

03 MAR 21 PM 3:41

Aspen 56504

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 Oregon, County of Klamath
Recorded 03/21/2003 3:41 p.m.
Vol M03 Pg 17384-85
Linda Smith, County Clerk
Fee \$ 26 # of Pgs 2

WARRANTY DEED
(INDIVIDUAL)

GENEVA LORAIN 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)

JRR

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 **March 21, 2003**.

Joseph R. Mountain

Geneva Loraine Reinmiller by
Joseph 'R' Mountain, Conservator
Geneva Loraine Reinmiller

STATE OF OREGON, County of **Klamath**) ss.

On March 21, 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:

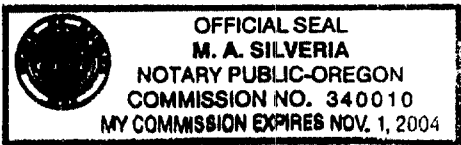


525 Main Street
Klamath Falls, OR 97601
Order No.: 00056504

Before me: *M. A. Silveria*

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

Official Seal



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

17385

TYPE OR
PRINT IN
PERMANENT
BLACK INK

194877
I.D. TAG NO.

518
Local File Number

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

95-022084
State File Number

DECEDENT

30

473

010

PARENTS

DISPOSITION

01

08

183

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS

IF ANY

WHICH

CAUSE

STATE

THE

UNDERLYING

CAUSE

LAST

CAUSE OF

DEATH

15

16

17

1. DECEDENT'S NAME First: Vernon Middle: Gray Last: REINMILLER		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 23, 1995	
4. SOCIAL SECURITY NUMBER 558-07-7650		5a. AGE Last Birthday (Year) 82		5b. Under 1 Year: Days Hours Minutes	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Other (Specify): Nursing Home		8. DATE OF BIRTH (Month, Day, Year) February 28, 1913	
9a. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9c. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Farmer		10b. KIND OF BUSINESS/INDUSTRY Agriculture		11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify):	
12a. RESIDENCE - STATE Oregon		12b. COUNTY Klamath		12c. STREET AND NUMBER 7219 Boyd Court	
13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13b. ZIP CODE 97603		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 8		17. INFORMANT - NAME and relationship to decedent Lorraine Reinmiller - Spouse	
18. FATHER - NAME first middle last George - Reinmiller		19. MOTHER - NAME first middle maiden Margaret - Gray		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. 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):		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603	
23. DATE FILED (Month, Day, Year) OCT 25 1995		24. REGISTRAR'S SIGNATURE <i>Lucy A. Woodward</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 4:45 P.M.		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) <i>Glen G. Gallis</i> M.D.					
30. DATE SIGNED (Month, Day, Year) 10/24/95					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Glen G. Gallis 1905 Main Street Klamath Falls, Oregon 97601					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)					
PART (a) RENAL FAILURE		PART (b) DISEASES		PART (c) OTHER SIGNIFICANT CONDITIONS	
DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF	
				37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown	
				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				39. If YES, were findings conclusive 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"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
				41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL VITAL STATISTICS COPY

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 19 2003

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Lucy A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

