

03 MAR 7 AM 9:51

Aspen 56597

After Recording Return to:
ROBERT J. WYNNE

Until a change is requested all tax statements
Shall be sent to the following address:
ROBERT J. WYNNE

Vol M03 Page 13912

State of Oregon, County of Klamath
Recorded 03/07/2003 9:51 A.m.
Vol M03 Pg 13912 - 16
Linda Smith County Clerk
Fee \$ 41 # of Pgs 5

** This Document is signed in counterparts**

WARRANTY DEED
(INDIVIDUAL)

KENNETH LEROY DOUGLAS, DEE ALVA DOUGLAS AND LAWRENCE LAVERNE DOUGLAS, THE HEIRS AND DEVISEES OF THE ESTATE OF ILA DOUGLAS, DECEASED, herein called grantor, convey(s) to ROBERT J. WYNNE, AN ESTATE IN FEE SIMPLE all that real property situated in the County of KLAMATH, State of Oregon, described as:

The Southwesterly 100 feet of Lot 9, Block 73, BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon, being the portion of said Lot 9, lying Southwesterly of a line drawn 40 feet Southwesterly of and parallel to the Northeasterly line of said Lot 9.

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 \$54,000.00.
(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 February 24, 2003.

Kenneth Leroy Douglas
KENNETH LEROY DOUGLAS

DEE ALVA DOUGLAS

LAWRENCE LAVERNE DOUGLAS

STATE OF Oregon, County of Klamath) ss.

On March 6, 2003 personally appeared the above named Kenneth Leroy Douglas, Dee Alva Douglas and Lawrence LaVerne Douglas, heirs and Devisees of the Estate of Ila R. Douglas and acknowledged the foregoing instrument to be his/her/their voluntary act and deed.

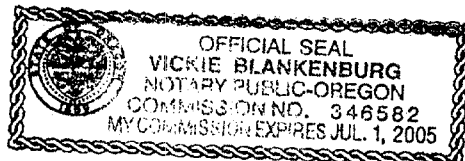
This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00056597

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

Official Seal



After Recording Return to:
ROBERT J. WYNNE

Until a change is requested all tax statements
 Shall be sent to the following address:
ROBERT J. WYNNE

WARRANTY DEED
 (INDIVIDUAL)

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The Southwesterly 100 feet of Lot 9, Block 73, **BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS**, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon, being the portion of said Lot 9, lying Southwesterly of a line drawn 40 feet Southwesterly of and parallel to the Northeasterly line of said Lot 9.

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Dated February 24, 2003.

KENNETH LEROY DOUGLAS

DEE ALVA DOUGLAS

LAWRENCE LAVERNE DOUGLAS

STATE OF Oregon, County of Clackamas) ss.

On March 3, 2003 personally appeared the above named Kenneth Leroy Douglas, Dee Alva Douglas and Lawrence LaVerne Douglas heirs and Devisees of the Estate of Ila R. Douglas and acknowledged the foregoing instrument to be his/her/their voluntary act and deed.

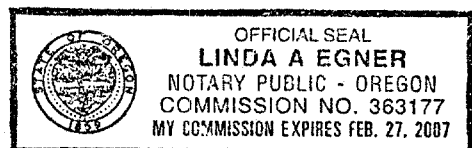
This document is filed at the request of:



525 Main Street
 Klamath Falls, OR 97601
 Order No.: 00056597

Before me: Linda A Egner
 Notary Public for Oregon
 My commission expires: Feb. 27, 2007

Official Seal



After Recording Return to:
ROBERT J. WYNNE

13914

Until a change is requested all tax statements
Shall be sent to the following address:
ROBERT J. WYNNE

WARRANTY DEED
(INDIVIDUAL)

KENNETH LEROY DOUGLAS, DEE ALVA DOUGLAS AND LAWRENCE LAVERNE DOUGLAS, THE HEIRS AND DEVISEES OF THE ESTATE OF ILA DOUGLAS, DECEASED, herein called grantor, convey(s) to ROBERT J. WYNNE, AN ESTATE IN FEE SIMPLE all that real property situated in the County of KLAMATH, State of Oregon, described as:

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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

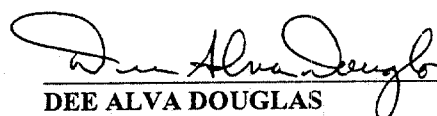
and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

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(here comply with the requirements of ORS 93.930)

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Dated February 24, 2003.

KENNETH LEROY DOUGLAS


DEE ALVA DOUGLAS

LAWRENCE LAVERNE DOUGLAS

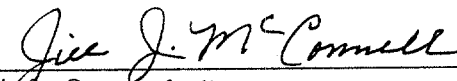
STATE OF Washington, County of Walla Walla) ss.

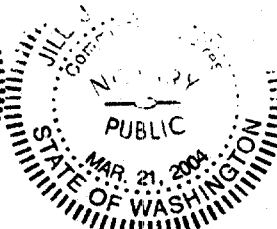
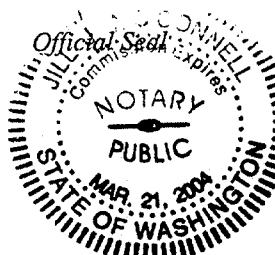
On 2-27-03 personally appeared the above named ~~Kenneth Leroy Douglas~~, Dee Alva Douglas and ~~Lawrence LaVerne Douglas~~, heirs and Devisees of the Estate of Ila R. Douglas and acknowledged the foregoing instrument to be his/her/their voluntary act and deed.

This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00056597

Before me: 
Notary Public for Oregon WA.
My commission expires: 3-21-04



CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

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

13915

349278

I.D. TAG NO.

01570

Local File Number

136.

State File Number

DECEDENT

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1. DECEDENT'S NAME First: <u>Ila</u> Middle: <u>Rose</u> Last: <u>DOUGLAS</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>August 15, 2002</u>
4. SOCIAL SECURITY NUMBER <u>541-16-2243</u>	5a. AGE-Last Birthday (Years) <u>82</u>	5b. Under 1 Year Mos: <u> </u> Days: <u> </u>	5c. Under 1 Day Hours: <u> </u> Mins: <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Gettysburg, SD</u>
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <u> </u>	
9b. FACILITY NAME (If not institution, give street and number) <u>Ivy Court Senior Living</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Milwaukie</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Cook</u>			10b. KIND OF BUSINESS/INDUSTRY <u>Food Service</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>			12. SPOUSE (If Married, Widowed) <u>Melvin</u>	
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Clackamas</u>	13c. CITY, TOWN OR LOCATION <u>Gladstone</u>	13d. STREET AND NUMBER <u>335 W. Berkeley</u>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <u>97027</u>	14. 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 Specify: <u> </u>	15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (13-16 or 17+)
17. FATHER - NAME first middle last <u>Samual Martin</u>		18. MOTHER - NAME first middle maiden <u>Ida Mae</u>		
19. INFORMANT - NAME and relationship to decedent <u>Larry Douglas, Son</u>				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Oregon Crematory</u>		
20c. LOCATION - City or Town, State <u>Portland, OR</u>				
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Ronald Rolde</u>		21b. OREGON LICENSE NO. (Of Licensee) <u>0417</u>		
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Cochran & Waud Sunset Chapel</u> <u>260-82nd Dr., Gladstone, OR 97027</u>				
23. DATE FILED (Month, Day, Year) <u>AUG 27 2002</u>		24. REGISTRAR'S SIGNATURE <u>Marylee R. Thompson</u>		

PARENTS

DISPOSITION

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REGISTRAR

RESERVED FOR REGISTRAR'S USE

CERTIFIER

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH <u>0215</u>	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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. (Signature) <u>[Signature]</u>	
30. DATE SIGNED (Month, Day, Year) <u>AUGUST 19 2002</u>	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Richard Goldenberg DO, 1510 Division St., Oregon City, OR 97045</u>	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH <u>0215</u>	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </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) <u>[Signature]</u>	
33. DATE SIGNED (Month, Day, Year) <u> </u>	
34. COUNTY <u> </u>	

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not write mode of dying, e.g. Cardiac or Respiratory Arrest.)				Interval between onset and death
PART I (a) <u>ISCHEMIC CARDIOMYOPATHY</u>				<u>3 HOURS</u>
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death
(b) <u> </u>				Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death
(c) <u> </u>				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: <u>HYPERTENSION</u>				
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were things considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. 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	41a. DATE OF INJURY (Month, Day, Year) <u> </u>	41b. TIME OF INJURY <u> </u>	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED <u> </u>
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>		

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (300)

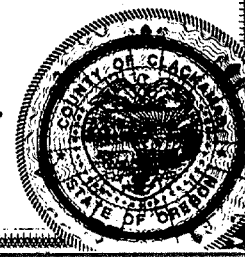
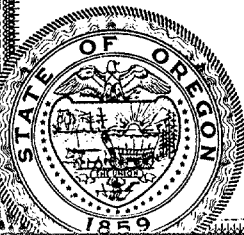
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

AUG 30 2002

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Marina T. Stansell
MARINA T. STANSELL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES OREGON HEALTH DIVISION, CENTER FOR HEALTH STATISTICS

13916

TYPE OR
PRINT IN
PERMANENT
BLACK INK

263565

I.D. TAG NO.

52

Local File Number

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

98-006755

136-

State File Number

1. DECEDENT'S NAME First: <u>Malvin</u> Middle: <u>M</u> Last: <u>Douglas</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>March 18, 1998</u>
4. SOCIAL SECURITY NUMBER <u>543-10-3674</u>		5a. AGE-Last Birthday (Years) <u>87</u>	5b. Under 1 Year Mo: <u> </u> Days: <u> </u> Hours: <u> </u> Mins: <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Clifton, CO</u>		7. DATE OF BIRTH (Month, Day, Year) <u>February 4, 1911</u>	
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <u> </u>			
9b. FACILITY NAME (If not institution, give street and number) <u>Sea Bird RV Park #51</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Brookings</u>	
9d. COUNTY OF DEATH <u>Curry</u>		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Heavy Equipment Operator</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Construction</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed, Divorced) (Specify) <u>Ila</u>		13a. RESIDENCE - STATE <u>OR</u>	
13b. CITY, TOWN OR LOCATION <u>Curry</u>		13c. STREET AND NUMBER <u>Brookings</u>	
13d. ZIP CODE <u>97415</u>		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) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+) <u> </u>	
17. FATHER - NAME first middle last <u>A.V. Douglas</u>		18. MOTHER - NAME first middle maiden <u>Ann Dresshouse</u>	
19. INFORMANT - NAME and relationship to decedent <u>Ila Douglas</u>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Litty Crematorium</u>	
21. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Gaul Betty</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Litty Funeral Dirs. Inc. Brookings, OR 97415</u>	
23. DATE FILED (Month, Day, Year) <u>March 26, 1998</u>		24. REGISTRAR'S SIGNATURE <u>Julius R. Clary</u>	
RESERVED FOR REGISTRAR'S USE			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>6:05 P.</u>		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. (Signature) <u>Mathew Baggett MD</u>		31a. TIME OF DEATH <u> </u>	
30. DATE SIGNED (Month, Day, Year) <u>3/23/98</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </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) <u> </u>		33. DATE SIGNED (Month, Day, Year) <u> </u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Mathew A. Baggett, M.D. 16019 Hwy 101 So. Harbor, OR 97415</u>		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE			
CAUSE OF DEATH			
36. PART (a) <u>Cardio-Pulmonary Arrest</u>		Interval between onset and death <u>5min</u>	
36. PART (b) <u>Acute Stenosis and Stage</u>		Interval between onset and death <u>10mins</u>	
36. PART (c) <u>Rheumatic Fever</u>		Interval between onset and death <u>60mins</u>	
37. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I <u>Myocardial Ischemia</u>			
38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		39. AUTOPSY <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 Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year) <u> </u>	
41b. TIME OF INJURY <u> </u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, in car, street, factory, office building, etc. (Specify) <u> </u>		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 R

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED:

MAY 18 2001

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Julius R. Clary
JENNIFER A. WOODWARD, PhD
STATE REGISTRAR

