Shaw
Notary Public for Oregon
My commission expires 9-12-99

ESCROW NO. SR013037CR

Return to:

CHARLIE VIGUE
570 BROAD ST. S.
MONMOUTH, OR 97361

EXHIBIT "A"
LEGAL DESCRIPTION

A tract of land situated in the NW1/4 SE1/4 of Section 27, Township 23 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon, being more particularly described as follows:

Beginning at the Northwest corner of the NW1/4 SE1/4; thence North 69 degrees 55' 42" East 34.69 feet to the true point of beginning of the tract to be described; thence continuing North 89 degrees 55' 42" East, 324.30 feet; thence South 671.77 feet; thence West 324.30 feet; thence North 671.36 feet to the point of beginning.

25426

09283

0832

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number

State File Number

TYPE
IN
PRINT
BLACK
INK
FOR
INSTRUCTIONS
SEE
UNOSOCK

DEATH
DURING
TITUL
LANDS
CARDIN
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OF
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FIRMS

POSITION

OFFICIAL

NOTATIONS
IF ANY
ICH GAVE
USE TO
MEDICATE
CAUSE
THE
DEALING
USE LAST

USE OF

EARTH

| | | | | | | | | | |
|--|--|--|--|---|--|--|--|---|--|
| DECEASED - NAME | | First | | Middle | | Last | | DATE OF DEATH (month, day, year) | |
| 1 | | Dorothy | | May | | RICHTER | | 2 June 25, 1986 | |
| RACE White, Black, American Indian, etc. (specify) | | SEX | | AGE - Last birthday (years) | | Under 1 year | | DATE OF BIRTH (month, day, year) | |
| 3 White | | 4 Female | | 5a 58 | | Under 1 day | | 6 February 23, 1928 | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) | | IF HOSP OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify) | | COUNTY OF DEATH | | | |
| 7a Oregon City | | 7b Willamette Falls Hospital | | 7c | | 7d Clackamas | | | |
| STATE OF BIRTH (If not in U.S., name country) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) | | SPOUSE (If married, widowed) | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) | |
| 8 California | | 9 USA | | 10 Married | | 11 Marvin M. | | 12 NO | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | KIND OF BUSINESS OR INDUSTRY | | | | | |
| 13 540-30-6303 | | 14a Homemaker | | 14b At Home | | | | | |
| RESIDENCE - STATE | | COUNTY | | CITY, TOWN OR LOCATION | | STREET AND NUMBER OR R.F.D. | | ZIP | |
| 15a Oregon | | 15b Clackamas | | 15c Oregon City | | 15d 122 Ogden Drive | | 97045 | |
| FATHER - NAME | | MOTHER - NAME | | INFORMANT - NAME and relationship to deceased | | | | | |
| 16 Melvin M. Moffitt | | 17 Inice May Long | | 18 Marvin M. Richter - HUSBAND | | | | | |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify) | | CEMETERY OR CREMATORY - NAME | | LOCATION | | city or town | | state | |
| 19a Burial | | 19b Mt. View Cemetery | | 19c Oregon City, Oregon | | | | | |
| FUNERAL SERVICE LICENSEE or person acting as such (Signature) | | NAME AND ADDRESS OF FACILITY | | | | | | | |
| 20a [Signature] | | 20b HILLSIDE CHAPEL 1306 7th St. Oregon City, OR. 970 | | | | | | | |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | DATE SIGNED (Mo., Day, Year) | | HOUR OF DEATH | | | | | |
| 21a (Signature) [Signature] | | 21b 6/26/86 | | 21c 2:47 P. M. | | | | | |
| NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) | | | | | | | | | |
| 21d | | | | | | | | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | | | | |
| 21e | | | | | | | | | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Year) | | REGISTRAR | | | | | | | |
| 22a JUN 26 1986 | | 22b (Signature) [Signature] | | | | | | | |
| 23 IMMEDIATE CAUSE | | (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) | | Interval between onset and death | | | | | |
| PART I (a) Ventricular fibrillation | | | | 5 min | | | | | |
| (b) Severe coronary artery disease | | | | Several hrs | | | | | |
| (c) | | | | | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) | | AUTOPSY (Specify Yes or No) | | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) | | | | | |
| 24 NO | | 25 YES | | | | | | | |
| ACCIDENT (Specify Yes or No) | | DATE OF INJURY (Mo., Day, Year) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | | | |
| 26a | | 26b | | 26c | | 26d | | | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | LOCATION | | STREET OR R.F.D. NO. | | CITY OR TOWN STATE | |
| 26a | | 26b | | 26c | | 26d | | | |
| DID HOSPITAL OR PRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | | WAS GIFT MADE? | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/> | | | |
| RESERVED FOR HIGHWAY USE | | | | | | | | | |

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1

THIS CERTIFICATE IS A TRUE COPY OF A RECORD OF DEATH REGISTERED
WITH THE CLACKAMAS COUNTY HEALTH DIVISION.

TOM TROXEL, DIRECTOR

BY [Signature]

DATE JUN 26 1986

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 15th day
of July A.D., 19 98 at 11:37 o'clock A M., and duly recorded in Vol. M98
of Deeds on Page 25424

FEE \$40.00

Bernetha G. Letsch, County Clerk

By [Signature]