

2019-014850

Klamath County, Oregon



00251979201900148500030031

12/20/2019 03:29:30 PM

Fee: \$92.00

Send Tax Statements to Grantee at:  
After Recording return to:  
Porter Family Revocable Living Trust  
Pauline Sidney Porter, Trustee  
PO Box 43  
Crescent, OR 97733


### QUIT CLAIM DEED

Pauline S. Porter, Grantor, conveys to the Porter Family Revocable Living Trust dated 12/11/2019, Pauline S. Porter, Trustee, Grantee, the following described real property:

See Exhibit "A."

Subject to rights of the public in streets, roads and highways, covenants, conditions, restrictions, reservations, and easements of record.

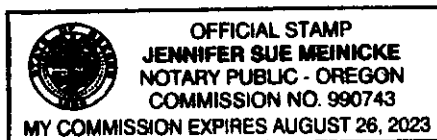
The true consideration for this conveyance is NONE. Deed is for estate planning purposes.

  
Pauline S. Porter, Grantor

STATE OF OREGON            )  
  ) ss.  
County of Deschutes        )

Personally appeared before me the above named Pauline S. Porter and acknowledged the foregoing instrument to her voluntary act and deed.

Before me this 11 day of DECEMBER 2019.



  
NOTARY PUBLIC FOR OREGON

8/26/2023

THIS INSTRUMENT WILL 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 THE PERSON SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN O.R.S 30.930.

# EXHIBIT "A"

Beginning at a point 944.08 feet East of the N. W. Corner of Section 31 Tp. 24 S. R. 9 E.W.M. said point being designated by an iron pipe driven four feet in the ground; thence Southwesterly along the East border of Hiway 97, parallel to same, 1623 and 7/12 feet to place of beginning description of tract; thence in an Easterly direction at right angles to Hiway 97, 100 feet; thence Southerly parallel to said Hiway, 50 feet; thence Westerly at right angles to said Hiway 100 feet; thence Northerly along East boundary of said Hiway, 50 feet to point of beginning.

Also: Beginning at a point 964.08 feet East of the NW Corner of Sec 31 Tp 24 South, R. 9 E.W.M.; thence Southerly along East line of new survey of Hiway 97 1523 and 7/12 feet to beginning description of tract; thence in an Easterly direction at right angles to said Hiway, 100 feet; thence Southerly parallel to said Hiway 100 feet; thence Westerly at right angles to said Hiway, 100 feet; thence Northerly along East line of said Hiway 100 feet to place of beginning.

Also: Beginning at a point 964.08 feet East of the NW Corner of the NW quarter of Sec. 31, Tp 24 S. R. 9, E.W.M.; thence Southerly along East line of new survey of Hiway 97, 1523 feet 7 inches to a point on said Hiway; thence 100 feet in an Easterly direction at right angles to said Hiway, to a point of description beginning; thence 100 feet Easterly; thence 150 feet Southerly, at right angles and parallel to Hiway 97; thence 120 feet Westerly; thence 50 feet Northerly; thence 20 feet Easterly; thence 100 feet Northerly parallel to Hiway 97, back to description starting point.

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section

76-017226

331

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last <b>WINFRED ELMER PORTER</b>		DATE OF DEATH (month, day, year) <b>2 November 17, 1976</b>	
RACE White, Negro, American Indian, etc. (specify) <b>White</b>		SEX <b>Male</b>	AGE—last birthday (years) <b>53</b>
COUNTY OF DEATH <b>Deschutes</b>		CITY, TOWN, OR LOCATION OF DEATH <b>Bend</b>	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) <b>St. Charles Medical Center</b>
STATE OF BIRTH (if not in U.S.A., name of country) <b>Arkansas</b>		CITIZEN OF WHAT COUNTRY <b>USA</b>	DATE OF BIRTH (month, day, year) <b>February 1, 1923</b>
SOCIAL SECURITY NUMBER <b>431-24-4435</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	NAME OF SPOUSE <b>Pauline Nicholes Porter</b>
RESIDENCE—STATE <b>Oregon</b>		COUNTY <b>Klamath</b>	CITY, TOWN, OR LOCATION <b>Crescent</b>
FATHER—NAME first middle last <b>Harvey Porter</b>		MOTHER—Maiden Name first middle last <b>Alice Miller</b>	INFORMANT—NAME and relationship to deceased <b>Pauline Porter (Spouse)</b>
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			
18. Immediate Cause (a) <b>Traumatic Crushing Chest Injuries &amp; Multiple Fractures</b> due to, or as a consequence of:			approximate interval between onset and death <b>--</b>
(b) _____ due to, or as a consequence of:			
(c) _____ due to, or as a consequence of:			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)			
DATE OF INJURY (month, day, year) <b>11-17-76</b>		HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) <b>Hit by falling tree while working in woods as timber faller.</b>	AUTOPSY (yes or no) <b>No</b>
INJURY AT WORK (specify yes or no) <b>Yes</b>		PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) <b>Logging area of woods</b>	LOCATION (street or R.F.D. No., city or town, county, state) <b>Near Gilchrist, Oregon</b>
CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:			
DEATH OCCURRED DOA (hour) <b>11:55 A.M.</b>		THE DECEDENT WAS PRONOUNCED DEAD month day year <b>November 17, 1976 11:55 A.M.</b>	FROM: Natural Causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/>
CERTIFIER—SIGNATURE <b>David S. Spence</b>		NAME—(type or print) <b>David S. Spence, M.D.</b>	
MEDICAL INVESTIGATOR: FOR: COUNTY <b>Deschutes</b>		DATE SIGNED (month, day, year) <b>November 17, 1976</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Burial</b>		CEMETERY OR CREMATORY—NAME <b>Pilot Butte Cemetery</b>	LOCATION city or town state <b>Bend, Oregon</b>
FUNERAL DIRECTOR—SIGNATURE <b>James K. Hannon</b>		FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) <b>TABOR FUNERAL HOME-714 N. W. Hill St. - Bend, Oregon 97701</b>	
REGISTRAR—SIGNATURE <b>James K. Hannon</b>		DATE RECEIVED BY LOCAL REGISTRAR <b>November 19, 1976</b>	DATE RECEIVED BY STATE REGISTRAR <b>NOV 29 1976</b>
RESERVED FOR REGISTRAR'S USE			

DATE ISSUED FEBRUARY 17 1977

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

*James K. Hannon*

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION