

99 JUL 10 AM 11:52

IN THE CIRCUIT COURT FOR THE STATE OF OREGON
FOR THE COUNTY OF KLAMATH

JAMES H. PATTON and MARGIE G. PATTON,

Plaintiff(s),

vs.

RODNEY D. MILLER and KELLY A. MILLER,
Husband and Wife, and BOYD YADEN,
Trustee in Bankruptcy,

Defendant(s).

Court No. 9803394CV
Sheriff No. 98-00037

SHERIFF'S DEED

THIS DEED made 06/07/99, between Carl R. Burkhart, Sheriff of Klamath County, hereinafter called Grantor and
JAMES H PATTON
MARGIE G PATTON
hereinafter called Grantee.

A judgment was entered in the above court, and the court thereafter issued a Writ of Execution and pursuant thereto on 12/01/98, all of the interest of the Defendant(s) in the real property was sold at public auction in the manner provided by law, for the sum of \$48,981.57 , to

PATTON, JAMES H
C/O 435 OAK AVENUE
KLAMATH FALLS

OR 97601

PATTON, MARGIE G
C/O 435 OAK AVENUE
KLAMATH FALLS

OR 97601

the highest bidder(S). I executed and delivered to the purchaser a Certificate of Sale and filed a Return of Sale with the above court, and the time for redeeming (if any) has expired, the real property has not been redeemed from the sale, and the Grantee herein is the owner and holder of the Certificate of Sale and has delivered the Certificate to Grantor. NOW, THEREFORE, in consideration of the sum paid for the real property, Grantor does hereby convey to Grantee all the interest of the Defendant(s) in the real property described as follows:

Lots 7 and 8 in Block 34 of SECOND 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.

IN WITNESS WHEREOF, the Grantor has executed this instrument on 06/07/99.

Carl R. Burkhart, Sheriff
Klamath County, Oregon

GRANTOR NAME AND ADDRESS Sheriff of Klamath County
808 S. 5th St., Klamath Falls, OR 97601
GRANTEE NAME AND ADDRESS James H. Patton and Margie G. Patton
AFTER RECORDING RETURN TO Neal G. Buchanan
435 Oak Ave., Klamath Falls, OR 97601
SEND TAX STATEMENTS TO James H. and Margie G. Patton
3907 Redondo Way, Klamath Falls, OR 97603

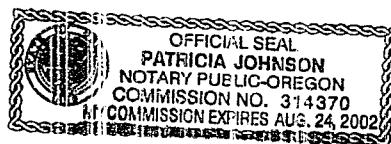
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35

By Rebecca Dailey
Deputy

State of Oregon
County of Klamath

Signed on attested before me on 06/07/99
by DAILEY, REBECCA

Patricia Johnson Records Clerk/Notary



State of Oregon, County of Klamath
Recorded 6/10/99, at 11:52 a.m.
In Vol. M99 Page 22901
Linda Smith,
County Clerk Fee \$ 35-

OREGON HEALTH DIVISION

22903

OREGON CENTER FOR HEALTH STATISTICS

HEALTH DIVISION

Vol M99 Page

CERTIFICATE OF DEATH

257579

I.D. TAG NO

122

Local File Number

State File Number

1. DECEDENT'S NAME Donald Ashby WARING-PIPER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 5, 1998
4. SOCIAL SECURITY NUMBER 542-18-6006	5a. AGE - Last Birthday (Years) 75	5b. Under 1 Year Mon. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Vader, WA.
7. DATE OF BIRTH (Month, Day, Year) July 5, 1922		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Evelyn	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
14. WAS DECEDENT USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Judge		15. RACE American Indian, Black, White, etc. (Specify) White	
16. IND OF BUSINESS/INDUSTRY Circuit Court		17. EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 5+	
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. ZIP CODE 97601	
20. FATHER - NAME first middle last Daniel A. W. Piper		21. MOTHER - NAME first middle last Mathilde - Thorgersen	
22. 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) Memorial Hills		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
24. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James L. Johnson</i>		25. CREGON LICENSE NO. (Of Licensee) 3409	
26. DATE FILED (Month, Day, Year) MAR 09 1998		27. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR / 97601	
28. REGISTRAR'S SIGNATURE <i>Evelyn J. Johnson</i>		29. INFORMANT - NAME and relationship to decedent Evelyn Piper / Wife	
30. LOCATION - City or Town, State Klamath Falls, Oregon		31. TIME OF DEATH 0815	
32. DATE OF DEATH 0815		33. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 14	
34. TIME OF DEATH 0815		35. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 14	
36. TIME OF DEATH 0815		37. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 14	
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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 0815	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29. On the basis of his knowledge, death occurred at the time, date, and place stated due to the cause(s) and manner stated. (Signature) <i>Lowell D. Smith</i>	
30. DATE SIGNED (Month, Day, Year) Mar 5, 1998	31. DATE SIGNED (Month, Day, Year) 14
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Lowell D. Smith, MD / 2610 Uhrmann Rd. / Klamath Falls, Oregon / 97601	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

34. IMMEDIATE CAUSE OF DEATH (a) Subarachnoid hemorrhage DUE TO, OR AS A CONSEQUENCE OF: (b) Thrombocytopenia DUE TO, OR AS A CONSEQUENCE OF: (c) Myelodysplastic syndrome		Interval between onset of and death 1 day
35. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I		Interval between onset of and death 2 years
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		Interval between onset of and death 2 years
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	38. ALTOGETHER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. DATE OF INJURY (Month, Day, Year)	41. TIME OF INJURY (AT WORK?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42. DESCRIBE HOW INJURY OCCURRED
43. PLACE OF INJURY (Home, farm, street, factory, office, building, etc. (Specify))	44. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

ORIGINAL-VITAL STATISTICS COPY

MAR 09 1998

DATE ISSUED

EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

22904

Redding

Redding Foundation
P.O. Box 0160
Redding, Ca. 96099-0160

State of Oregon, County of Klamath
Recorded 6/10 /99, at 11:54 a m.
In Vol. M99 Page 22903
Linda Smith,
County Clerk Fee \$ 15-

1309659