

RETURN TO:
EVERGREEN LAND TITLE CO.
1570 MOHAWK BLVD.
SPRINGFIELD, OR 97477

Bargain and Sale Deed

2020-015681

Klamath County, Oregon

12/02/2020 10:38:01 AM

Fee: \$87.00

KNOW ALL MEN BY THESE PRESENTS, That **GLEN O. DENT**, hereinafter called Grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey to **DAVID C. FOUNTAIN AND JESSIE M. FOUNTAIN, HUSBAND AND WIFE**, hereinafter called Grantee, and unto Grantees' heirs, successors and assigns, all of that certain real property situated in the County of Klamath, State of Oregon, described as follows, to wit:

Lots 18 thru 22 inclusive, Block 14, SPRAGUE RIVER, FIRST ADDITION, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

To have and to hold the same unto the said Grantee and Grantee's heirs, successors and assigns forever. The true and actual consideration paid for this transfer, stated in terms of dollars is Change Vesting.

"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."

In Witness Whereof, the Grantor has executed this instrument this 2nd day of December, 2020.

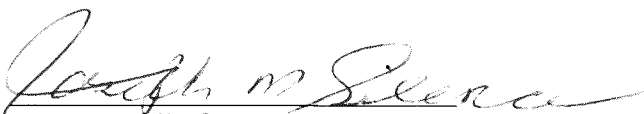


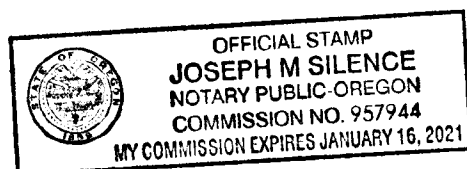
GLEN O. DENT

STATE OF OREGON, (County of Lane) ss.

This instrument was acknowledged before me on December 2, 2020, by Glen O. Dent.

I have hereunto set my hand and affixed my official seal on the date first written above


Notary Public for Oregon
My commission expires 1-16-2021



Grantor's Name and Address:

Glen O. Dent
90466 Marcola Rd
Springfield, Oregon 97478

Grantee's Name and Address:

David C. Fountain and Jessie M. Fountain
37812 Shenandoah Lp.
Springfield, Oregon 97478

Send Tax Statements to:

Same as Grantee Above

RECORDED BY EVERGREEN LAND TITLE
CO. AS AN ACCOMMODATION ONLY. NO
LIABILITY ACCEPTED FOR CONDITION
OF TITLE OR VALIDITY, SUFFICIENCY, OR
EFFECT OF DOCUMENT

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

H-106926

LD 700 NO.

EDR FILE NUMBER

1. Legal Name First: <u>Barbara</u> Middle: <u>June</u> Last: <u>Deit</u>		2. Death Date <u>February 12, 2012</u>	
3. Sex <u>Female</u>	4. Age <u>69 years</u>	5. Social Security Number <u>540-60-5433</u>	6. County of Death <u>Lane</u>
7. Birth Date <u>June 08, 1942</u>	8. Birthplace <u>Eugene, Oregon</u>	9. Decedent's Education <u>High school grad. or GED</u>	
10. Was Decedent of Hispanic Origin? <u>No</u>		11. Decedent's Race(s) <u>White</u>	12. Was Decedent Ever in U.S. Armed Forces? <u>No</u>
13. Residence: Number and Street <u>90466 Marcola Road</u>		14. City/Town <u>Springfield</u>	
15. Residence County <u>Lane</u>	16. State or Foreign Country <u>Oregon</u>	17. Zip Code + 4 <u>97478</u>	18. Inside City Limits? <u>No</u>
19. Marital Status at Time of Death <u>Married</u>		20. Spouse's Name Prior to First Marriage <u>Glen O'Del Dent</u>	
21. Usual Occupation <u>Homemaker</u>		22. Kind of Business/Industry <u>Own Home</u>	
23. Father's Name <u>Martin W. McMinn</u>		24. Mother's Name Prior to First Marriage <u>Betty Cross</u>	
25. Informant's Name <u>Glen Dent</u>		26. Informant's Relationship to Decedent <u>Spouse</u>	27. Informant's Address <u>90466 Marcola Road, Springfield, OR 97478</u>
28. Place of Death <u>Decedent's Residence - Hospice</u>		29. Facility Name	
30. Location of Death <u>90466 Marcola Road</u>		31. City/Town or Location of Death <u>Springfield</u>	32. State <u>Oregon</u>
33. Method of Disposition <u>Cremation</u>		34. Place of Disposition <u>Anderson's Cremation & Burial Services, Springfield</u>	35. Location <u>Springfield, Oregon</u>
36. Name and Complete Address of Funeral Facility <u>Anderson's Cremation & Burial Services, Springfield 320 N 6th Street, Springfield, Oregon 97477</u>			
37. Date of Disposition <u>TBD</u>		38. Funeral Director's Signature <u>Albin S. Newberry</u>	39. OR License Number <u>CO-3374</u>
40. Registrar's Signature <u>Jennifer A. Woodward</u>		41. Date Received <u>FEB 22 2012</u>	42. Local File Number <u>000386</u>
43. What cause referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
44. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
45. Where autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
46. Time of Death <u>8:30 AM</u>			
47. Enter the cause of events - disease, injury, or complication - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE.			48. Approximate Interval: Count to Death
IMMEDIATE CAUSE <u>ACUTE LEUKEMIA</u> Due to (or as a consequence of) → ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). Due to (or as a consequence of) → Due to (or as a consequence of) → Due to (or as a consequence of) →			<u>6 MONTHS</u>
49. Other significant conditions contributing to death, but not resulting in the underlying cause given above:			
50. 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		51. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 45 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	
52. Date of Injury (mm/yyyy)		53. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
54. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)		55. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
56. Describe how injury occurred		57. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
58. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) <u>Dr. SHARMAN 3377 Birchwood Dr. Springfield, OR 97477</u>			
59. Name and Title of Attending Physician (Other than Certifier)			
60. Title of Certifier <u>M.D.</u>		61. License Number <u>M028263</u>	62. Date Signed (mm/yyyy) <u>2/12/12</u>
63. Medical Certifier - In the event of any discrepancy, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		64. Medical Examiner - On the basis of examination, review of information, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
65. Attendant			

45-20P (01/08)

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 OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: _____

FEB 22 2012

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR