NN	(۱۱۱۷) الاران الله المحمد م
THE TANGETHE	Vol. M03 Page 15417
ENEZ LITCHFIELD	STATE OF OREGON, ss.
Mesa, Az 85215	
Grantor's Name and Address	
D T SERVICE CO., INC.	
c/o Pauline Browning	
HC71, Box 495C	
Hanover, NM ante 8 8 19 and Address	SPACE RESERVED
Dynaliac BELKALIGE (No. 20 Yaquas TMC.	FOR RECORDER'S USE
c/o Pauline Browning	
HC71, Box 495C	State of Owner, Cl. 4 CVI
Hanover, NM 88041 Until requested otherwise, send all tax statements to (Name, Address, Zip):	State of Oregon, County of Klamath Recorded 03/14/2003 / 1/1/0 A m.
D-T-SERVICE-CO., INC.	Vol M03 Pg 15417 - 418
c/o Pauline Browning	Linda Smith, County Clerk
HC71, Box 495C	Fee \$ <u>26,00</u> # of Pgs 2
Hanover, NM 88041	
	WARRANTY DEED
KNOW ALL BY THESE PRESENTS that	
ENEZ LITCHFIELD	
hereinafter called grantor, for the consideration hereinaf	ter stated, to grantor paid by, CORPORATION
that certain real property, with the tenements, hereditar	ell and convey unto the grantee and grantee's heirs, successors and assigns, ments and appurtenances thereunto belonging or in any way appertaining,
situated inKLAMATH_COUNTY_County, S	
LOT 10, BLOCK 36, NIMROD RIVER	PARK, 4TH ADDITION
KLAMATH COUNTY, OREGON	
•	ENT, CONTINUE DESCRIPTION ON REVERSE SIDE)
To Have and to Hold the same unto grantee and	grantee's heirs, successors and assigns forever.
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CERTIFICATION OF VITAL RECORD STATE OF ARIZONA STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS, DEATH N CERTIFICATE OF DEATH D 102-C. LAST B. MIDDLE A FIRST NAME OF DECEASED 2000 MAY MALE WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) DAVID LITCHFIELD DONALD IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) RACE (e.g., white, black, American Indian, (specify Inbe) etc.) YES NO 4A WHITE (IF RESIDENCE, GIVE STREET ADDRESS) D. 🗆 500A C.HOSPITAL OR OP EMER. B. TOWN OR CITY A. COUNTY PLACE OF DEATH #457 McKELLIPS 6209 E. MESA (IF WIFE, GIVE MAIDEN NAME) MARICOPA SURVIVING SPOUSE MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) UNDER 1 YEAR IF UNDER 1 DAY AGE (YEARS DAY MOS. DAYS DATE OF LAST BIRTHDAY) BESENVAL ENEZ . MARRIED 10. KIND OF BUSINESS OR INDUSTRY 72 28, 1928 USUAL OCCUPATION (Give kind of work done most of working life, even if retired) , MARCH SOCIAL SECURITY NO. CITIZEN OF WHAT (if not in USA, name country) STATE AND CITY OF BIRTH BU.S. POST OFFICE COUNTRY? MALETTER CARRIER M' NNESOTA, MINNEAPOLIS U.S.A EDUCATION HIGHEST GRADE COMPLETED HOW LONG IN ARIZONA? D. ZIP CODE C. TOWN OR CITY A. STATE B. COUNTY USU-LL RESIDENCE 85215 MARICOPA MESA* ELEMENTARY-SECONDAR 15. ARIZONA COLLEGE (1-4 or 5 +) ON RESERVATION . PREVIOUS STATE INSIDE CITY LIMITS? STREET ADDRESS OR R.F.D. OF RESIDENCE (SPECIFY Yes or No) CALIFORNIA 150. W NO 15E 6209 E. MCKELLIPS C. LAST MOTHER'S MAIDEN C. LAST A. FIRST FATHER'S CLENDENING NAME 20. LITCHFIELD ELMER 85215°€ STREET NO. ADDRESS RELATIONSHIP INFORMANTS SIGNATURE DECEASED #457 MESA, ARIZONA zi6209 WIFE 22 WIFE LITCHFIELD CERT. NO ENEZ CEMETERY OR CREMATORY - NAMELOGATION 2000/ DATE BURIAL CREMATION. REMOVAL, OTHER (Specify) TORY PHOENIX CERT. NO 24. CREMATION FUNERAL HOME XAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCI AND PLACE DUE!TO THE CAUSE(S) AND MANNER STATED. AARON CREMATION & BURIAL THE TIME DATE AND PLACE AND ON THE B TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT DUE TO THE CAUSE(S) STATED. AT THE TIME, DA To be completed by CERTIFYING PHYSICIAN ONLY 34 AND TITLE 30.SIGNATURE HOUR OF DEATH DATE SIGNED (Mo., Day, Year) AND TITLE DATE SIGNED (MO) Day 3:15 P.M PRONOLINCED DEAD (Hour) PRONOUNCED DEAD (No., Day, Year) 37. ON 30 ale وكن AUTHORIZED FOR CREMATION (SPECIFY) MEDICALEXAMINE CEMENT AUTHORITY NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL MICHAEL WADE, MD. 334 W. 10th DATE REC'D. IN STATE OFFICE REG. DISTRIC REG. FILE NO. 2008 42MAY 1 9 9863 SEOVENTIALI' LIST SEOVENTIALI' LIST SEOVENTIALI' LIST CONDITIONS, IF ANY.
LEADING TO MAMEDIATE
CAUSE, ENTER
CAUSE, ENTER
CAUSE, ENTER
CAUSE SEO IN INTIALIES EVENTS
RESULTING IN DEATH)
LAST.
PART I. MATE INTERVAL BETWEEN ONSET AND DEATH C. DUE TO OR AS A CONSEQUENCE OF ERRED TO MEDICAL EXAMINER AUTOPSY (Specify Y out not resulting in the underlying cause give PART II. Other significant conditions contributing to death 49. NO YES DESCRIBE HOW INJURY OCCURRED INJURY AT WORKS MANNER OF DEATH MATURAL CAUSES HOMICIDE CITY OR TOWN STREET ADDRESS WHERE LOCATED? PLACE OF INJURY (At home, farm, street, factory, SPECIFY SUICIDE UNDETER SUPPLEMENTARY ENTRIES CERTIFIED COPY OF VITAL RECORDS; May 23, 2000 STATE OF ARIZONA DATE ISSUED COUNTY OF MARICOPA This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES,

PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Director

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of

3396896

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

