

601 Elton C Murphy  
6644 Paterson  
Klamath Falls, OR 97603  
Grantor's Name and Address  
IRENA ROSE McCLOUD  
Elton C Murphy  
Grantee's Name and Address  
After recording, return to (Name, Address, Zip):  
Until requested otherwise, send all tax statements to (Name, Address, Zip):  
Elton C Murphy  
6644 Paterson  
Klamath Falls, OR 97603

Vol M02 Page 16416

SPACE RESERVED  
FOR  
RECORDER'S USE

State of Oregon, County of Klamath  
Recorded 03/20/2002 1:31 pm.  
Vol M02, Pg 16416-17  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

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BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that

*Elton C Murphy*

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto  
*Elton C Murphy Irena Rose McCLOUD*  
hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in \_\_\_\_\_ County, State of Oregon, described as follows, to-wit:

The Southerly 233 feet of Tract 22 of Ankeny Garden Tracts, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

*Attached*

(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 \$ 0.00. 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. 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 on March 20 2002; 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.

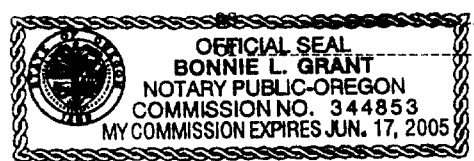
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO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

*Elton C Murphy*

STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on March 20, 2002, by ELTON C MURPHY

This instrument was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_



*Bonnie L Grant*  
Notary Public for Oregon

My commission expires June 17, 2005

96CA

# CERTIFICATION OF VITAL RECORD

355572  
I.D. TAG NO.

114  
Local File Number

## HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

State File Number

16417

### DECEDENT

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1. DECEDENT'S NAME First: <u>Dollie</u> Middle: <u>Victoria</u> Last: <u>MURPHY</u>				2. SEX <u>F</u>		3. DATE OF DEATH (Month, Day, Year) <u>March 8, 2002</u>	
4. SOCIAL SECURITY NUMBER <u>384-05-6276</u>		5a. AGE-Last Birthday (Years) <u>82</u>		5b. Under 1 Year Mos. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>		6. BIRTHPLACE (City and State or Foreign Country) <u>Lynchburg, VA</u>	
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 type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Foster Care</u>		7. DATE OF BIRTH (Month, Day, Year) <u>March 9, 1919</u>			
9b. FACILITY NAME (If not institution, give street and number) <u>1605 Tamara Drive</u>				9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9d. COUNTY OF DEATH <u>Klamath</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Housewife</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Homemaking</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Elton C. Murphy</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>6644 Patterson Street</u>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97603</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u>  </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
				16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>10</u> College (1-4 or 5+) <u>  </u>			

### PARENTS

### DISPOSITION

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REGISTRAR

17. FATHER - NAME first middle last <u>Zora - Keister</u>		18. MOTHER - NAME first middle maiden <u>Mabel - Wermer</u>		19. INFORMANT - NAME and relationship to deceased <u>Elton C. Murphy, husband</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, OR 97603</u>	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William F. Davenport</u>		21b. OREGON LICENSE NO (Or Licensee) <u>CO-3104</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>	
23. DATE FILED (Month, Day, Year) <u>MAR 12 2002</u>		24. REGISTRAR'S SIGNATURE <u>Evelyn Simonson</u>			

RESERVED FOR REGISTRAR'S USE

### CERTIFIER

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

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <u>1805 P M</u>		31a. TIME OF DEATH <u>  </u>	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31b. DATE PRONOUNCED DEAD (Month, Day, Year) <u>  </u>	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Tamim Salman MD</u>		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) <u>  </u>	
30. DATE SIGNED (Month, Day, Year) <u>March 9, 2002</u>		33. DATE SIGNED (Month, Day, Year) COUNTY <u>  </u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Tamim Salman, MD, 2655 Shasta Way, Klamath Falls, Oregon 97603</u>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>			

### CAUSE OF DEATH

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36. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR a, b, AND c. Do not enter cause on line 1 if Card on Post-mortem is present.		Interval between onset and death	
PART I (a) <u>pneumonia</u>		<u>1 week</u>	
(b) <u>Dementia</u>		<u>3 years</u>	
(c) <u>  </u>		<u>  </u>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No	
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"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year) 41b. TIME OF INJURY <u>  </u> 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		41e. DESCRIBE HOW INJURY OCCURRED <u>  </u>	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>			

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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

MAR 12 2002

DATE ISSUED:   

Evelyn Simonson  
EVELYN SIMONSON  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

