

FORM No. 723 - BARGAIN AND SALE DEED (Individual or Corporate)

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KENNETH B. SHEWELL
839 W. EDENVALE RD #31
PLEASANT HILL, OREGON 97135

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Grantee's Name and Address

ARTIE W. SCHANKROCK
5230 78TH ST.
SAC, CA. 95820

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

ARTIE W. SCHANKROCK
5230 78TH ST.
SAC, CA. 95820

SACRAMENTO, CA 95820

State of Oregon, County of Klamath
Recorded 03/16/2005 8:08 a.m.
Vol M05 Pg 17157-59
Linda Smith, County Clerk
Fee \$ 31⁰⁰ # of Pgs 3

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that KENNETH B. SHEWELL

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto
ARTIE W. SCHANKROCK
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 KLAMATH County,
State of Oregon, described as follows, to-wit:

LOT 18, BLOCK 23, KLAMATH FALLS
FORREST ESTATES HIGHWAY 66 UNIT,
FLAT #1 IN THE COUNTY OF KLAMATH,
STATE OF OREGON.

CODE 36 MAP 3711-28 DO TL 4600

(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. 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 1, 2005; if grantor is a corporation, it has caused its name to be signed and its seal, if any, annexed 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.

STATE OF OREGON, County of Lane
This instrument was acknowledged before me on March 1, 2005
by Heather Thompson

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of Oregon } ss.
 County of Lane

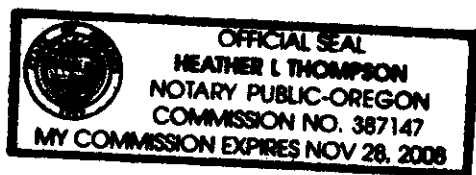
On this the 1 day of March, 2008, before
 me, Heather Thompson Day Month Year, the undersigned Notary
 Public, personally appeared Kenneth Sniewell
Name of Notary Public Name(s) of Signer(s)

☐ personally known to me - OR -

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



Heather L. Thompson
Signature of Notary Public
expires Nov 28, 2008
Other Required Information (Printed Name of Notary, Residence, etc.)

Place Notary Seal and/or Any Stamp Above

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Right Thumbprint
of Signer
Top of thumb here

CERTIFICATION OF VITAL RECORD

410820

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

17159

I.D. TAG NO.
1307

CERTIFICATE OF DEATH

136-

Local File Number

State File Number

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1. DECEDENT'S NAME First: Diane Middle: M. Last: SHEWELL			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 6, 2004
4. SOCIAL SECURITY NUMBER 332-32-8105	5a. AGE-Last Birthday (Years) 68	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Kankakee, Illinois	7. DATE OF BIRTH (Month, Day, Year) October 29, 1937
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a. PLACE OF DEATH (Check one only) <input checked="" 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 type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not an institution, give street and number.) South Hills Rehabilitation Center			9c. CITY, TOWN, OR LOCATION OF DEATH Eugene	9d. COUNTY OF DEATH Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Married
12. SPOUSE (If Married, Widowed) Kenneth B. Shewell				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Lane	13c. CITY, TOWN OR LOCATION Pleasant Hill		13d. STREET AND NUMBER 89561 Edenvale Road, #18
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97455	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		15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed.) 12				
17. FATHER'S NAME First Middle Last Albert Hale		18. MOTHER'S NAME First Middle Maiden Alice Reemer		19. INFORMANT'S NAME and relationship to deceased Jane E. Holst - Daughter
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <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.) Springfield Cremation Center		20c. LOCATION (City or Town, State) Springfield, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 3638		22. NAME, ADDRESS AND ZIP CODE OF FUNERAL HOME Anderson's Cremation & Burial Service 1395 Cross St. #5, Eugene, Oregon 97402
23. DATE FILED (Month, Day, Year) JUN 08 2004		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 4:30 A.M.	28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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) June 7, 2004		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Dr. Richard G. Kincade, MD 1162 Willamette Street, Eugene, Oregon 97401 687-6016			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest).			Interval between onset and death
(a) RENAL FAILURE			2 hrs
(b) DIABETES MELLITUS			10+ hrs
(c) HYPERTENSION, COLON CANCER			
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 checked="" 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"/> Legal Intervention <input type="checkbox"/> Homicide	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	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)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT ORIGINAL OF THE STATISTICAL COPY
REGISTERED AT THE OFFICE OF THE LANE COUNTY REGISTRAR.

JUN 08 2004

DATE ISSUED:

DIANE C. WILLIAMS
COUNTY REGISTRAR
LANE COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

