

'02 APR 23 PM 1:10

Vol M02 Page 23953

After Recording Return to:
RICHARD COX and DEBRA J. COX
 40218 Lobart Way
 Chiloquin, OR 97624
 Until a change is requested all tax statements
 Shall be sent to the following address:
RICHARD COX and DEBRA J. COX
 40218 Lobart Way
 Chiloquin, OR 97624

State of Oregon, County of Klamath
 Recorded 04/23/2002 1:10 p.m.
 Vol M02. Pg 23953 - 23954
 Linda Smith, County Clerk
 Fee \$ 26⁰⁰ # of Pgs 2

WARRANTY DEED
 (INDIVIDUAL)

ARTHUR F. ZERKEL, herein called grantor, convey(s) to **RICHARD COX and DEBRA J. COX, HUSBAND AND WIFE** all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

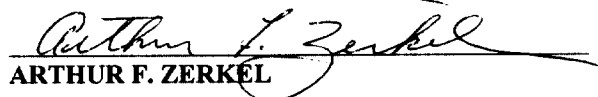
Lot 4, Block 6, Tract No. 1019, WINEMA PENINSULA UNIT #2, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

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 **\$48,500.00**.
 (here comply with the requirements of ORS 93.930)

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 : 4-19-02

ARTHUR F. ZERKEL

STATE OF OREGON, County of **Klamath**) ss.

On April 19, 2002 - personally appeared the above named **ARTHUR F. ZERKEL** and acknowledged the foregoing instrument to be his voluntary act and deed.

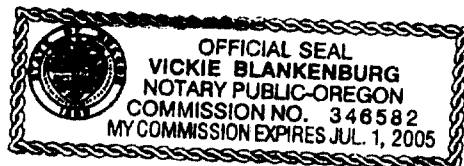
This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
 Order No.: 00054818 1/3

Before me: Vickie Blankenburg
 Notary Public for Oregon
 My commission expires: 7/01/05

Official Seal



CERTIFICATION OF VITAL RECORD

INCENT
LINK

359640

I.D. TAG NO.

Local File Number

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

23954

136-

State File Number

1. DECEDENT'S NAME Myrtle Elouise ZERKEL			2. SEX F		3. DATE OF DEATH (Month, Day, Year) January 26, 2002			
4. SOCIAL SECURITY NUMBER 454-24-9044		5a. AGE-Last Birthday (Years) 81		5b. Under 1 Year 10s. Days		5c. Under 1 Day Hours Mins		
6. BIRTHPLACE (City and State or Foreign Country) Buena Vista, Texas			7. DATE OF BIRTH (Month, Day, Year) October 7, 1920					
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER					
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			9d. COUNTY OF DEATH Klamath		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Domestic		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Arthur Zerkel		
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Chiloquin		13d. STREET AND NUMBER 40218 Lo Bart Way		
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97624		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) White		
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)		17. FATHER - NAME first middle last Thomas U. Dakan		18. MOTHER - NAME first middle maiden Virgie Mae wood		19. INFORMANT - Name and relationship to deceased Arthur Zerkel - Husband		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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) Eternal Hills Crematory		20c. LOCATION - City or Town, State Klamath Falls, Oregon				
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael J. Smith</i>		21b. OREGON LICENSE NO. (Of Licensee) 3553		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy 39, K-Falls, Oregon, 97603				
23. DATE FILED (Month, Day, Year) JAN 28 2002		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>						
RESERVED FOR REGISTRAR'S USE								
TO BE COMPLETED BY CERTIFYING PHYSICIAN								
27. TIME OF DEATH 00:45 A		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. <i>Lawrence Cohen</i>								
30. DATE SIGNED (Month, Day, Year) 1/27/02								
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Lawrence Cohen MD, 103 Wasco, Chiloquin, Oregon, 97624								
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)								
TO BE COMPLETED ONLY BY MEDICAL EXAMINER								
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 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) <i>Lawrence Cohen</i>								
33. DATE SIGNED (Month, Day, Year)		COUNTY						
CAUSE OF DEATH								
PART I (a) RENAL FAILURE		Interval between onset and death YEARS						
(b) HYPERTENSION		Interval between onset and death YEARS						
(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 DIABETES		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		
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
41d. PLACE OF INJURY - At home, farm, street, factory, school building, etc. (Specify)		41e. 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 OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

JAN 28 2002

DATE ISSUED:

EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

