

BLS

RETURN TO:

EVERGREEN LAND TITLE CO.
1651 CENTENNIAL BLVD
SPRINGFIELD, OR 97477

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

2013-003782

Klamath County, Oregon

04/09/2013 03:29:08 PM

Fee: \$42.00

Grantor's Name and Address

Richard & Deborah EVENSON
40421 Reuben Leigh Road
Lowell, Oregon 97452

Grantee's Name and Address

SPACE RESERVED
FOR
RECORDER'S USE

After recording, return to (Name and Address):

Richard & Deborah EVENSON
40421 Reuben Leigh Rd.
Lowell, OR. 97452

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

Chad EVENSON
88065 Pine Street
Veneta, OR. 97487

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that Cindy L. EVENSON

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Richard EVENSON AND Deborah EVENSON as husband and wife, and Chad EVENSON * 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 (legal description of property):

* Each as to an undivided 50% Interest as Tenants in common.

PARCEL 1: The W1/2 E 1/2 N1/2 N1/2 SE1/4 NE1/4 of Section 8, Township 25 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon.

PARCEL 2: The E1/2 E1/2 N1/2 N1/2 SE1/4 NE1/4 of Section 8 Township 25 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon.

Tax Account No: 2508-00800-01 Map No: T25 R8S8

(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 \$ 7,000, and ovc. 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 instrument, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this instrument shall apply equally to businesses, other entities and to individuals.

IN WITNESS WHEREOF, grantor has executed this instrument on APRIL 9, 2013; any signature on behalf of a business or other entity is made with the authority of that entity.

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, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. 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, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

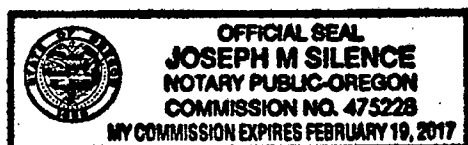
Cindy L. Evenson
CINDY L. EVENSON

RECORDED BY EVERGREEN LAND TITLE
CO. AS AN ACCOMMODATION ONLY. NO
LIABILITY ACCEPTED FOR CONDITION
OF TITLE OR VALIDITY, SUFFICIENCY, OR
EFFECT OF DOCUMENT

STATE OF OREGON, County of LANE ss.

This instrument was acknowledged before me on APRIL 9, 2013
by CINDY L. EVENSON

This instrument was acknowledged before me on _____
by _____
as _____
of _____



Joseph M. Silence
Notary Public for Oregon
My commission expires 2-19-17

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

PERMANENT
BLACK INK

461548
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First Middle Last Suffix Gary Leonard EVENSON				2. Death Date (MM/DD/YYYY) August 6, 2006	
3. Sex (M/F) M	4a. Age - Last Birthday 60	4b. Under 1 Year Months Days 60	4c. Under 1 Day Hours Minutes 60	5. Social Security Number 541-50-7201	6. County of Death Lane
7. Birthdate (MM/DD/YYYY) August 22, 1945		8a. Birthplace (City/Town, or County) Eugene		8b. (State or Foreign Country) Oregon	
9. Decedent's Education 9th - 12th Grade; No Diploma			10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No		
11. Decedent's Race(s) White			12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 6) 84533 Lorane Hwy.			14. City/Town Eugene		
15. Residence County Lane		16. State or Foreign Country Oregon		17. Zip Code + 4 97405	
18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			19. Marital Status at Time of Death Married		
20. Spouse's Name (If married or widowed, give name prior to first marriage.) Cindy Louise Hyde			21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Millwright		
22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Wood Products			23. Father's Name (First, Middle, Last, Suffix) Leonard Evenson		
24. Mother's Name Prior to First Marriage (First, Middle, Last) Ida E. Johnson			25. Informant's Name Cindy Evenson		
26. Telephone Number 541-683-6201		27. Relation to Decedent Wife		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 84533 Lorane Hwy. Eugene, Oregon 97405	
29. Place of Death Decedent's Home			30. Facility Name		
31. Location of Death (Give address.) 84533 Lorane Hwy.		32. City/Town or Location of Death Eugene		33. State OR	
34. Zip Code + 4 97405		35. Method of Disposition Cremation		36. Place of Disposition (Place of cemetery, crematory, or other place) Willamette Valley Crematory	
37. Location Eugene, Oregon		38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Alpha Cremation Service 5300 W. 11th Avenue, Eugene, Oregon 97402			
39. Date of Disposition (MM/DD/YYYY)		40. Funeral Director's Signature Bruce Marshall		41. OR License Number FS 0375	
42. Registrar's Signature Mrs Bolton		43. Date Received (MM/DD/YYYY) AUG 10 2006		44. Local File Number 1903	
45. Record Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death 2:33 am					
CAUSE OF DEATH (See instructions and examples.)					
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate Interval: Onset to Death
Final disease or condition resulting in death → IMMEDIATE CAUSE ↓ a. Dissecting Aortic Aneurysm Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d. Due to (or as a consequence of) ↓					Nov 2004
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		59. Location of Injury (Number & Street, City/Town, State, Zip + 4)			
60. Describe how injury occurred.					
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Andrew Montecelli 2260 Marcola Rd. Springfield, OR 97477					
63. Name and Title of Attending Physician If Other than Certifier					
64. Title of Certifier Andrew Montecelli MD		65. License Number MD 21314		66. Date Certified (MM/DD/YYYY)	
67. Medical Certifier: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Andrew Montecelli					
68. Medical Examiner: 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.					
69. Record Amendment					

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE LANE COUNTY REGISTRAR.

AUG 11 2006

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Miriam S. Bolton
MIRIAM S. BOLTON
COUNTY REGISTRAR
LANE COUNTY, OREGON