



THIS SPACE RESERVED

2017-005916
Klamath County, Oregon
05/31/2017 02:14:00 PM
Fee: \$52.00

After recording return to:

Kellie C. Brunson

2201 Vine Avenue

Klamath Falls, OR 97601

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

Kellie C. Brunson

2201 Vine Avenue

Klamath Falls, OR 97601

File No. 162820AM

STATUTORY WARRANTY DEED

Delores Ann McLeod,

Grantor(s), hereby convey and warrant to

Kellie C. Brunson,

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:

The South 80 feet of Lot 487, Block 114, MILLS ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

The true and actual consideration for this conveyance is **\$72,000.00.**

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:

52447

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 30th day of May, 2017.

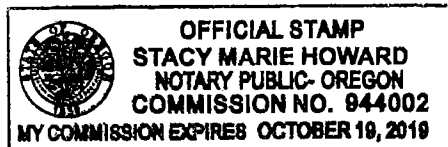
Delores Ann McLeod
Delores Ann McLeod

State of Oregon } ss
County of Klamath }

On this 30th day of May, 2017, before me, Stacy Howard a Notary Public in and for said state, personally appeared Delores Ann McLeod, 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.

Stacy Howard
Notary Public for the State of Oregon
Residing at: Klamath
Commission Expires: 10-19-19



CERTIFICATION OF VITAL RECORD

PRINT IN
PERMANENT
BLACK INK

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

State File Number

265247
I.D. TAG NO.

521

Local File Number

1. DECEDENT'S NAME Ralph - MCLEOD Jr				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) November 4, 1998	
4. SOCIAL SECURITY NUMBER 717-14-7459		5a. AGE-Last Birthday (Years) 73		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Granite, Oklahoma	
7. DATE OF BIRTH (Month, Day, Year) December 1, 1924		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER		9b. NURSING HOME <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls				9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner		10b. KIND OF BUSINESS/INDUSTRY Aladdin Valley Rental		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Delores McLeod	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2201 Vine Ave.	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97601		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		College (1-4 or 5 +)					
17. FATHER - NAME first middle last Ralph - McLeod Sr.		18. MOTHER - NAME first middle maiden Ruby Ethel Weese		19. INFORMANT - NAME and relationship to deceased Delores McLeod - Wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Larasts</i>		21b. OREGON LICENSE NO. (Of Licensee) 3224		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 HWY. 39, Klamath Falls, Oregon 97603			
23. DATE FILED (Month, Day, Year) NOV 06 1998		24. REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>					

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 2030		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>				32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) NOV 06 1998				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John J. Clemon M.D. 1905 Main Street, Klamath Falls, OR 97601							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
36. IMMEDIATE CAUSE OF DEATH - FIRST CAUSE OF DEATH (Type or Print) Pulm. Fibrosis / Emphysema				Interval between onset and death 2 mos.			
36. IMMEDIATE CAUSE OF DEATH - SECOND CAUSE OF DEATH (Type or Print) Polymyositis				Interval between onset and death 2 mos.			
36. IMMEDIATE CAUSE OF DEATH - THIRD CAUSE OF DEATH (Type or Print) Colchicine Toxicity				Interval between onset and death			
36. IMMEDIATE CAUSE OF DEATH - FOURTH CAUSE OF DEATH (Type or Print) Chronic Obstr. Pulm. Disease				Interval between onset and death			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE INJURY (Type or Print)		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street, Highway, Rural Route, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

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

**FOR VETERAN'S
CLAIM USE**

DATE ISSUED:

NOV 06 1998

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ONLY
Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

