



## WARRANTY DEED

Vol M00 Page 39741

ASPEN TITLE ESCROW 01052008

AFTER RECORDING RETURN TO:  
 ROBERT P. SHARP, ET AL  
 149 RAMSEY DRIVE  
 VACAVILLE, CA 95687

State of Oregon, County of Klamath  
 Recorded 10/31/00, at 2:44 p.m.  
 In Vol. M00 Page 39741  
 Linda Smith,  
 County Clerk Fee \$ 26<sup>00</sup>

UNTIL A CHANGE IS REQUESTED ALL TAX  
 STATEMENTS TO THE FOLLOWING ADDRESS:  
 SAME AS ABOVE

EVERETT L. BROWN, entirety hereinafter called GRANTOR(S),  
 convey(s) and warrants to ROBERT P. SHARP, DONNA K. SHARP,  
 THOMAS P. SHARP AND LISA K. SHARP, NOT AS TENANTS IN COMMON,  
 BUT WITH FULL RIGHTS OF SURVIVORSHIP hereinafter called  
 GRANTEE(S), all that real property situated in the County of  
 Klamath, State of Oregon, described as:

LOT 35, BLOCK 12, KLAMATH FOREST ESTATES, IN THE COUNTY OF  
 KLAMATH, STATE OF OREGON.

CODE 8, MAP 3510-22A0, TAXLOT 4400

"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 30.390."

and covenant(s) that grantor is the owner of the above described  
 property free of all encumbrances except covenants, conditions,  
 restrictions, reservations, rights, rights of way and easements  
 of record, if any, and apparent upon the land, contracts and/or  
 liens for irrigation and/or drainage,

and will warrant and defend the same against all persons who may  
 lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is  
 \$2,600.00.

In construing this deed and where the context so requires, the  
 singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument  
 this 28<sup>th</sup> day of October, 2000.

Everett L. Brown  
 EVERETT L. BROWN

STATE OF Washington County of Stevens )ss.

On October 28<sup>th</sup>, 2000, personally appeared  
Everett L. Brown who  
 acknowledged the foregoing instrument to be their voluntary act  
 and deed.

Cindy A. Aldous  
 Notary Public for Kettle Falls, WA  
 My Commission Expires: April 19, 2003



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

STATE FILE NUMBER

39742

1. NAME <b>Aida (nmi) BROWN</b>				2. SEX (M / F) <b>Female</b>		3. DEATH DATE (Mo, Day, Yr) <b>August 12, 1995</b>	
4. AGE LAST BIRTH-DAY (Yr) <b>67</b>		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) <b>Mar. 3, 1928</b>		8. BIRTH-PLACE (City, State or Foreign Country) <b>Athens, Greece</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Marcus</b>				12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMER. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>1407 Orchard Lane</b>			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Everett Brown</b>		16. SOCIAL SECURITY NO. <b>533-52-4478</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (11-4 or 5+) <b>12 1</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE—NUMBER AND STREET <b>1407 Orchard Lane</b>		23. CITY/TOWN OR LOCATION <b>Marcus</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		25. COUNTY <b>Stevens</b>	
26. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Heracles Vassiloupou</b>		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Dimitri Vassiloupou</b>		28. LENGTH OF RES. IN CO. <b>9 yrs</b>		29. STATE <b>WA</b>	
30. INFORMANT—NAME <b>Everett Brown</b>		31. MAILING ADDRESS <b>1407 Orchard Lane, Marcus, WA 99151</b>		32. STATE <b>WA</b>		33. ZIP CODE <b>99151</b>	
34. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		35. DATE (Mo, Day, Yr) <b>Aug 16, 1995</b>		36. CEMETERY/CREMATORY—NAME <b>Inland Evergreen Crematory</b>		37. LOCATION—CITY/TOWN, STATE <b>Spokane, WA</b>	
38. FUNERAL DIRECTOR SIGNATURE <i>William G. Danekas</i>		39. NAME OF FACILITY <b>Danekas Funeral Chapel</b>		40. ADDRESS OF FACILITY <b>Colville, WA 99114</b>			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
41. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Barry J. Bacon</i>				42. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Barry J. Bacon</i>			
43. DATE SIGNED (Mo., Day, Yr) <b>8/14/95</b>		44. HOUR OF DEATH (24 Hrs) <b>2145</b>		45. DATE SIGNED (Mo., Day, Yr)		46. HOUR OF DEATH (24 Hrs)	
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				48. PRONOUNCED DEAD (Mo., Day, Yr)		49. HOUR PRONOUNCED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Barry J. Bacon, M.D. 1200 East Columbia Colville, WA. 99114</b>				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. <b>Hepatic failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. <b>Colon Carcinoma, Metastatic.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:							
52. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)				53. INJURY DATE (Mo, Day, Yr)		54. HOUR OF INJURY (24 Hrs)	
55. INJURY AT WORK? (Yes / No)				56. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (Specify)			
57. DESCRIBE HOW INJURY OCCURRED:				58. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		59. DATE RECEIVED (Mo, Day, Yr) <b>8/15/95</b>	
60. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				61. REGISTRAR SIGNATURE <i>W. Gray</i>		62. DATE RECEIVED (Mo, Day, Yr) <b>8/15/95</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

This is to certify the above is a true copy (photographic) of the document (TEMPORARILY) on file with the Washington Tri County Health District.

W. Gray, M.D.  
Health Officer

DOH 01-003 (7/84)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.