

Vol M02 Page 36229  
STATE OF OREGON, 1

Raymond E. Chapin  
4691 - Circle Drive  
Santa Rosa Ca 95409  
Grantor's Name and Address  
Dennis E. Ewodinger  
1970 - West Harvard #218  
Roseburg Oregon 97470  
Grantee's Name and Address

After recording, return to (Name, Address, Zip):  
Dennis E. Ewodinger  
1970 - West Harvard #218  
Roseburg Oregon 97470  
Until requested otherwise, send all tax statements to (Name, Address, Zip):  
Dennis E. Ewodinger  
1970 - West Harvard #218  
Roseburg Oregon 97470

SPACE RESERVED  
FOR  
RECORDERS USE

State of Oregon, County of Klamath  
Recorded 06/24/2002 9:26 a.m.  
Vol M02, Pg 36229-30  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that

Raymond E. Chapin

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by Dennis E. Ewodinger

hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath Falls County, State of Oregon, described as follows, to-wit:

Block 76 Lot 20 of the 7<sup>th</sup> Addition to  
Hemlock River Park

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state):

N/A

and that grantor will warrant and forever defend the 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 paid for this transfer, stated in terms of dollars, is \$ 1000.00. However, the actual consideration consists of or includes other property or value given or promised which is ☐ the whole ☐ part of the (indicate which) consideration. (The sentence between the symbols <sup>Ⓢ</sup>, 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 6-13-02; 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.

Raymond E. Chapin

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.

STATE OF CALIFORNIA  
STATE OF OREGON, County of

This instrument was acknowledged before me on June 13, 2002

by Doreen A. Amaral

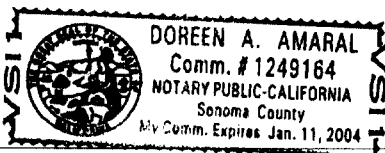
This instrument was acknowledged before me on

by

as

of

Doreen A. Amaral  
Notary Public for Oregon-California  
My commission expires 1-11-2004



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SONOMA**  
SANTA ROSA, CALIFORNIA

**36230**

**CERTIFICATE OF DEATH**

3-1999-49-000710

STATE FILE NUMBER

STATE OF CALIFORNIA  
USE PLAIN INK ONLY NO ERASURES, WHITEOUT OR ALTERATIONS  
VS 11 (REV. 7/97)

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) <b>PHYLLIS</b>		2. MIDDLE <b>MARGUERITE</b>		3. LAST (FAMILY) <b>CHAPIN</b>	
	4. DATE OF BIRTH MM/DD/CCYY <b>04/12/1919</b>		5. AGE YRS. <b>79</b>		6. SEX <b>F</b>	
	7. DATE OF DEATH MM/DD/CCYY <b>03/03/1999</b>		8. HOUR <b>1835</b>			
	9. STATE OF BIRTH <b>CANADA</b>		10. SOCIAL SECURITY NO. <b>552-14-1323</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>10</b>			
USUAL RESIDENCE	14. RACE <b>WHITE</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>PAUL MASSON WINERY</b>	
	17. OCCUPATION <b>WINE PRODUCTION WORKER</b>		18. KIND OF BUSINESS <b>WINERY</b>		19. YEARS IN OCCUPATION <b>15</b>	
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>350 TREEHAVEN LANE</b>					
INFORMANT	21. CITY <b>KENWOOD</b>		22. COUNTY <b>SONOMA</b>		23. ZIP CODE <b>95452</b>	
	24. YRS IN COUNTY <b>18</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>			
SPOUSE AND PARENT INFORMATION	26. NAME, RELATIONSHIP <b>RAYMOND CHAPIN, HUSBAND</b>		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>350 TREEHAVEN LANE, KENWOOD, CA 95452</b>			
	28. NAME OF SURVIVING SPOUSE—FIRST <b>RAYMOND</b>		29. MIDDLE <b>EDWARD</b>		30. LAST (MAIDEN NAME) <b>CHAPIN</b>	
	31. NAME OF FATHER—FIRST <b>GEORGE</b>		32. MIDDLE <b>-</b>		33. LAST <b>AGNEW</b>	
	34. BIRTH STATE <b>CANADA</b>		35. NAME OF MOTHER—FIRST <b>ETHEL</b>		36. MIDDLE <b>-</b>	
	37. LAST (MAIDEN) <b>BROWN</b>		38. BIRTH STATE <b>CANADA</b>			
DISPOSITION(S)	39. DATE MM/DD/CCYY <b>03/08/1999</b>		40. PLACE OF FINAL DISPOSITION <b>PLEASANT HILLS MEMORIAL PARK, 1700 PLEASANT HILL RD. SEBASTOPOL, CA</b>			
	41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NO. <b>-</b>	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR <b>PLEASANT HILLS MEMORIAL PARK</b>		45. LICENSE NO. <b>FD-1337</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
	47. DATE MM/DD/CCYY <b>03/05/1999</b>					
PLACE OF DEATH	101. PLACE OF DEATH <b>WARRACK HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. COUNTY <b>SONOMA</b>	
	104. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>2449 SUMMERFIELD RD.</b>		105. CITY <b>SANTA ROSA</b>			
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) SHOCK</b>		TIME INTERVAL BETWEEN ONSET AND DEATH <b>8 HOURS</b>		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>99-0340</b>	
	<b>DUE TO (B) GASTROINTESTINAL HEMORRHAGE, UNKNOWN ETIOLOGY</b>		<b>18 HOURS</b>		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<b>DUE TO (C) -</b>		<b>-</b>		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<b>DUE TO (D) -</b>		<b>-</b>		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>					
PHYSI- CIAN'S CERTIFI- CATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY <b>08/04/1981</b>		115. SIGNATURE AND NAME OF CERTIFIER <i>[Signature]</i> <b>JAMES CLEGG MD</b>		116. LICENSE NO. <b>C27961</b>	
	DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>03/03/1999</b>		117. DATE MM/DD/CCYY <b>03/04/1999</b>			
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>JAMES CLEGG, MD 4690 HOEN AVE. SANTA ROSA, CA 95405</b>					
CORONER'S USE ONLY	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
	122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):	
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP):					
STATE REGISTRAR	126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
	A		B		C	

259146

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SONOMA

03/10/1999  
DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

LOCAL REGISTRAR  
SONOMA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

