FORM No. 723 – B	BARGAIN AND SALÉ DEED.	© 1990-2012 STEVENS-NESS LAW	PUBLISHING CO., PORTLAND, OR www.stevensness.com
BLS	RETURN TO: NO PART OF ANY STEVENS	NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY AN	Y ELECTRONIC OR MECHANICAL MEANS.
	GREEN LAND TITLE CO. 51 CENTENNIAL BLVD	.	2013-003782
	RINGFIELD, OR 97477		Klamath County, Oregon
01	W 1012-04	1	04/09/2013 03:29:08 PM
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	Grantor's Name and Address	-	
Kichand &	Deborah Evenson		
40421	Reuben Leigh Road	SPACE RESER	NED.
<u>Lowell</u>	ORegon 97452 Grantee's Name and Address	EOR €	
After recording, re	eturn to (Name and Address):	RECORDER'S	USE
Richard 4	Debovah. Evenson	_	•
40421	Reuben Leigh Rd.		***
Lowell	·	_	•
- 4 ' 4	therwise, send all tax statements to (Name and Address):		
88065	Pine Street	-	
	L, OR. 97487		
	D	ADCAIN AND CALE DEED	
, KNO.		ARGAIN AND SALE DEED CINCULEVENSON	
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hereinafter ca	alled grantor, for the consideration hereina	fter stated, does hereby grant, bargain, sell a	and convey unto Richard Evens
And Debo	vah Evenson as Itusband and	I wife, and Chad Even	SON X
hereinafter ca	alled grantee, and unto grantee's heirs, suc	cessors and assigns, all of that certain real p	roperty, with the tenements, hered-
		any way appertaining, situated inKla	MATACounty,
	gon, described as follows (legal description		
* Each	as to an undivided 50	& Interest as Tewants	N CommoN.
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-		· • · · · •	-
,		N1/2 SE1/4 NE1/4 of Section	9 Township 25
PARC	CEL 1: The W1/2 E 1/2 N1/2	amette Meridian, Klamath Cow	nty, Oregon
PARC	CEL 2: The E1/2 E1/2 N1/2 N	1/2 SE1/4 NE1/4 of Section 8	Township 25
Sout	th, Range 8 East of the Will	amette Meridian, Klamath Cou	nty, Oregon.
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Tax Acc	ount No: 2508-00800-01	MAP NO: Tas K858	4
		1111/p 1001 700 10 10 10	,
	(IE SPACE INSUES	FICIENT, CONTINUE DESCRIPTION ON REVERSE)	
То На	ave and to Hold the same unto grantee and	d grantee's heirs, successors and assigns for	rever.
The tr	rue and actual consideration paid for this t	ransfer, stated in terms of dollars, is \$ 300	o, and OVC 10 However, the
actual conside	eration consists of or includes other prope	erty or value given or promised which is \square	part of the the whole (indicate
		if not applicable, should be deleted. See ORS 93.030.	
		xt so requires, the singular includes the plu	
shall be made	e so that this instrument shall apply equal	ly to businesses, other entities and to individe this instrument on	duals 7/2
	behalf of a business or other entity is made		, <u>as</u> , any
-	OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSF	- ~ 3 /)	40
INQUIRE ABOUT TH	IE PERSON'S RIGHTS. IF ANY. UNDER ORS 195.300. 195.301 /	AND 195.305 TO 195.336 AND 📢 🖊 📈	d. Tuenson
LAWS 2009, AND SI	, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND ECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INS	TRUMENT DOES NOT ALLOW CLADA 1.	EVENSON
USE OF THE PROPE	ERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF A 1. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE P	PPLICABLE LAND USE LAWS	
TO THE PROPERTY	SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY	PLANNING DEPARTMENT TO	ED BY EVERGREEN LAND TITLE
DEFINED IN ORS 92	unit of Land Being transferred is a Lawfully estae 2.010 or 215.010, to verify the approved uses of the	LOT OR PARCEL TO DETER	NACCOMMODATION ONLY NO
MINE ANY LIMITS O TO INQUIRE ABOU)n Lawsuits against farming or forest practices, as It the rights of Neighboring property owners, if	ANY, UNDER ORS 195,300. OF TITLE	Y ACCEPTED FOR CONDITION OR VALIDITY, SUFFICIENCY, OR
195.301 AND 195.30	05 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREC PTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAP	SON LAWS 2007. SECTIONS 2	OF DOCUMENT
IO 3 AND II, UNAP	·		SS.
	This instrument was	acknowledged before me on APRIC	9, 2013
	by Cindy L.	EVENSON	
	This instrument was	acknowledged before me on	
. 3	by		·
	as		
-	of	///,	-/
a	OFFICIAL SEAL	(Spill is	Ren r = 3
	JOSEPH M SILENCE NOTARY PUBLIC-OREGON	Notary Public for Oregon	
	COMMISSION NO. 475228	My commission expires	2-19-17
1	MY COMMISSION EXPIRES FEBRUARY 19, 2017	•	•

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

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S0. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT-ENTER TERMINAL EVENTS such as certain arrest, respiratory errest or ventricular fibrilization without showing the etiology. DO NOT ABBREVIATE. Final disease or condition resulting in death. Sequentially list conditions, if any, leading to the cause listed on line a. b. ENTER THE UNDERLYING CAUSE LAST (disease or injury that inflighted the events resulting in Due to for as a consequence of) CAUSE LAST (disease or injury that inflighted the events resulting in Due to for as a consequence of) 51. Other significant conditions contributing to death/ but not resulting in the underlying cause given above: 52. Manger of Death Natural □ Hombatte □ Not pregnant within past year □ Not pregnant within the past year □ Not pregnant within the past year □ Not pregnant within the past year □ Not pregnant within \$2 dark price death □ Not p	:33am
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C Yes 72	Brk?
	to D Unknown
59. Location of Injury (Number & Street City/Town, State, Zip + 4)	
	- }
60. Describe how injury occurred. 61. If transportation injury, specify.	
Other (Specify)	
62. Name and Address of Certifier (Number & Street, Chriftown, State, Zio + 4)	
Andrew Montecelli 2260 Marcola Rd. Springfield, OR 9747/	
63. Name and Title of Attending Physician Other than Certifier	
66. Date Certified on A. Tibe of Certified on A. Tibe	
67. Medical Certifier. To the best of my knowledge, death occurred at the time, date, and 68. Medical Expender On the basts of experimental, another investigation.	N DD YYYY)
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DATE ISSUED:

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AUG 1 1 2006

MIRIAM S. BOLTON COUNTY REGISTRAR LANE COUNTY, OREGON

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