

2023-004705

Klamath County, Oregon

06/20/2023 11:37:02 AM

Fee: \$92.00

All future tax statements shall be  
sent to:  
2530 Augusta Street  
Eugene, OR 97403

**BILL OF SALE**

THIS INDENTURE WITNESSETH, That in consideration of the sum of **\$700,000.00**, the receipt whereof

hereby is acknowledged, I the undersigned seller, hereby grant, bargain, sell, transfer and deliver unto **EDWIN**

**W. W. ST. CLAIR and KATHRYN M. ST. CLAIR, as tenants by the entirety**, hereinafter called buyer, the

following described personal property, now being and situate:

Summer home located on Lot 2, Tract X, ODELL LAKE RECREATIONAL UNIT located in Deschutes  
National Forest, Klamath County, Oregon, with a dock and water supply system, including pipeline and pump.

Commonly known as:

27348 W. ODELL ROAD, CRESCENT LAKE, OR 97733

in State of OREGON, County of KLAMATH to-wit:

  
RONALD L. FARMER

STATE OF OREGON           )  
  ) ss.  
County of Lane            )

RONALD L. FARMER

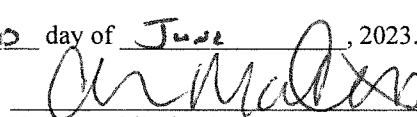
being first duly sworn, depose and say that he is the sole owner of the personal property described in the  
foregoing bill of sale, that the same has been paid in full, and that on this date the same is free and clear of liens  
and encumbrances of every kind and nature. The property is being sold in an "AS IS" condition without any  
representation or warranties.

EDWIN W. W. ST. CLAIR and KATHRYN M. ST. CLAIR acknowledges that RONALD L. FARMER is not  
the owner of the real property upon which the home is located, and he does not have the right go sell the real  
property nor to convey title to it. Title of the real property lies with the United States government.

  
RONALD L. FARMER

Subscribed and sworn to before me this 20 day of June, 2023.



  
Notary Public for OREGON

My Commission expires 3/15/2027

"Exhibit A"

BILL OF SALE

JENNY BONYNGE, (herein called "BONYNGE"), who is the devisee and surviving spouse of Chuck Bonynge, does hereby bargain, sell and deliver to RONALD L. FARMER, (herein called FARMER) for the sum of \$76,000.00 the following personal property:

Summer home located on Lot 2, Tract X, ODELL LAKE RECREATIONAL UNIT located in Deschutes National Forest, Klamath County, Oregon with a dock and water supply system, including pipe line and pump.

BONYNGE hereby covenants that she is the lawful owner of the above items of personal property; that the same is free from all encumbrances; that she has the good right and title to sell the property and she shall warrant and defend the title to such property against all lawful claims and demands. The property is being sold in an "AS IS" condition without any representations or warranties.

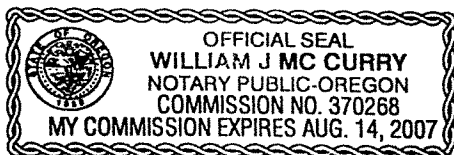
FARMER acknowledges that BONYNGE is not the owner of real property upon which the summer home is located and she does not have the right to sell the real property nor to convey title to it. Title to the real property lies with the United States government.

Dated this first day of July 2004.

Jenny Bonynge  
JENNY BONYNGE

STATE OF OREGON       )  
                                  : ss  
County of Lane        )

Personally appeared before me this first day of July, 2004, the above named Jenny Bonynge and acknowledged the foregoing instrument to be her voluntary act and deed.



William J. Mc Curry  
Notary Public for Oregon  
My Commission Expires AUGUST 14, 2007

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at the request of Ronald L. Farmer the \_\_\_\_ day of \_\_\_\_, 2004 at \_\_\_\_ o'clock \_\_\_\_ M., and duly recorded in Vol. \_\_\_\_ of Deeds on Page \_\_\_\_.

\_\_\_\_\_, Klamath County Clerk  
By: \_\_\_\_\_

# CERTIFICATION OF VITAL RECORD

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

F-6149  
I.D. TAG NO.

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

91-022489

Local File Number

State File Number

1. DECEDENT'S NAME First: Charles Middle: William Last: BONYNGE III				2. SEX M		3. DATE OF DEATH (Month, Day, Year) Nov. 27, 1991	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) 46		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Los Angeles, CA	
7. DATE OF BIRTH (Month, Day, Year) Nov. 13, 1945		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				9b. CITY, TOWN, OR LOCATION OF DEATH Springfield			
9c. COUNTY OF DEATH Lane				10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner-Operator			
10b. KIND OF BUSINESS/INDUSTRY Reforestation				11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Jennifer	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Lane		13c. CITY, TOWN OR LOCATION Eugene		13d. STREET AND NUMBER 25324 El Dale	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97402		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) College (14 or 5+) 2		17. FATHER - NAME first middle last Charles W. Bonyng					
18. MOTHER - NAME first middle maiden Frances I. Gaynor		19. INFORMANT - NAME and relationship to deceased Jennifer Bonyng - 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) Poole-Larsen Crematorium		20c. LOCATION - City or Town, State Eugene, OR			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3486		22. NAME, ADDRESS AND ZIP OF FACILITY Poole-Larsen 1100 Charnelton Eugene, OR 97401			
23. DATE FILED (Month, Day, Year) DEC 4 1991				24. REGISTRAR'S SIGNATURE <i>Victoria Kay Nease</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			

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:

JUN 24 2004

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

