



THIS SPACE RESERVED FOR RECORDER'S USE
MT56499-TA

After recording return to:

ANGELA K. CLABAUGH
3405 PELICAN STREET
KLAMATH FALLS, OR 97601

Until a change is requested all
tax statements shall be sent to
the following address:

ANGELA K. CLABAUGH
3405 PELICAN STREET
KLAMATH FALLS, OR 97601

Escrow No. MT56499-TA
Title No.

Vol M02 Page 14640

State of Oregon, County of Klamath
Recorded 03/12/2002 3:09 P m.
Vol M02, Pg 14640-41
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

02 MAR 12 PM 3:09

WARRANTY DEED

MARJIE C. TRIGG-WARNER, WHO ACQUIRED TITLE AS MARJIE C. TRIGG,
Grantor(s) hereby grant, bargain, sell, warrant and convey to:
ANGELA K. CLABAUGH, an unmarried woman
Grantee(s) and grantee's heirs, successors and assigns the following described
real property, free of encumbrances except as specifically set forth herein in
the County of KLAMATH and State of Oregon, to wit:

LOT 5 AND 6, BLOCK 21, CHELSEA ADDITION, ACCORDING TO THE OFFICIAL PLAT
THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY,
OREGON.

433864

3809-019AD-04900

SUBJECT TO: all those items of record and those apparent upon the land, if
any, as of the date of this deed and those shown below, if any:
and the grantor will warrant and forever defend the said premises and every
part and parcel thereof against the lawful claims and demands of all persons
whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration for this conveyance is \$ 67,000.00.

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.

Dated this 7TH day of March, 2002

Marjie C. Trigg-Warner
MARJIE C. TRIGG-WARNER

State of Oregon
County of KLAMATH

This instrument was acknowledged before me on March 7, 2002 by
MARJIE C. TRIGG-WARNER.

[Signature]
(Notary Public for Oregon)

My commission expires 6-19-04



CERTIFICATION OF VITAL RECORD

PRINT IN
PERMANENT
BLACK INK

288996
I.D. TAG NO

CO-1974
Local File Number

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

14641

136-

State File Number

1. DECEDENT'S NAME First: John Middle: Albert Last: TRIGG SR.		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 18, 2000
4. SOCIAL SECURITY NUMBER 542-34-7623	5a. AGE-Last Birthday (Years) 67	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Seminary, Mississippi
7. DATE OF BIRTH (Month, Day, Year) April 15, 1933		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> OTHER		9b. NURSING HOME <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): RV Park	
9c. FACILITY NAME (If not institution, give street and number) 6170 Hwy 201		9d. CITY, TOWN, OR LOCATION OF DEATH Huntington	
9e. COUNTY OF DEATH Malheur		10a. DECEDENT'S USUAL OCCUPATION (Give kind or work done during most of working life. Do not use retired.) Brick Mason	
10b. KIND OF BUSINESS/INDUSTRY Construction		11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed, Divorced) (Specify) Marjie Trigg		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 3428 Chelsea St.		14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. ZIP CODE 97601		16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
17. RACE American Indian, Black, White, etc. (Specify) White		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6	
19. PARENTS George Bert Trigg		20. MOTHER - NAME - first middle maiden Mary Ophelia Rawls	
21. INFORMANT - NAME and relationship to decedent Marjie Trigg - Wife		22. LOCATION - City or Town, State Klamath Falls, Oregon	
23. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
25. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Christy Haren		26. OREGON LICENSE NO. (Of Licensee) 3476	
27. DATE FILED (Month, Day, Year) July 24, 2000		28. NAME, ADDRESS AND ZIP OF FACILITY Haren-Wood Funeral Chapel 2543 SW 4th Ave. Ontario, OR 97914	
29. REGISTERAR'S SIGNATURE Shelby Demnio		30. DATE OF DEATH (Month, Day, Year) July 18, 2000	
31. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
32. TIME OF DEATH Early AM		33. DATE OF DEATH (Month, Day, Year) July 18, 2000	
34. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No		35. DATE SIGNED (Month, Day, Year) 7/19/00	
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) David W. Brauer, M.D. Medical Examiner		37. 1059 SW 3rd Ave. Ontario, OR 97914	
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
(a) <u>Arteriosclerotic Cardiovascular Disease</u>		Interval between onset and death years	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
40. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
41. 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		42. DATE OF INJURY (Month, Day, Year)	
43. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		46. DESCRIBE HOW INJURY OCCURRED	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		48. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
49. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5/98

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MALHEUR COUNTY REGISTRAR.

DATE ISSUED: July 25, 2000

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Shelby Demnio
COUNTY REGISTRAR
MALHEUR COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE