Vol. M03 Page 17384

After Recording Return to:
JUNE R. RALSTON
7219 Boyd Court
Klamath Falls, OR 97603
Until a change is requested all tax statements
Shall be sent to the following address:
JUNE R. RALSTON
7219 Boyd Court
Klamath Falls, OR 97603

State of Ore	gon, Cour	ity of Kla	ımatl
Recorded 03/	21/2003	3:41	_D m
Vol M03 Pg	17384	- 85	
Linda Smith,			
Fee \$ ZL	# of Pa	$\mathbf{z}_{\mathbf{S}}$	

WARRANTY DEED (INDIVIDUAL)

GENEVA LORAINE REINMILLER, herein called grantor, convey(s) to JUNE R. RALSTON all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 8, Block 1, Tract No. 1085, COUNTRY GREEN, 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 \$30,000.00. (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 Maych 21, 2003.

eneva Loraine Reinmiller by

Joseph 'R' Mountain, Conservator

STATE OF OREGON, County of Klamath) ss.

On <u>March & t</u>, 2003 personally appeared the above named Joseph "R" Mountain as Conservator for Geneva Loraine Reinmiller and acknowledged the foregoing instrument to be his voluntary act and deed.

This document is filed at the request of:

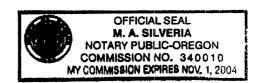
Aspen TITLE & ESCROW, INC.

525 Main Street Klamath Falls, OR 97601 Order No.: 00056504 Before me: Ma Selverie

Notary Public for Oregon
My commission expires: 11/01/04

1

Official Seal



17385

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

PRINT IN PERMANENT BLACK INK	194877	70	REGON					SOURC				
SCHOK IN	I.D. TAG NO.	·		HE	ALTH D	VISION		~~	9:	5-02	2084	_
	518	- 7	CE	NTER FO	OR HEAL IFICATE	TH SIA	atisti Atli	ICS 136				ı
	Local File Num	ber			PICATE		4111			e File Numi	DEATH (Month	Day Van
	1. DECEDENT'S FANT		_	delle	D	LOSI Etsbaye	7 FD		Male		ber 23,	
	Ver		Gra			EINMIL	LEK LA AUSTUS		State or Former	7 DATE OF	BIRTH (Month.	Day Yes
	4.80CIAL SECURITY NU 558-07-7650	MBER So. AGE-Las (Years)	P Ma	io Linder ! Yes	Heurs	Mins	Countr	on, Nevo	do		ary 28,	
		4	-			D PLACE O		Check enty		1.00.0	<u>., ,,</u>	
DECEDENT	LWAS DECEDENT EVER	HOSPITAL C	Innettent []	67m2-toetterd						ther (Specify)		
							2) Nursing Home Decedent's Home Other (Specify) Y, TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH					
, 30	Plum Ridge Care Center						Klamath Falls Klamath [11] MARTAL STATUS - Married [12] SPOUSE # Married, Widowood					
,	IOS DECEDENT'S USUAL	OCCUPATION	10	b. KIND OF BL	<i>i</i> sinesamou	TRY		11. MANTAL ! Never Man	STATUS - Married wed, Widowed Specify)	2. SPOUBL	(W Marned, Wi	do med)
473	(Give kind of work dan Do not use retired.)			A A	13		l			l		
3_1/2	Farmer	T		Agricu	I IUFO	<u>~</u>		Marrie	AND NUMBER	Lorai	ne	
400	134 MESIDENCE - STATE				h Falls	~~				Court		
5	Uregoti Regional						7219 BOYC COUPT 18. RACE American Indian, Black, White, etc. (Second) 18. DECEDENT'S EDUCATION 18. RACE American Indian, 18. DECEDENT'S EDUCATION 18. DECEDENT 18. DECEDEN					
	13a MISIOE CITY 131.		(Specify No o Mexican, Pue	r Yes - If yes, iris Rices, etc.	ZiNo D'Yes	·	Black, W	Mile, etc. (Spe	Clemen	(Specify only highest grade completed) Elementary/Secondary (C 12) College (1 4 or 1		
6	□ You √2m g	7603	Specify.			l	Wh!	te		8		
	17. FATHER - NAME THE	M middle		MOTHER - N	_	made (maidan				refationship to	
PARENIS	George -	Reinmi		Margar			ray		Lorgine		iler - S	SPouse
DISPOSITION	20s. METHOD OF DISPO			D PLACE OF other place	DISPUSITION	mame or cor	menery, cr	emstory, or	ac. Walton	· (al) ta low		
OBPORTION	☐ Burial 「A Cremation ☐ Donation ☐ Other (5			Eternal	Hills	Crema t	orv		Klamati	h Fails	, Oregor	1
7 <u>- ⊘</u> b-	PENSON ACTION				216 LICENSE		22 NAS		AND ZIP OF FA	CAUTY		
<u>. 08</u>	PEPSON ACYMUN	151.1		į					ills Fund			~~~ `
.183	Vole 1	1. hoil	<u>~</u>		3588				39 Klamat	n races,	uregon s	1003
REGISTRAR	23. DATE FILED (Month.	Day, Year)	OCT 25	1005		·	1 (STRAR'S SIC	v	•		
	25. DIO HOSPITAL REPR				AL GIFT CON	SENT?	M WAS	CHI MADI	<u>~ sac</u>	anna	\sim	
	YES ONO	EXWA					1	YES DIN				
		in the		· ·	SHIP WE	77 S. Z				7		
10		DE COMPLETED B	Y CERTIFYING	PHYSICIAN					OMPLETED ONL			
11	27. TIME OF DEATH	& WAS MED	CAL EXAMINE	A NOTIFIED?		3	IA TIME	OF DEATH	316. DATE PRO	NOUNCED DE	AD (Month, Day	Year, Ho.
	4:45 p.	M CYes	X No		a and	— B ,	d On the	M Dears of area	nation and (4 d	mention is	my agenion de	ath occur
		nd manner stated		(p			al the t		unation and (2 in ce and due to th	e Cause(s) an	d manner stated	•
CERTIFIER	Owe to the covering		. , , , , .	Ms	M.D	. D)					
CERTIFIER	Grandwel	A	Yalis			•						
	Grandwel	7.	Jarra				DATE S	IGNED (Month	, Day, Year)		COUNT	γ
CERTIFIER	(Signature) 30 DATE SIGNED (Month	n. Day. Your	-			3	DATE S	IGNED (Mont)	Der Year		COUNT	·
	30 DATE SIGNED (Monni	n. Day. Years 24/95 ESS AND ZIP OF	CERTIFIERME	DICAL EXAMIN		Tarel)	<i>,</i>			,	COUNT	Y
	30 DATE SIGNED (Month 34 NAME, TITLE, ADDRI	n. Day. Years 24/95 ESS AND ZIP OF	CERTIFIERMEI	DICAL EXAMIN Main St	reet K	Tarel)	<i>,</i>			1	COUNT	
12 13 14	30 DATE SIGNED (Monni	n. Day. Years 24/95 ESS AND ZIP OF	CERTIFIERMEI	DICAL EXAMIN Main St	reet K	Tarel)	<i>,</i>				COUNT	Y .
12 13 14	30 DATE SIGNED (Month 34 NAME, TITLE, ADDRI	n, Day, Voor 24/95 ESS AND ZIP OF G. Gallis IG PHYSILIAN IF	CERTIFIERMEN 1905 I	DICAL EXAMIN Main St. CERTWIER ITH	reet K	ana th	Fall	s, Oreg	jon 9760.		Interval be	ris earl or
12 13 14 CONDITIONS IF ANY WHICE OFF IN TO BE IN TO BE IN TO BE IN TO BE IN TO BE	30 DATE SIGNED (MORN 10) 34 NAME TITLE, ADDRIL GLEN CLEN 35 INMEDIATE CAUSE (PART (A) R. E. A.	IN DOY, YOUR TO THE TER ONLY UN	CERTIFIEMMEI 1905 I DTHER THAN I E CAUSE PER	DICAL EXAMIN Main St Certifier Ith Line for 101	reet K	ana th	Fall	s, Oreg	jon 9760.		Interval be and death	nseen or
12 13 14 CONDITIONS IF ANY WHICH GAME RISE TO IMMEDIATE STORMS THE BUILDING PREVIOUS TO THE BUILDING PREVIOUS TO THE BUILDING PREVIOUS THE	30 DATE SIGNED (Moon 31 NAME TITLE ADDRING GLEN GLEN 35 NAME OF ATTENDIN 36 IMMEDIATE CAUSE BART	IN DOY, YOUR TO THE TER ONLY UN	CERTIFIEMMEI 1905 I DTHER THAN I E CAUSE PER	DICAL EXAMIN Main St Certifier Ith Line for 101	reet K	ana th	Fall	s, Oreg	jon 9760.		Interval be and death Interval or and death	fixeen or
12	30 DATE SIGNED (MOOR) 31 NAME TITLE ADDRIFT 32 NAME OF ATTENDIN 35 IMMEDIATE CAUSE (PART (A) CUE TU, OR AS A (b) D / R-	IN DUTY, VOOD 1 24/95 ESS AND ZIP OF IG. Gallis IG PHYSILIAN IF ENTER ONLY UN TO P COMSEQUENCE GG 785	CERTIFICAMEN 1905 I	DICAL EXAMIN Main St Certifier Ith Line for 101	reet K	ana th	Fall	s, Oreg	jon 9760.		interval be and death Interval be and death	HARAS
12	30 DATE SIGNED (MORE) 31 NAME TITLE ADDRI 32 NAME OF ATTENDIN 33 IMMEDIATE CAUSE (PART (A) CUE TU, OR AS AS	IN DUTY, VOOD 1 24/95 ESS AND ZIP OF IG. Gallis IG PHYSILIAN IF ENTER ONLY UN TO P COMSEQUENCE GG 785	CERTIFICAMEN 1905 I	DICAL EXAMIN Main St Certifier Ith Line for 101	reet K	ana th	Fall	s, Oreg	jon 9760.		Interval be and death Interval be and death	HARAS
12 13 14 CONDITIONS IF ANY WHICH GAME RISE TO IMMEDIATE STORMS THE BUILDING PREVIOUS TO THE BUILDING PREVIOUS TO THE BUILDING PREVIOUS THE	30 DATE SIGNED (MOOR) 34 NAME TITLE ADDRESS GLED (25 NAME OF ATTENDIN 35 INMEDIATE CAUSE (PART (A) CUE TO, OR AS A OUE TO, OR AS A	IN DEP, YOUR TO THE PARTY OF THE PARTY ONLY UNDER T	CERTIFIERMEN 1905 I DTHER THAN 6 E CAUSE PER OF	DICAL EXAMIN Main St Certifier Ith Line for 101	reet K	ana th	Fall	s, Oreg	gan 9760.	ry Arrest	interval be and death interval be and death interval by	fixeen or BALS fixeen on: BALS fixeen or.
12	30 DATE SIGNED (MOOR) 34 NAME TITLE ADDRI GLOPI 35 NAME OF ATTENDIN 36 INMEDIATE CAUSE (PART (A) CUE TO, OR AS A OUE TO, OR AS A OUE TO, OR AS A PART OTHER SIGNIFICA	IN DEP. VEET DES AND ZIP OF F G. Gallis IN PHYSICIAN IF ENTER ONLY UN P. CONSEQUENCE G. TAS CONSEQUENCE J. CONSEQUENCE	CERTIFIERMENT 1905 I	DICAL EXAMIN Main St. CERTWIER ITH LINE FOR IAL	rest K	l ama th	Fall mode of a	s, Oreg	gon 97603	ry Arrest	Internal be and death Internal be and death Internal be and death	fixeen or BALS fixeen on: BALS fixeen or.
12	30 DATE SIGNED (MOOR) 34 NAME TITLE ADDRI GLOPI	IN DEP. VIND TO THE PORT OF TH	1905 DETERMINENT OF COLUMN	OICAL EXAMINATION SECTION OF THE SEC	rest K pp or Purit (b) AND (c))	l ama th	Fall	S, Oreg	gon 9760	ry Arrest	Internal be and death Internal be and death Internal be and death	the egn Dr. BAA & feweren Unit And the egn Unit BAAC Toronto Unit T
12	30 DATE SIGNED (MOOR) 31 NAME TITLE ADDRING GIETI 32 NAME OF ATTENDIN 33 IMMEDIATE CAUSE (PART IN REA OUE TO, OR AS A DUE TO, OR AS A PART IC (OTHER SIGNED)	IN DUTY VOOR IN DUTY VOOR IN DUTY OF	CEATIFICACIÓN DE LA COMPANSION DE CAUSE PER AL UA CO	DICAL EXAMINAMA IN St. CERTIFIER ITM	rest K pp or Purit (b) AND (c))	l ama th	Fall mode of c	S, Ores	gon 9760	B. AUTOPSY	Internal be and death and death and death and death and death and death are death and death and death are death and death	the egn Dr. BAA & feweren Unit And the egn Unit BAAC Toronto Unit T
12	30 DATE SIGNED (MOOR) 34 NAME TITLE ADDRESS GIEN (GIEN (GIEN)(GIEN	IN DEP. VEET DEP. VEET DES. AND ZIP OF IT G. Gallis IN PHYSILIAN IF IN CONSEQUENCE G. TAS. CONSEQUENCE S. T. V.S. T. V.S	THE THAN OF THE THE THAN OF THE THE THAN OF THE TH	DICAL EXAMINAMA IN St. CERTIFIER ITM	(DI AND ICI)	Tama th	Fall mode of c	S, Ores	gon 97603	B. AUTOPSY	Internal be and death and death and death and death and death and death are death and death and death are death and death	the egn Dr. BAA & feweren Unit And the egn Unit BAAC Toronto Unit T
12	30 DATE SIGNED (MOOR) 31 NAME TITLE ADDRESS GLEPY GLEP	IN DEP. VEET DEP. VEET DESS AND ZIP OF IT G. Gallis IN PHYSILIAN IF ENTER ONLY UN ENTER ONLY UN ENTER ONLY UN CONSEQUENCE G. TAS CONSEQUENCE STIVE Pending to death but IT Pending to death but IT ENTER ONLY UN STIVE IT IT IT IT IT IT IT IT IT I	CEATIFICATION TO THE THAN OF CAUSE PER AT LUA	ORCAL EXAMINAMA IN St. CERTIFIER ITN	Peet K pp or Prefit (b) AND (c) 1 Course green in Cour	natti i	Fall mode of c	s, Ores	gon 97603 diaz or Respirato minibute 3 socioty hindran 5	B. AUTOPSY Dies CENO	Interval be and death interval be and death interval be and death ord death ord death in determine (a.) Yes [] A	Maren or BAA 5 Interest on the state of the
12	SI DATE SIGNED (MONT) 30 DATE SIGNED (MONT) 34 NAME TITLE ADDRESS GLOP (C. 200) 35 IMMEDIATE CAUSE (PART IN R. A.	DEPLOY TO STAND THE PERSON AND THE OF THE PORT OF THE	CEATIFICACIÓN DE LA COMPANSION DE CAUSE PER AL UA CO	ORCAL EXAMINATION OF THE PROPERTY OF THE LINE FOR IAL LIN	Peet K pp or Prefit (b) AND (c) 1 Course green in Cour	natti i	Fall mode of c	s, Ores	gon 97603	B. AUTOPSY Dies CENO	Interval be and death interval be and death interval be and death ord death ord death in determine (a.) Yes [] A	Maren or BAA 5 It ween on. BAA Control of the contr
12	SI DATE SIGNED (MONT) 30 DATE SIGNED (MONT) 34 NAME TITLE ADDRESS GLOP (C. 200) 35 IMMEDIATE CAUSE (PART IN R. A.	IN DBY, VEET DBY, VEE	CEATIFICANE 1905 IDTHER THAN IS E CAUSE PER OF OF OF OF DATE OF INAL ISANDING IN ISANDING	ORCAL EXAMINATION OF THE PROPERTY OF THE LINE FOR IAL LIN	Peet K pp or Prefit (b) AND (c) 1 Course green in Cour	natti i	Fall mode of c	s, Ores	gon 97603 diaz or Respirato minibute 3 socioty hindran 5	B. AUTOPSY Dies CENO	Interval be and death interval be and death interval be and death ord death ord death in determine (a.) Yes [] A	Maren or BAA 5 It ween on. BAA Control of the contr
12	SI DATE SIGNED (MONT) 30 DATE SIGNED (MONT) 34 NAME TITLE ADDRIFT GLOPI (C. 200) 35 IMMEDIATE CAUSE (PART (H. 10.1) OUE TO, OR AS A OUE TO, OR AS A PART (H. 10.1) OUE TO, OR AS A PART (H. 1	IN DBY, VEET DBY, VEE	CEATIFICANE 1905 IDTHER THAN IS E CAUSE PER OF OF OF OF DATE OF INAL ISANDING IN ISANDING	ORCAL EXAMINATION OF THE PROPERTY OF THE LINE FOR IAL LIN	Peet K pp or Prefit (b) AND (c) 1 Course green in Cour	natti i	Fall mode of c	s, Ores	gon 97603 diaz or Respirato minibute 3 socioty hindran 5	B. AUTOPSY Dies CENO	Interval be and death interval be and death interval be and death ord death ord death in determine (a.) Yes [] A	Maren or BAA 5 It ween on. BAA Control of the contr
12	SI DATE SIGNED (MONT) 30 DATE SIGNED (MONT) 34 NAME TITLE ADDRIFT GLOPI (C. 200) 35 IMMEDIATE CAUSE (PART (H. 10.1) OUE TO, OR AS A OUE TO, OR AS A PART (H. 10.1) OUE TO, OR AS A PART (H. 1	IN DBY, VEET DBY, VEE	CEATIFICANE 1905 IDTHER THAN IS E CAUSE PER OF OF OF OF DATE OF INAL ISANDING IN ISANDING	ORCAL EXAMINATION OF THE PROPERTY OF THE LINE FOR IAL LIN	Peet K pp or Prefit (b) AND (c) 1 Course green in Cour	natti i	Fall mode of c	s, Ores	gon 97603 diaz or Respirato minibute 3 socioty hindran 5	B. AUTOPSY Dies CENO	Interval be and death interval be and death interval be and death ord death ord death in determine (a.) Yes [] A	Maren or BAA 5 It ween on. BAA Control of the contr

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 CENTER FOR HEALTH STATISTICS.

MAR 1 9 2003

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

₹ ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE ₹

