ED MARSTON			Vol MO2 Page_ STATE OF OREGON,	54054
6412 96th St., E			STATE OF OREGON,	ss.
Fuyallyp, Wa 9837 Grantor's Name				
D T SERVICE CO.,				
c/o Pauline Brown HC71, Box 495C				
lanover NM Grantes 2014	and Address	SPACE RESERVED		
O'T SERVICE NO.		FOR RECORDER'S USE		
C71, Box 495C			State of Oregon, Count	ty of Klamath
Ianover, NM 8804 Units requested otherwise, send all tax st	atements to (Name Address 7in)		Recorded 09/23/2002 2 Vol M02, Pg 5 4 0 5 0	.10 p. m
T SERVICE CO.,			Linda Smith, County Clerk	k
/o Pauline Brown	ing		Fee \$ 26,00 # of Pgs	5 _ Z 3puty
C71, Box 495C anover, NM 8804				
		WARRANTY DEED		
KNOW ALL BY THE	ESE PRESENTS that			
ED MARSTON	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
			paid by	
hereinafter called grantee, do that certain real property, wi situated in	th the tenements hereditor	ments and annustance	he grantee and grantee's heirs, nces thereunto belonging or in ribed as follows, to-wit:	, successors and assigns, n any way appertaining.
LOT 10, BLOCK 04	4, LONE PINE ON	THE SPRAGUE		
KLAMATH COUNTY,				
To Have and to Hold to And grantor hereby co	the same unto grantee and govenants to and with grante	e and grantee's heirs.	ssors and assigns forever.	grantor is lawfully seized
To Have and to Hold to And grantor hereby co	the same unto grantee and govenants to and with grante	grantee's heirs, succest and grantee's heirs.	ssors and assigns forever.	grantor is lawfully seized tate):
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ONLY I. DISTRICT E OF DEATH 2 COPIES First 2. SEX (M /F) 3 DEATH DATE (Mo Day YI) DOROTHY DIX MARSTON Female January 19th 1998 3. HOSPITAL 5 UNDER I YEAR 6 UNDER 1 DAY 7 BIRTHDATE (Mg. Day, Yr) 8 BIRTHPLACE 9 WAS DECEDENT EVER IN U.S. ARMED FORCES? Nov. 11, 1910 Rochester, New York 10 COUNTY OF DEATH (Yes/No) No Pierce 4 DOCUMENTAL 11 CITY, TOWN OR LOCATION OF DEATH 12 PLACE OF DEATH—80 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME SMOKING IN LAST I 🗇 HOME 2 🗇 IN TRANSPORT. 3 🗘 EMERG RIMOUT PTH. 4 🗆 HOSP. SYMP HUR HOME. 6 🗆 OTHER PLACE Puyallup Linden Grove Nursing Center No S. RESIDENCE 14 MARITAL STATUS-MI 15 SURVIVING SPOUSE (if wife give maiden name) DECEDENT'S EDUCATION (Specify only highest grade & TRACT ry/Secondary (0-12) Married **EDWARD** THOMAS MARSTON 084-28-3996 18 USUAL OCCUPATION (Give kind of a 19 KIND OF BUSINESS OR INDUSTRY Was Decedent of Hispanic origin or descent? (Ancestry) (Specify during most of working Me DO NOT USE RETIRED! 7. OCCUPATION Homemaker Own Home (Yes / No) Specify No White 22 PESIDENCE—NUMBER AND STREET Mobile Space 5 CITY/TOWN, OR LOCATION INSIDE CIT RES IN CO (Yes / No) 6412 96th Street East Puyallup No Pierce WA 98371 MOTHER'S NAME-FIRST MICOLE LEWIS STERLING FREEMAN ELIZABETH RICHARDS EDWARD 6412 96th Street East, Mobile Space #5, Puyallup, WA. 98371 MARSTON: HUSBAND 33 DATE (Mo. Day, Yr) 34 CEMETERY/CREMATORY-NAME Jan. 21, 1998 Cremation Tacoma Mausoleum Association Tacoma, Washington 98409 ADORESS OF FACILITY 217 Pioneer Ave E Hills Funeral Home Puyallup, Washington 98372 13 TO BE COMPLETED ONLY BY CERTIFYED TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 39 TO THE BEST OF, MY KNOWLEDGE. DEATH OCCURRED AT THE TIME. DATE AND PLACE 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 AND WAS DUE TO SHE CAUSEIS SIGNATURE AND TIT GNATURE AND TITLE 40 DATE SIGNED IMO 41 HOUR OF DEATH (24 Hrs.) 44 DATE SIGNED (Mo., Day, YI) 45 HOUR OF CEATH (24 HES) 1900 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pink) PRONOUNCED DEAD (Mo . Day, Yr) HOUR PRONOUNCED DEAD (24 His.) Dr. Tejinderpal Singh, M.D. 48 NAME AND ADDRESS OF CERTIFIER PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Piral) (253) - 863 - 633849 ME/CORONER FILE NUMBER Dr. Kenith Aaro, M.D.: 1518 Main Street Washington 98390 50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or INTERVAL BETWEEN ONSET AND condition resulting in death) DO NOT ENTER THE MODE OF DUE TO, OR AS & CONSEQUENCE OF DYING, SUCH AS CARDIAC OR INTERVAL BETWEEN ONSET AND RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE DUE TO, OR AS A CONSEQUENCE OF CAUSE ON EACH LINE INTERVAL BETWEEN ONSET AND Sequentially list conditions, if an 21. ACC LOC leading to immediate cause. Enter UNDERLYING CAUSE (Disease or INTERVAL BETWEEN ONSET AND injury which initiated events resulting in death) LAST 22. QUERIES 51 OTHER SIGNIFICANT CONDI AUTOPS/ (Yes / No! WAS CASE REFERRED TO MEDICAL EXAMINER OF CORONER? (Yes / No) No No. 54 ACC SUICIDE, HOM, UNDET, DR PENDING INVEST (Specify) 55 INJURY DATE (MO Day Yr) 56 HOUR OF INJURY (24 H/s) 57 DESCRIBE HOW INJURY OCCURRED SE INJURY AT WORK PLACE OF INJURY—AT HOME FARM, STREET, FACTORY, OFFICE 60 LOCATION—STREET OR RFD NO CITY/TOWN STATE BLDG, ETC (Specify) 61 RECORD AMENDMENT (Register use only)
11511 DOCUMENTARY REVIEWED BY FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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Mail (04/29/24/34)