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UTC 36209

WARRANTY DEED

Vol 195 Page 26058

JO ELLEN LARSON,
Grantor(s) hereby grant, bargain, sell and convey
DUSTY WILSON AND DARRE WILSON, HUSBAND AND WIFE,
Grantee(s) and grantee's heirs, successors and assigns the following described
real property, free of encumbrances except as specifically set forth herein in
the County of KLAMATH and State of Oregon, to wit:

Lots 17 and 18 in Block 8 of TRACT 1060-SUN FOREST ESTATES, according to
the official plat thereof on file in the office of the County Clerk of
Klamath County, Oregon.

SUBJECT TO: all those items of record and those apparent upon the land, if
any, as of the date of this deed and those shown below, if any:
and the grantor will warrant and forever defend the said premises and every
part and parcel thereof against the lawful claims and demands of all persons
whomsoever, except those claiming under the above described encumbrances.

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
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 ORS 30.930.

The true and actual consideration for this conveyance is \$ 45,000.00.

Until a change is requested, all tax statements shall be sent to Grantee at the
following address: , HC 61, Box 1254, LaPine, Oregon 97739

Dated this 25th day of September, 19 95

Jo Ellen Larson
JO ELLEN LARSON

NOTARY ACKNOWLEDGEMENT

STATE OF Oregon

COUNTY OF Deschutes SS. September 25 19 95

Personally appeared the above named Jo Ellen Larson

and acknowledged the foregoing instrument to be her voluntary act.



Before me:

Diane E. Sullivan

Notary Public for Oregon

My commission expires 8/21/98

(seal)

Return to:

DUSTY WILSON

HC 61 BOX 1254

LaPine OR 97739

09-26-95P02:29 RCVD

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

26059

1. DECEDENT'S NAME First: Maynard Middle: Edward Last: LARSON		2. SEX M	3. DATE OF DEATH (Month, Day, Year) September 16, 1993
4. SOCIAL SECURITY NUMBER 283-05-5229	5a. AGE Last Birthday (Years) 83	5b. Under 1 Year Mo. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Malmo, Nebraska
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) HC 61 Box 1254		9b. CITY, TOWN, OR LOCATION OF DEATH LaPine	
9c. COUNTY OF DEATH Deschutes			
10a. 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 Retail Sales	
11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed, Divorced) (Specify) Jo Ellen	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Deschutes	
13c. COUNTY LaPine		13d. STREET AND NUMBER HC 61 Box 1254	
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. ZIP CODE 97739	
16. 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		17. RACE American Indian, Black, White, etc. (Specify) White	
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+			
19. FATHER - NAME First middle last Edward Carl Larson		20. MOTHER - NAME First middle maiden Ester Hokenson	
21. INFORMANT - NAME and relationship to decedent Jo Ellen Larson - Wife			
22a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		22b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Deschutes Memorial Gardens	
22c. LOCATION - City or Town, State Bend, Oregon			
23a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Joseph Phillips</i>		23b. LICENSE NUMBER (Of Licensee) 3500	
24. NAME, ADDRESS AND ZIP OF FACILITY Central Pines Funeral Home		25. P.O. Box 1530 LaPine, Oregon 97739	
26. DATE FILED (Month, Day, Year) September 30 1993		27. REGISTRAR'S SIGNATURE <i>Lacquerette Mathis, Dep</i>	
28. HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		29. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
30. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
31. TIME OF DEATH 2:00 P.M.		32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) September 16, 1993 2:00 P.M.	
33. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Daniel M. Skotte</i>		34. DATE SIGNED (Month, Day, Year) 2-16-93	
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Daniel M. Skotte DO 51384 S. Highway 97 LaPine, Oregon 97739		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
PART I (a) MYOCARDIAL INFARCTION		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) COPD		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) CAD		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
39. 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		40. AUTOPTSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL VITAL STATISTICS COPY

46-2 Rev 4-88

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

DATE ISSUED:

Sept 20, 1993

FLORENCE ABEND-TORRIGINO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 26th day
of Sept. A.D., 19 95 at 2:29 o'clock P. M., and duly recorded in Vol. M95
of Deeds on Page 26058

FEE \$35.00

Bernetha G. Letsch, County Clerk
Joseph Phillips