

1st 2187254



After recording return to:
Michael Dale Clark and Sally Clark
539 Torrey Street
Klamath Falls, OR 97601

Until a change is requested all tax
statements shall be sent to the
following address:
Michael Dale Clark and Sally Clark
539 Torrey Street
Klamath Falls, OR 97601

File No.: 7072-2187254 (CRW)
Date: December 26, 2013

2013-014213

Klamath County, Oregon

12/31/2013 02:03:55 PM

Fee: \$52.00

THIS SPACE RESERVED FOR RECORDER'S USE

STATUTORY BARGAIN AND SALE DEED

Dale L. Clark, Grantor, conveys to **Michael Dale Clark and Sally Clark**, Grantee, the following described real property:

See Legal Description attached hereto as Exhibit A and by this reference incorporated herein.

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

This deed is to remove the right, title and interest of a life estate recorded December 21, 2004 in Volume M04, Page 87128.

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.

Dated this 26 day of December, 2013.

Dale L. Clark
Dale L. Clark

STATE OF Oregon)
County of Klamath)ss.

This Instrument was acknowledged before me on this 26th day of DECEMBER, 2013
by Dale L. Clark.

Jo Ann R. Siebecke

Notary Public for Oregon
My commission expires: 7.6.17



APN: R436790

Bargain and Sale Deed
- continued

File No.: 7072-2187254 (CRW)
Date: 12/26/2013

EXHIBIT A

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

Lots 7 & 8, Block 6, KLAMATH LAKE ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon, and that portion of vacated Berkeley Street which inures described as follows: The South 110 feet of the East 10 feet lying North of Torrey Street.

CERTIFICATION OF VITAL RECORD

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

571778
I.D. TAG NO.

136-

STATE FILE NUMBER

1. Legal Name (Include AKA's, if any) Jetta Louise CLARK				2. Death Date (mm dd yyyy) September 2, 2010	
3. Sex (MF) F	4a. Age - Last Birthday 80	4b. Under 1 Year Months: 0 Days: 0	4c. Under 1 Day Hours: 0 Minutes: 0	5. Social Security Number 541-30-3532	6. County of Death Klamath
7. Birthdate (mm dd yyyy) July 29, 1930		8a. Birthplace (City/Town, or County) Nampa		8b. (State or Foreign Country) Idaho	9. Decedent's Education 11th Grade
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. 5) 534 Torrey Street				14. City/Town Klamath Falls	
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97601-1364	18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input 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.) Dale Lambert Clark		
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED.) Homemaker			22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Own Home		
23. Father's Name (First, Middle, Last, Suffix) Andrew Roesberry			24. Mother's Name Prior to First Marriage (First, Middle, Last) Diantha Rogers		
25. Informant's Name Dale L. Clark		26. Telephone Number 541-882-2714	27. Relation to Decedent Husband	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 534 Torrey St., K.F., OR 97601-1364	
29. Place of Death Decedent's Residence			30. Facility Name " "		
31. Location of Death (Give address.) 534 Torrey Street			32. City/Town or Location of Death Klamath Falls		33. State OR
34. Zip Code + 4 97601-1364			35. Method of Disposition Burial		
36. Place of Disposition (Name of cemetery, crematory, or other place) Klamath Memorial Park			37. Location 2680 Memorial Dr., K.F., OR 97601-5546		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194					
39. Date of Disposition (mm dd yyyy) September 9, 2010		40. Funeral Director's Signature <i>William J. Davenport</i>		41. OR License Number CO-3104	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received (mm dd yyyy) SEP - 8 2010		44. Local File Number 437	
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 0755					
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.					
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓		Approximate Interval: Onset to Death	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		a. Breast Cancer		Years	
Due to (or as a consequence of) ↓		b.			
Due to (or as a consequence of) ↓		c.			
Due to (or as a consequence of) ↓		d.			
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"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" 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 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) Randal Machado, MD, 1905 Main Street, Klamath Falls, Oregon 97601-2638					
63. Name and Title of Attending Physician [if Other than Certifier]					
64. Title of Certifier Medical Doctor		65. License Number MD#14960		66. Date Signed (mm dd yyyy) 9/03/2010	
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. <i>Randal A. Machado MD</i>			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 (06/08)

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

DATE ISSUED:

SEP - 8 2010

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

Lisa C. Avila
LISA C. AVILA
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

