

'02 JAN 9 AM 9:43

WARRANTY DEED

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~~RUTH ROCHELLE DAILEY and ROBERT JOHN DAILEY~~, wife and husband, Grantor, for the true and actual consideration of \$ ~~5,030.00~~ 5250.⁰⁰ does convey unto **KLAMATH COUNTY**, a political subdivision of the State of Oregon, Grantee, fee title to the following described property:

A parcel of land lying in Lot 10, Block 3, ALTAMONT ACRES, Klamath County, Oregon and being a portion of that property described in that deed to Ruth Rochelle Dailey and Robert John Dailey, recorded in Book M-82, Page 15536 of Klamath County Record of Deeds; the said parcel being the Southerly 5 feet of said property.

The parcel of land to which this description applies contains 1,110 square feet, more or less.

Grantor covenants to and with Grantee, its successors and assigns, that grantor is the owner of said property which is free from encumbrances, except for easements, conditions, and restrictions of record, and will warrant the same from all lawful claims whatsoever, except as stated herein.

Grantor agrees that the consideration recited herein is just compensation for the property or property rights conveyed, including any and all damages to Grantor's remaining property, if any, which may result from the acquisition or use of said property or property rights. However, the consideration does not include damages resulting from any use or activity by Grantee beyond or outside of those uses expressed herein, if any, or damages arising from any negligence.

In construing this document, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this document shall apply equally to corporations and to individuals.

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.

5-10-01

RETURN TO AND TAX STATEMENT TO
~~OREGON DEPARTMENT OF TRANSPORTATION~~
~~RIGHT OF WAY SECTION~~
~~955 CAPITOL STREET NE, ROOM 420~~
~~SALEM OR 97301-3671~~

Account No.: 529556 39 09 03DC 5000

Property Address: 2937 Altamont Drive
Klamath Falls OR 97603

After recording return to:

Klamath County Public Works
305 Main Street
Klamath Falls, OR 97601

State of Oregon, County of Klamath
Recorded 01/09/2002 9:43 a. m.
Vol M02. Pg 1291-1293
Linda Smith, County Clerk
Fee \$ NC # of Pgs 3

It is understood and agreed that the delivery of this document is hereby tendered and that terms and obligations hereof shall not become binding upon Klamath County, unless and until accepted and approved by the recording of this document.

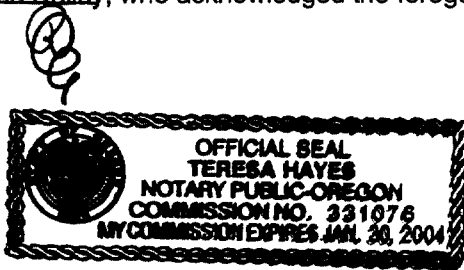
Dated this 21st day of November, 2001.


Ruth Rochelle Dailey


Robert John Dailey

STATE OF OREGON, County of KLAMATH

Dated Nov 26, 2001. Personally appeared the above named Ruth Rochelle Dailey and ~~Robert John Dailey~~, who acknowledged the foregoing instrument to be their voluntary act. Before me:




Notary Public for Oregon

My Commission expires 1-30-04

Accepted on behalf of Klamath County


Attachment

CERTIFICATION OF VITAL RECORD

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

1293

257613
I.D. TAG NO.

Local File Number

State File Number

1. DECEDENT'S NAME First: Robert Middle: John Last: DAILEY				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) May 12, 2001	
4. SOCIAL SECURITY NUMBER 543-28-3564		5a. AGE-Last Birthday (Years) 72		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Wauwatosa, WI	
7. DATE OF BIRTH (Month, Day, Year) April 19, 1929		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) 2937 Altamont Dr				9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Millworker		10b. KIND OF BUSINESS/INDUSTRY Lumber Mill		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) R. Rochelle	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2937 Altamont Dr	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 10		17. FATHER - NAME first middle last John Richard Dailey					
18. MOTHER - NAME first middle maiden Leola Mabel Cooper		19. INFORMANT - NAME and relationship to deceased Ruth Dailey - wife					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. OREGON LICENSE NO. (Of Licensee) 3601		22. NAME, ADDRESS AND/OR OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year) MAY 16 2001		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>					
RESERVED FOR REGISTRAR'S USE							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH 1410		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH 1410		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) May 12, 2001	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>				32. 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) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) 5/15/01				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, MD 2614 Clover, Klamath Falls, OR 97601							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 1259							
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART I (a) Pulmonary Fibrosis DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. ASHD						37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M. <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
RESERVED FOR REGISTRAR'S USE							

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

DATE ISSUED: _____

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE