

200 OCT 31 PM 2:44

200 NOV 27 AM 11:03

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WARRANTY DEED

ASPEN TITLE ESCROW 01052008

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

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 Deed is being re-recorded to correct the name of Robert P. Sharp TO Richard P. Sharp"

"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 28th day of October, 2000.

Everett L. Brown

EVERETT L. BROWN

STATE OF Washington County of Stevens)ss.

On October 28th, 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 Oregon, County of Klamath
Recorded 11/27/00, at 11:08a. m.
In Vol. M00 Page 42417
Linda Smith,
County Clerk Fee\$ 10.00

State of Oregon, County of Klamath
Recorded 10/31/00, at 2:44p m.
In Vol. M00 Page 39741
Linda Smith,
County Clerk Fee\$ 26.00

10RR

1 of 2

STATE OF WASHINGTON DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

STATE FILE NUMBER

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 1. NAME Aida (nmi) BROWN | | | | 2. SEX (M / F) Female | | 3. DEATH DATE (Mo. Day, Yr) August 12, 1995 | |
| 4. AGE LAST BIRTH- DAY (Yr) 67 | | 5. UNDER 1 YEAR MOS DAYS | | 6. UNDER 1 DAY HOURS MINS | | 7. BIRTHDATE (Mo. Day, Yr) Mar. 3, 1928 | |
| 8. BIRTHPLACE (City, State or Foreign Country) Athens, Greece | | | | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No | | 10. COUNTY OF DEATH Stevens | |
| 11. CITY, TOWN OR LOCATION OF DEATH Marcus | | | | 12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RMWOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 1407 Orchard Lane | | | |
| 13. SMOKING IN LAST 15 YEARS? (Yes / No) No | | | | | | | |
| 14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married | | 15. SURVIVING SPOUSE (If wife, give maiden name) Everett Brown | | 16. SOCIAL SECURITY NO. 533-52-4478 | | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 1 | |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker | | 19. KIND OF BUSINESS OR INDUSTRY Own Home | | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No | | 21. RACE (Specify) White | |
| 22. RESIDENCE—NUMBER AND STREET 1407 Orchard Lane | | 23. CITY/TOWN OR LOCATION Marcus | | 24. INSIDE CITY LIMITS (Yes / No) Yes | | 25. COUNTY Stevens | |
| 26. LENGTH OF RES. IN CO. 19 yrs | | 27. STATE WA | | 28. ZIP CODE 99151 | | | |
| 29. FATHER'S NAME—FIRST, MIDDLE, LAST Heracles Vassiloupou | | | | 30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Dimitri Vassiloupou | | | |
| 31. INFORMANT—NAME Everett Brown | | 32. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 1407 Orchard Lane, Marcus, WA 99151 | | | | | |
| 33. BURIAL/CREMATION REMOVAL OTHER (Specify) Cremation | | 34. DATE (Mo. Day, Yr) Aug 16, 1995 | | 35. CEMETERY/CREMATORY—NAME Inland Evergreen Crematory | | 36. LOCATION—CITY/TOWN, STATE Spokane, WA | |
| 37. FUNERAL DIRECTOR SIGNATURE <i>William G. Danekas</i> | | 38. NAME OF FACILITY Danekas Funeral Chapel | | 39. ADDRESS OF FACILITY Colville, WA 99114 | | | |
| TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN | | | | TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER | | | |
| 40. 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> | | | | 41. 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> | | | |
| 42. DATE SIGNED (Mo., Day, Yr) 8/14/95 | | 43. HOUR OF DEATH (24 Hrs) 2145 | | 44. DATE SIGNED (Mo., Day, Yr) 8/14/95 | | 45. HOUR OF DEATH (24 Hrs) 2145 | |
| 46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Barry J. Bacon, M.D. 1200 East Columbia Colville, WA. 99114 | | | | 47. PRONOUNCED DEAD (Mo., Day, Yr) | | | |
| 48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Barry J. Bacon, M.D. 1200 East Columbia Colville, WA. 99114 | | | | 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). Hepatic failure | | DUE TO, OR AS A CONSEQUENCE OF: Colon Carcinoma, Metastatic. | | | | INTERVAL BETWEEN ONSET AND DEATH 1 month | |
| 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. | | DUE TO, OR AS A CONSEQUENCE OF: | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months | |
| DUE TO, OR AS A CONSEQUENCE OF: | | DUE TO, OR AS A CONSEQUENCE OF: | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: | | | | | | 52. AUTOPSY? (Yes / No) No | |
| 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No | | | | | | | |
| 54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | | 55. INJURY DATE (Mo. Day, Yr) | | 56. HOUR OF INJURY (24 Hrs) | | 57. DESCRIBE HOW INJURY OCCURRED: | |
| 58. INJURY AT WORK? (Yes / No) | | 59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify) | | | | | |
| 60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE | | | | | | | |
| 61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE | | 62. REGISTRAR SIGNATURE <i>W. Gray</i> | | | | 63. DATE RECEIVED (Mo. Day, Yr) 8/15/95 | |

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 (7/94)

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

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