



WARRANTY DEED

ASPEN TITLE & ESCROW #01052100

AFTER RECORDING RETURN TO:
 KATHLEEN SEVY
 P.O. Box 917
 Keno, Or. 97627

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

IRMA M. CLARK, TRUSTEE OF THE FRED KENNETH AND IRMA M. CLARK TRUST DATED MAY 10, 1990 AND IRMA M. CLARK, AN INDIVIDUAL, hereinafter called GRANTOR(S), convey(s) and warrants to KATHLEEN SEVY, hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

LOTS 30 AND 31, BLOCK 1, KLAMATH RIVER ACRES, IN THE COUNTY OF KLAMATH, STATE OF OREGON.

25D0 4200
 CODE 96 MAP 3907-~~36A0~~ TL1-00
 CODE 97 MAP 3907-36A0 TL 100

"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 \$75,000.00.

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 22ND day of NOVEMBER, 2000.

THE FRED KENNETH AND IRMA M. CLARK TRUST
 DATED MAY 10, 1990

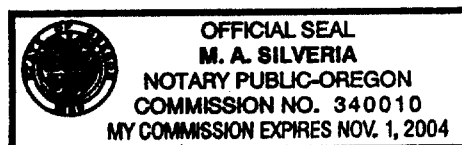
Irma M. Clark
 BY: IRMA M. CLARK, TRUSTEE

Irma M. Clark
 IRMA M. CLARK, INDIVIDUAL

STATE OF OREGON, County of Klamath)ss.

The foregoing instrument was acknowledged before me this 27th day of NOVEMBER, 2000, by IRMA M. CLARK, INDIVIDUAL AND AS TRUSTEE OF THE FRED KENNETH AND IRMA M. CLARK TRUST DATED MAY 10, 1990.

Before me: M. A. Silveria
 Notary Public for Oregon
 My Commission Expires: 11-01-2004



CERTIFICATION OF VITAL RECORD

43218

PRINT
PERMANENT
BLACK INK

H 30602
I.D. TAG NO.

239
Local File Number

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

136

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

10
11

CERTIFIER

12
13
14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE

CAUSE OF
DEATH

15
16
17

1. DECEDENT'S NAME First: <u>Fred</u> Middle: <u>Kenneth</u> Last: <u>CLARK</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>April 25, 1999</u>
4. SOCIAL SECURITY NUMBER <u>566-12-1857</u>		5a. AGE-Last Birthday (Years) <u>85</u>	5b. Under 1 Year Mos. Days Hours Mins	5c. Under 1 Day Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) <u>Modesto, CA</u>		7. DATE OF BIRTH (Month, Day, Year) <u>June 26, 1913</u>		
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 type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) <u>9515 Snowgoose Lane</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Keno</u>		9d. COUNTY OF DEATH <u>Klamath</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Rancher</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Agriculture</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>
12. SPOUSE (If Married, Widowed) <u>Irma Clark</u>		13a. RESIDENCE - STATE <u>Oregon</u>		
13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN OR LOCATION <u>Keno</u>		13d. STREET AND NUMBER <u>9515 Snowgoose Lane</u>
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97627</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5 +)		
17. FATHER - NAME first middle last <u>Fred Clark</u>		18. MOTHER - NAME first middle maiden <u>Josephine Schroeder</u>		19. INFORMANT - NAME and relationship to deceased <u>Irma Clark - wife</u>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) <u>Eternal Hills Crematory</u>		20c. LOCATION - City or Town, State <u>4711 Hwy. 39, Klamath Falls</u>
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Luncaster</u>		21b. OREGON LICENSE NO. (If Licensee) <u>3224</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR 97603</u>
23. DATE FILED (Month, Day, Year) <u>APR 30 1999</u>		24. REGISTRAR'S SIGNATURE <u>Linda Smith</u>		

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH <u>2125</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>James M. Beggs MD</u>	
30. DATE SIGNED (Month, Day, Year) <u>4/28/99</u>	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>James Beggs, MD, 2300 Clairmont Dr., Klamath Falls, OR 97601</u>	
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>James M. Beggs MD</u>	
33. DATE SIGNED (Month, Day, Year) _____ COUNTY _____	

34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. PART I (a) <u>Coronary Heart Failure</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Atherosclerotic Cardiovascular Disease</u> DUE TO, OR AS A CONSEQUENCE OF: (c) _____		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 <u>BPH</u>		Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <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 <input type="checkbox"/> N/A		40. 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"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	
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)	

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY F

State of Oregon, County of Klamath
Recorded 12/01/00, at 11:00 a.m.
In Vol. M00 Page 43217
Linda Smith,
County Clerk Fee \$ 26.00

APR 30 1999

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGL

ANY ALTERATION OR ERASURE INVALIDATES THIS CERTIFICATE

