04 MAR 31 AM 11:15

FORM No. 721 - CLAIM DEED (Individual or Corporate). CE-4274

EA

CYNTHIA L. MILES

Grantor's Name and Address

Mysty Hatfield,
Miranda White

Grantee's Name and Address

After recording, return to (Name, Address, Zip):
WILL & MYSTY HATFIELD
PO BOX 244
BONANZA, OR 97623

Until requested otherwise, send all tax statements to (Name, Address, Zip):
SAME

Vol M04 Page 18094

SPACE RESERVED FOR RECORDER'S USE

State of Oregon, County of Klamath
Recorded 03/31/2004 11:16a m
Vol M04 Pg 18094-95
Linda Smith, County Clerk
Fee$ 26.00 # of Pgs 2

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that Cynthia L. Miles (Todd)
hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto
Mysty L. Hatfield + Miranda CR White
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:

LOTS 7 & 8 IN BLOCK 72 OF BOWNE ADDITION TO BONANZA, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

(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. ① 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.① (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 on March 31, 2004; 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.

Cynthia L. Miles Todd

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.

STATE OF OREGON, County of Klamath) ss.
This instrument was acknowledged before me on March 31, 2004,
by Cynthia Lee Miles Todd.
This instrument was acknowledged before me on ,
by .

OFFICIAL SEAL
BRENDA P. RODRIGUEZ
NOTARY PUBLIC - OREGON
COMMISSION NO. 348071
MY COMMISSION EXPIRES SEPT. 6, 2005

Brenda P. Rodriguez
Notary Public for Oregon
My commission expires 9-6-05

2 to F

CERTIFICATION OF VITAL RECORD

18095

PERMANENT BLACK INK

256047
I.D. TAG NO.

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME (First / Middle / Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Nancy	Mae	MILES	Female	February 16, 1999

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
553-28-3599	75			Harrisburg, PA	September 23, 1923

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Merle West Medical Center	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Homemaker	Own Home	Married	Harold Bell Miles

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Bonanza	31160 Price Street

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - Cuban, Mexican, Puerto Rican, etc.)	15. RACE - American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5 +)
☒ Yes ☐ No	97623	☐ No ☐ Yes	White		4

17. FATHER - NAME (First, Middle, Last)	18. MOTHER - NAME (First, Middle, Maiden)	19. INFORMANT - NAME and relationship to deceased
Homer Clark [illegible]	Gayle Lindsey Crutchfield	Cynthia Todd, daughter

20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION - City or Town, State
	Bonanza [illegible] Memorial Park Cemetery	Bonanza, OR 97623

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Licensee)	21c. NAME AND ADDRESS OF FACILITY
William [illegible]	FD 1104	Desert Rose Memorial Chapel, 1705 North 5th Street, Lakeview, OR 97630

22. DATE FILED (Month, Day, Year): FEB 19 1999

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER/CORONER CONTACTED?	29. TIME OF DEATH	29a. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
0830 A	☐ Yes ☒ No		M

28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)

29. 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)

30. DATE SIGNED (Month, Day, Year)	31. DATE SIGNED (Month, Day, Year)	COUNTY
February 19, 1999		

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)

Edward T. McClure, MD, 2301 Clearmont, Klamath Falls, Oregon 97601

36. 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

PART I		Interval between onset and death
(a)	Metastatic Cancer of Rectum	5 Mo.
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.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown	38. AUTOPSY ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ NA

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		M	☐ Yes ☐ No	
	41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			41f. 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: FEB 19 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER