

2009-013408

Klamath County, Oregon



THIS SPACE



10/14/2009 02:39:07 PM

Fee: \$47.00

After recording return to:
Larry P. McCracken and Renita Kay
McCracken
18903 S. Norry Court
Mulino, OR 97042

Until a change is requested all tax statements
shall be sent to the following address:
Larry P. McCracken and Renita Kay
McCracken
18903 S. Norry Court
Mulino, OR 97042

File No.: 7012-1474185 (BB)
Date: September 28, 2009

STATUTORY BARGAIN AND SALE DEED

Jacqueline Merritt, Grantor, conveys to **Larry P. McCracken and Renita Kay McCracken as tenants by the entirety**, Grantee, the following described real property:

LEGAL DESCRIPTION: Real property in the County of Klamath, State of Oregon, described as follows:

That portion of Lot 9, Block 6, situated North and West of a point North 1236.15 feet and West 389.68 feet of the Southeast corner of said Lot 9, Block 6, KLAMATH FALLS FOREST ESTATES SYCAN UNIT, in the County of Klamath, State of Oregon, ALSO described as Lot 9A, Block 6, Sycan Unit.

This instrument does not guarantee that any particular use may be made of the property described in this instrument. A buyer should check with the appropriate City or County Planning Department to verify appropriate uses.

The true consideration for this conveyance is **\$0.00, VESTING ONLY.** (Here comply with requirements of ORS 93.030)

F47

APN:

Bargain and Sale Deed
- continued

File No.: 7012-1474185 (BB)
Date: 09/28/2009

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195-336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195-336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007.

Dated this 2 day of Oct, 2009.

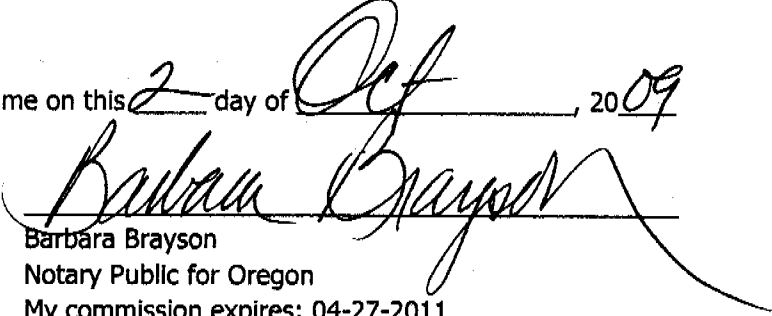

Jacqueline Merritt

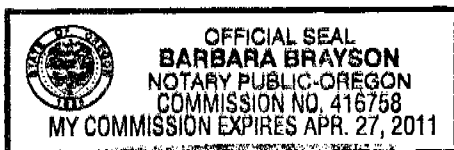
STATE OF Oregon)

)ss.

County of Multnomah)

This Instrument was acknowledged before me on this 2 day of Oct, 2009
by **Jacqueline Merritt**.


Barbara Brayson
Notary Public for Oregon
My commission expires: 04-27-2011



005650

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Randolph F. MERRITT		November 10, 1991	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
Las Vegas		Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
Valley Hospital		Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		If Hosp. or Inst. indicate DOA, OP/Emer. (Specify)	
White		Inpatient	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
		7a. 66	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
California		July 6, 1925	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
U.S.A.		Married	
Decedent's Education. Specify highest grade completed		SURVIVING SPOUSE (If wife, give maiden name)	
12		Jaqueline Holder	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. 557-24-9412		14b. Bar	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		STREET AND NUMBER	
Owner/Operator/Retired		15d. 4425 Clearbrook Place	
RESIDENCE—STATE		INSIDE CITY LIMITS (Specify Yes or No)	
Nevada		15e. No	
COUNTY		CITY, TOWN, OR LOCATION	
Clark		Las Vegas	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Randolph Merritt		17. Eleanor Baumann	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18. Jacqueline Merritt -Wife		4425 Clearbrook Place, Las Vegas, Nevada 89103	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		Palm Valley View Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		Palm Redrock Mortuary	
FUNERAL DIRECTOR LICENSE NUMBER		20c. 1600 South Jones Boulevard, Las Vegas, Nevada 89102	
20b. 27			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)	
[Signature]		[Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
11/12/91		11/12/91	
HOUR OF DEATH		HOUR OF DEATH	
21c. 5:00 P.M.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
		22d. ON	
21d.		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. C. Dean Milne D.O. 901 Rancho, Las Vegas, Nevada 89106		23b. 412	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		NOV 18 1991	
24b.		DEATH DUE TO COMMUNICABLE DISEASE	
		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Acute Myocardial Infarction			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Acute Myocardial Infarction			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Acute Myocardial Infarction			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
		26. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a.		27. No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b.		28c. M	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28d.		28e.	
INJURY AT WORK (Specify Yes or No)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28g.	

STATE REGISTRAR

No. 031771

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: 

Date Issued: JUL 23 2004

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573