

04 AUG 23 PM 3:03

After Recording Return to:
Linda Jean Gresdel
1616 Pleasant
Klamath Falls, OR 97601

Until a change is requested all tax statements
shall be sent to the following address:

same as above

Vol M04 Page 55808

State of Oregon, County of Klamath
Recorded 08/23/04 3:03 p m
Vol M04 Pg 55808-04
Linda Smith, County Clerk
Fee \$ 21.00 # of Pgs 2

BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, That **Billy E. Teeple**, hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto **Linda Jean Gresdel**, 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 anywise appertaining, situated in the County of **KLAMATH**, State of Oregon, described as follows, to-wit:

Lot 12, in Block 310 of DARROW ADDITION TO THE CITY OF KLAMATH FALLS, OREGON.

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.
The true and actual consideration paid for this transfer, stated in terms of dollars, is **\$Love and Affection**.
(here comply with the requirements of ORS 93.930)

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.

In Witness Whereof, the grantor has executed this instrument _____; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

Returned @ (Grantor)

Billy E Teeple
Billy E. Teeple

STATE OF OREGON,)

County of Klamath)

The foregoing instrument was acknowledged before me this
Aug 23, 2004, by Billy E. Teeple.

Debbie K Bergener

Notary Public for Oregon
(SEAL)

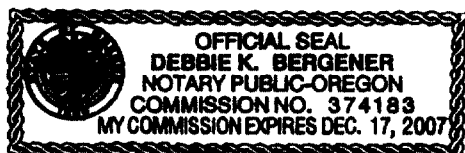
My commission expires: 12-17-2007

BARGAIN AND SALE DEED

Billy E. Teeple, as grantor

and

Linda Jean Gresdel, as grantee



STATE OF OREGON, County of _____)ss.

The foregoing instrument was acknowledged before me this
, by _____, president, and by
secretary of _____ a _____ corporation, on behalf
of the corporation.

Notary Public for Oregon

My commission expires:

(SEAL)

(If executed by a corporation,
affix corporate seal)

26CA

STATE OF CALIFORNIA } ss.
County of Shasta

I, Mildred Montgomery, County Recorder in and for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in book 30 of

DEATH RECORDS

page 160



IN TESTIMONY WHEREOF, I have hereunto set my hand and set my Official Seal

this 9th day of Sept., A.D., 1977.

Mildred Montgomery, Recorder
By _____, Deputy Recorder

CERTIFICATE OF DEATH

4500

446

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STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
DECEDENT PERSONAL DATA	1a NAME OF DECEASED—FIRST NAME ELLEN	1b MIDDLE NAME MAY	1c LAST NAME TEEPL	2a DATE OF DEATH—MONTH DAY YEAR June 30, 1977	2b HOUR 4:00 P.
	3 SEX Female	4 COLOR OR RACE Caucasian	5 BIRTHPLACE—STATE OR FOREIGN COUNTRY Washington	6 DATE OF BIRTH May 1, 1922	7 AGE—YEARS 55
	8 NAME AND BIRTHPLACE OF FATHER Arthur Thorpe, England		9 MAIDEN NAME AND BIRTHPLACE OF MOTHER Violet Phillips, England		
	10 CITIZEN OF WHAT COUNTRY USA	11 SOCIAL SECURITY NUMBER 538-16-1567	12 MARRIED NEVER MARRIED DIVORCED Married	13 NAME OF SURVIVING SPOUSE—IF WIFE ENTER MAIDEN NAME Billy E. Teeple	
PLACE OF DEATH	14 LAST OCCUPATION Homemaker	15 NAME OF LAST EMPLOYER —	16 NAME OF LAST EMPLOYING COMPANY OR FIRM —	17 KIND OF INDUSTRY OR BUSINESS —	
	18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Mercy Medical Center		18b STREET ADDRESS—STREET AND NUMBER OR LOCATION Clairmont Heights		18c INSIDE CITY CORPORATE LIMITS Yes
	18d CITY OR TOWN Redding		18e COUNTY Shasta		18f LENGTH OF STAY—YEARS 7 Mo.
	18g STATE California		18h LENGTH OF STAY—MONTHS 7 Mo.		18i LENGTH OF STAY—DAYS —
USUAL RESIDENCE IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION	19a USUAL RESIDENCE—STREET ADDRESS—STREET AND NUMBER OR LOCATION 6762 Riverside		19b INSIDE CITY CORPORATE LIMITS Yes		20 NAME AND MAILING ADDRESS OF INFORMANT Billy E. Teeple 6762 Riverside Dr. Redding, Calif. 96001
	19c CITY OR TOWN Redding	19d COUNTY Shasta	19e STATE California		
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a CORONER 1/2/77		21b PHYSICIAN 6/30/77		21c PHYSICIAN'S SIGNATURE <i>H. W. Daniell</i>
	21d ADDRESS 2020 Court St., Redding, Ca.		21e DATE SIGNED 7/1/77		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a DATE OF BURIAL July 5, 1977		22b NAME OF CEMETERY OR CREMATORY Eternal Hills Memorial Gardens		22c EMBALMER'S SIGNATURE <i>Paul J. D. Pickett</i>
	22d NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH McDonald's Chapel, Redding		22e EMBALMER'S SIGNATURE <i>B. B. Hunt</i>		22f DATE OF EMBALMING JUL 1 1977
MEDICAL AND HEALTH DATA	23 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Acute Leukemia DUE TO OR AS A CONSEQUENCE OF Acute Leukemia (B) DUE TO OR AS A CONSEQUENCE OF (C)		23b NAME OF CEMETERY OR CREMATORY Eternal Hills Memorial Gardens		23c EMBALMER'S SIGNATURE <i>Paul J. D. Pickett</i>
	23d PLACE OF BURIAL McDonald's Chapel, Redding		23e EMBALMER'S SIGNATURE <i>B. B. Hunt</i>		23f DATE OF EMBALMING JUL 1 1977
	23g PLACE OF BURIAL McDonald's Chapel, Redding		23h EMBALMER'S SIGNATURE <i>B. B. Hunt</i>		23i DATE OF EMBALMING JUL 1 1977
	23j PLACE OF BURIAL McDonald's Chapel, Redding		23k EMBALMER'S SIGNATURE <i>B. B. Hunt</i>		23l DATE OF EMBALMING JUL 1 1977
INJURY INFORMATION	30 PART II OTHER SIGNIFICANT CONDITIONS Septicemia		31 INJURY AT WORK Yes		32 INJURY AT WORK No
	33 SPECIFY INJURY Septicemia		34 PLACE OF INJURY —		35 INJURY AT WORK Yes
	36 PLACE OF INJURY —		37 INJURY AT WORK Yes		38 INJURY AT WORK No
	39 PLACE OF INJURY —		40 DESCRIBE HOW INJURY OCCURRED —		41 INJURY AT WORK Yes
STATE REGISTRAR	A	B	C	D	E