

Klamath County
305 Main St, Rm 238
Klamath Falls, OR 97601
Grantor's Name and Address

Vol M01 Page 56396

Eric C. Woodnutt
4200 Providence Point Dr
Issaquah, WA 98029

SPACE RESERVED
FOR
RECORDER'S USE

Grantee's Name and Address

After recording, return to (Name, Address, Zip):

Klamath County
305 Main St, Rm 238
Klamath Falls, OR 97601

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Klamath County
305 Main St, Rm 238
Klamath Falls, OR 97601

QUITCLAIM DEED

KNOW ALL BY THESE PRESENTS that Eric C. Woodnutt

hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and forever quitclaim unto Klamath County,
a political subdivision of the State of Oregon

hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of the grantor's right, title and interest in that certain real
property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in _____
Klamath County, State of Oregon, described as follows, to-wit:

An undivided one-half interest in the N $\frac{1}{2}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$ and the SW $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$ of Section 17, Township 35
South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$Forbearance of Foreclosure

~~*However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole
(indicate which) consideration * (The sentence between the symbols*, if not applicable, should be deleted. See ORS 93.030.)~~

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes
shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on _____; if grantor is a
corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order
of its board of directors.

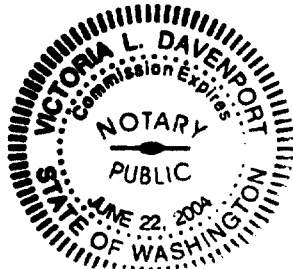
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY
DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE
LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR
ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE
TITLE TO THE PROPERTY SHOULD CHECK WITH THE
APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO
VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON
LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS
DEFINED IN ORS 30.930.

Eric C. Woodnutt
Eric C. Woodnutt

STATE OF WASHINGTON, County of King) ss.

This instrument was acknowledged before me on October 29, 2001
by Eric C. Woodnutt

This instrument was acknowledged before me on _____
by _____
as _____
of _____



Victoria L. Davenport
Notary Public for Washington
My commission expires June 22, 2004

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

56397

TYPE OR PRINT IN PERMANENT BLACK INK

714



146

STATE FILE NUMBER

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

1. NAME First: IDA Middle: WOODNUTT Last: WOODNUTT				2. SEX (M / F) F		3. DEATH DATE (Mo. Day, Yr) 1-20-1997	
4. AGE LAST BIRTH-DAY (Yrs) 74		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTH-DATE (Mo. Day, Yr) 7-29-1922		8. BIRTH-PLACE (City, State or Foreign Country) COLSPUR ALBERTA, CANADA	
11. CITY, TOWN OR LOCATION OF DEATH BELLEVUE				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 RM/OUT PTN 4 <input checked="" type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE OVERLAKE HOSPITAL		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) ERIC WOODNUTT		16. SOCIAL SECURITY NO 564-58-8825		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) ACCOUNTANT		19. KIND OF BUSINESS OR INDUSTRY CARPENTERS UNION		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 11050 SE 30TH ST		23. CITY/TOWN, OR LOCATION BELLEVUE		24. INSIDE CITY LIMITS? (Yes / No) YES		25A. COUNTY KING	
26. FATHER'S NAME—FIRST, MIDDLE, LAST HIRAM DAVIS		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME CATHERINE CRAIG		25B. LENGTH OF RES. IN CO. 20 YRS		26. STATE WA	
30. INFORMANT—NAME ERIC WOODNUTT		31. MAILING ADDRESS 11050 SE 30TH ST.		27. ZIP CODE 98004		28. STATE WA	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION		33. DATE (Mo. Day, Yr) 1-24-1997		34. CEMETERY/CREMATORY—NAME SUNSET CREMATORY		35. LOCATION—CITY/TOWN, STATE BELLEVUE, WA	
36. FUNERAL DIRECTOR OR SIGNATURE X <i>[Signature]</i>		37. NAME OF FACILITY GREEN FUNERAL HOME, 1215 145TH PL SE, BELLEVUE, WA 98007		38. ADDRESS OF FACILITY		39. ADDRESS OF FACILITY	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. 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 X <i>[Signature]</i>				43. 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 X			
40. DATE SIGNED (Mo. Day, Yr) 1/20/97		41. HOUR OF DEATH (24 Hrs) 1810 HRS		44. DATE SIGNED (Mo. Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) BARRY L. MARMORSTEIN, MD, 1603 116TH AVE NE #112, BELLEVUE, WA 98004				46. PRONOUNCED DEAD (Mo. Day, Yr)			
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) BARRY L. MARMORSTEIN, MD, 1603 116TH AVE NE #112, BELLEVUE, WA 98004				47. HOUR PRONOUNCED DEAD (24 Hrs)			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) CVA 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. A. DUE TO, OR AS A CONSEQUENCE OF B. DUE TO, OR AS A CONSEQUENCE OF C. DUE TO, OR AS A CONSEQUENCE OF D. DUE TO, OR AS A CONSEQUENCE OF State of Oregon, County of Klamath Recorded 11/05/01 9:43a.m. In Vol. M01 Page 56396 Linda Smith, County Clerk Fee\$ 26 ⁰⁰				INTERVAL BETWEEN ONSET AND DEATH 1			
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, CITY, OFFICE, BLDG, ETC (Specify)		60. STREET OR RFD NO., CITY/TOWN, STATE		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	
62. DATE RECEIVED (Mo. Day, Yr) JAN 23 1997				63. DATE RECEIVED (Mo. Day, Yr) JAN 23 1997			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A DOH 01-003 (8/96)

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