



2016-012435

Klamath County, Oregon

11/21/2016 03:46:01 PM

Fee: \$52.00

THIS SPACE RESER

After recording return to:

Michael W. Spratt

3440 Boardman Avenue

Klamath Falls, OR 97603

Until a change is requested all tax statements
shall be sent to the following address:

Michael W. Spratt

3440 Boardman Avenue

Klamath Falls, OR 97603

File No. 115859AM

STATUTORY WARRANTY DEED

Shirley I. Golly,

Grantor(s), hereby convey and warrant to

Michael W. Spratt , a single man,

Grantee(s), the following described real property in the County of Klamath and State of Oregon free of encumbrances except as specifically set forth herein:

A portion of Lots 1 and 2, Block 3 of Altamont Acres, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon, more particularly described as follows:

Beginning at the Northeast corner of said Lot 1, Block 3, Altamont Acres; thence North 89° 40' West along the South line of Boardman Ave. (Second Avenue on the Plat of Altamont Acres) a distance of 70.0 feet; thence South 00° 00' 16" West a distance of 217.7 feet to the South line of said Lot 2, Block 3; thence South 89° 39' 19" East along the South line of said Lot 2 a distance of 70.0 feet to the Southeast corner thereof; thence North 00° 00' 16" East along the East lines of Lots 2 and 1, a distance of 217.71 feet to the point of beginning. Said parcel being the East 70.0 feet of Lots 1 and 2, Block 3, Altamont Acres.

TOGETHER WITH the right of ingress and egress across the following described parcel:

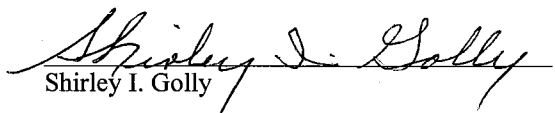
Beginning at the Northwest corner of the above described parcel; thence West along the South line of Board Man Ave. a distance of 10.0 feet; thence South parallel with the West line of above described parcel, a distance of 120.0 feet; thence East, parallel with Board Man Ave. 10.0 feet to the West line of said parcel; thence North along said West line, 120.0 to the point of beginning.

The true and actual consideration for this conveyance is **\$95,000.00**.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

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 21 day of November, 2016.

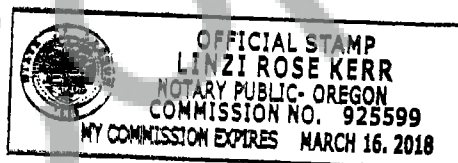

Shirley I. Golly

State of Oregon } ss
County of Klamath }

On this 21 day of November, 2016, before me, Linzi Rose Kerr a Notary Public in and for said state, personally appeared Shirley I. Golly, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument and acknowledged to me that he/she/they executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.


Notary Public for the State of Oregon
Residing at: Klamath County
Commission Expires: March 16, 2018



After Recording Return To:
Shirley I. Golly
1406 Division St.
Klamath Falls, OR 97601

CERTIFICATION OF VITAL RECORD

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

601305
I.D. TAG NO.

136-

STATE FILE NUMBER

1. Legal Name (First, Middle, Last, Suffix) Dale Glenn GOLLY			2. Death Date (MON DD YYYY) May 4, 2011		
3. Sex (MF) M	4a. Age - Last Birthday 90	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Klamath
7. Birthdate (MON DD YYYY) February 16, 1921		8a. Birthplace (City/Town, or County) Verdon		8b. (State or Foreign Country) South Dakota	
9. Decedent's Education High School-GED			12. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No			11. Decedent's Race(s) White		
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 3440 Boardman Avenue			14. City/Town Klamath Falls		
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97603-6616	
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.) Shirley Irene Sample			21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Heavy Equipment Foreman		
22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Road Construction			23. Father's Name (First, Middle, Last, Suffix) Ernest Golly		
24. Mother's Name Prior to First Marriage (First, Middle, Last) Maude Burns			25. Informant's Name Shirley I. Golly		
26. Telephone Number 541-884-2558			27. Relation to Decedent Wife		
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 3440 Boardman Ave., K.F., OR 97603-6616			29. Place of Death Hospital - Inpatient		
30. Facility Name Sky Lakes Medical Center			31. Location of Death (Give address.) 2865 Daggett Avenue		
32. City/Town or Location of Death Klamath Falls			33. State OR		
34. Zip Code + 4 97601-1106			35. Method of Disposition Cremation		
36. Place of Disposition (Name of cemetery, crematory, or other place) Pyramid Cremations			37. Location Klamath Falls, Oregon 97603-8784		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Davenport's Chapel of the Good Shepherd, 2680 Memorial Drive, K.F., Oregon 97601-5546					
39. Date of Disposition (MON DD YYYY) May 5, 2011			40. Funeral Director's Signature William J. Davenport		
41. OR License Number CO-3104			42. Registrar's Signature [Signature]		
43. Date Received (MON DD YYYY) MAY 12 2011			44. Local File Number 878		
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 0530					
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 -> 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. <u>CVA</u> b. Due to (or as a consequence of) <u>↓</u> c. Due to (or as a consequence of) <u>↓</u> d. Due to (or as a consequence of) <u>↓</u>					<u>7 days</u>
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>atherosclerosis, CAD, COPD, DM, HBP</u>					
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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MON 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) John J. Kleeman, 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#13879		66. Date Signed (MON DD YYYY) 5/5/11
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.			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 (06/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

MAY 12 2011

JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE