

*Mr. Property Sales*

Darlene J. Lormis  
4076 McCall Ln  
Marianna, FL 32448-1517

Grantor's Name and Address

Klamath County  
305 Main St, Rm 238  
Klamath Falls, OR 97601

Grantee's Name and Address

After recording, return to (Name, Address, Zip):

Klamath County  
305 Main St, Rm 238  
Klamath Falls, OR 97601

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

Klamath County  
305 Main St, Rm 238  
Klamath Falls, OR 97601

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State of Oregon, County of Klamath  
Recorded 03/14/2005 11:16 a m  
Vol M05 Pg 166 33-35  
Linda Smith, County Clerk  
Fee \$ KC # of Pgs 3

SPACE RESERVED  
FOR  
RECORDER'S USE

05 MAR 14 AM 11:16

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that Darlene J. Lormis

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto Klamath County, a political subdivision of the State of Oregon  
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:

The S½ of Section 26, Township 35 South, Range 11 East of the Willamette Meridian, 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 \$Forbearance of Foreclosure.

~~\*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 2-28-05; 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.

*Darlene J. Lormis*  
Darlene J. Lormis

STATE OF FLORIDA, County of Jackson ss.

This instrument was acknowledged before me on 2-28-05

by Darlene J. Lormis FLD# 6652-170-31-795-0 8-15-81 8-15-08

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

by \_\_\_\_\_

as \_\_\_\_\_

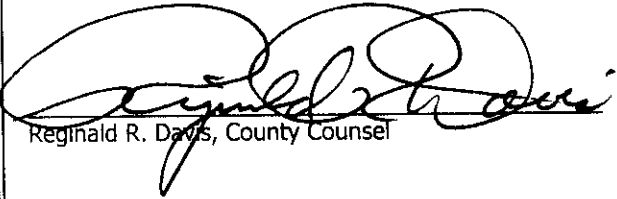
of \_\_\_\_\_



*Angela P. Bunting*  
Notary Public for Florida  
My commission expires \_\_\_\_\_

First Endorsement:

The "Forbearance of Foreclosure" stated as consideration of this deed satisfies the requirements of approval of Klamath County required by ORS 93.808.



Reginald R. Davis, County Counsel

THIS IS A TRUE AND EXACT COPY OF THE RECORD ON FILE WITH THE HOUSTON  
COUNTY HEALTH DEPARTMENT.

*Lester Leo Lormis*  
SIGNATURE OF REGISTRAR

OCTOBER 18, 2002

DATE OF ISSUE

O.R. 924 PG. 0616

16635  
**ORIGINAL**

486-22-5714

**ALABAMA**  
**CERTIFICATE OF DEATH**

TYPE IN PERMANENT  
BLACK INK. DO NOT  
USE GREEN, RED, OR  
BLUE INK.

County  
File  
Number

State File Number 101

3. DECEASED—NAME First Middle Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Lester Leo LORMIS	October 10, 2002	Houston
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Dothan 36303	Yes	1500 Springhill Terrace
7. IF HOSPITAL (Specify patient ER or Outpatient DOA)	8. OF HISPANIC ORIGIN (Specify Yes or No) (Yes, Specify Cuban, Mexican, Puerto Rican, etc.)	9. RACE (Specify American Indian, Black, White, etc.)
	No	White
10. SEX	11. AGE YRS. MOS. DAYS	12. DATE OF BIRTH (Month, Day, Year)
Male	78	December 5, 1923
13. DECEASED'S SOCIAL SECURITY NUMBER	14. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	15. SURVIVING SPOUSE (If wife, give maiden name)
486-22-5714	Married	Darlene Pollitt
16. Was Decedent ever in Armed Forces (Specify Yes or No)	17. STATE OF BIRTH (If not in USA, name country)	18. RESIDENCE—STATE
Yes	Missouri	Alabama
19. INSIDE CITY LIMITS (Specify Yes or No)	20. STREET AND NUMBER	21. CITY, TOWN, OR LOCATION AND ZIP CODE
Yes	1500 Springhill Terrace	Dothan 36303
22. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	23. KIND OF BUSINESS OR INDUSTRY	24. INFORMANT—Name and Address
Produce Manager	Grocery	Darlene Lormis 1500 Springhill Terrace, Dothan, AL. 36303
25. FATHER—NAME First Middle Last	26. MOTHER—NAME First Middle Last	27. DATE OF DEATH (Month, Day, Year)
Lester Lormis	Margaret Sales	October 10, 2002
28. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	29. DATE OF DISPOSITION (Month, Day, Year)	30. CEMETERY OR CREMATORY—Name
Cremation	10-12-2002	Southern Heritage
31. FUNERAL HOME—Name and Address	32. FUNERAL DIRECTOR—Signature	33. DATE SIGNED (Month, Day, Year)
Ward-Wilson Memory Hill 965 Woodland Dr., Dothan, AL. 36301	<i>Earle F. Mazyck</i>	Oct. 14, 2002
34. XX Certifying Physician (Physician certifying cause of death) (To the best of my knowledge death occurred at the time and date, and due to the causes and manner stated.)	35. Medical Examiner—Coroner	36. DATE SIGNED (Month, Day, Year)
Signature: <i>Earle F. Mazyck</i>		Oct 14, 2002
37. TIME AND DATE OF DEATH	38. DATE AND TIME OF UNEXPECTED DEATH (For Coroner/M.E. use only)	39. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)
8:05P.M. Oct. 10, 2002		Earle F. Mazyck, M. D.
40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	41. CERTIFIER LICENSE NUMBER	42. DATE FILED (Month, Day, Year)
1118 Ross Clark Circle, Suite 303, Dothan, AL 36301	6961	Oct 18, 2002
43. REGISTRAR (Signature)	44. For State or County Use Only	45. DATE FILED (Month, Day, Year)
<i>Lester Leo Lormis</i>		Oct 18, 2002

46. PART I: Enter the diseases, injuries, or immediate cause (Final disease or condition resulting in death)		Inst No: 2003010975 Date: 07/31/2003 Time: 14:03 DALE RABON GUTHRIE, JACKSON County By: <i>DM</i> D.C. B: 924 P: 616		H LINE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated event resulting in death) LAST		200301097506160001			
47. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)			
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		50. AUTOPSY (Specify Yes or No)		51. If yes, were findings considered in determining cause of death? (Specify Yes or No)	
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		53. DATE OF INJURY (Month, Day, Year)		54. HOUR OF INJURY	
55. INJURY AT WORK (Specify Yes or No)		56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)		57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	

This is a legal record and must be filed within five (5) days after death.