

03 MAY 22 PM 1:39

Vol M03 Page 34631

After Recording Return to:  
ANNETTE BRIESKE  
1925 Eldorado Blvd.  
Klamath Falls, OR 97601  
Until a change is requested all tax statements  
Shall be sent to the following address:  
ANNETTE BRIESKE  
Same as above

State of Oregon, County of Klamath  
Recorded 05/22/2003 1:39 PM  
Vol M03 Pg 34631-32  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

**WARRANTY DEED**  
(INDIVIDUAL)

WAYNE ALDEN KIMBALL TRUSTEE OF THE KIMBALL 1992 FAMILY TRUST, herein called grantor, convey(s) to ANNETTE BRIESKE, AN ESTATE IN FEE SIMPLE all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 32 and the Northerly 35 feet of Lot 31, Block 17, ELDORADO HEIGHTS TO THE CITY OF KLAMATH FALLS, 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 \$106,000.00.  
(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 April 24, 2003

WAYNE ALDEN KIMBALL TRUSTEE OF THE KIMBALL 1992 FAMILY TRUST

Wayne Alden Kimball  
WAYNE ALDEN KIMBALL, TRUSTEE/INDIVIDUAL

STATE OF OREGON, County of Klamath) ss.

On April 24, 2003 personally appeared the above named WAYNE ALDEN KIMBALL TRUSTEE OF THE KIMBALL 1992 FAMILY TRUST and acknowledged the foregoing instrument to be his voluntary act and deed.

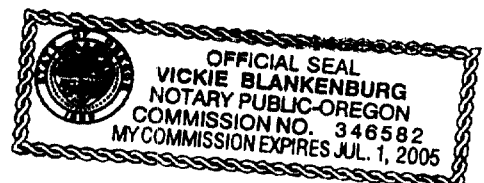
This document is filed at the request of:



525 Main Street  
Klamath Falls, OR 97601  
Order No.: 00056726

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

Official Seal



390408

I.D. TAG NO.

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

136-

34632

Local File Number

State File Number

1. DECEDENT'S NAME First: <b>Virginia</b> Middle: <b>Lee</b> Last: <b>KIMBALL</b>			2. SEX <b>F</b>	3. DATE OF DEATH (Month, Day, Year) <b>November 30, 2002</b>
4. SOCIAL SECURITY NUMBER <b>349-18-0326</b>	5a. AGE-Last Birthday (Years) <b>77</b>	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>
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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		9d. COUNTY OF DEATH <b>Klamath</b>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>School Teacher</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Education</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>
12. SPOUSE (If Married, Widowed) <b>Wayne Kimball</b>				
13a. RESIDENCE - STATE <b>Oregon</b>	13b. COUNTY <b>Klamath</b>	13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>		13d. STREET AND NUMBER <b>1925 N. Eldorado</b>
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <b>97601</b>	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:		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>4</b> College (1-4 or 5)				
17. FATHER - NAME first middle last <b>Walter Johnson</b>		18. MOTHER - NAME first middle maiden <b>- - -</b>		19. INFORMANT - NAME and relationship to deceased <b>Wayne Kimball - Husband</b>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Crematory</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		21b. OREGON LICENSE NO. (Of Licensee) <b>511</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Eternal Hills Funeral Home 4711 Hwy 39, Klamath Falls, OR., 97603</b>
23. DATE FILED (Month, Day, Year)		24. REGISTRAR'S SIGNATURE		
RESERVED FOR REGISTRAR'S USE				
TO BE COMPLETED BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <b>0540</b> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH M		
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) 		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) 		
30. DATE SIGNED (Month, Day, Year) <b>11/30/02</b>		33. DATE SIGNED (Month, Day, Year) COUNTY		
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Geoffrey Marx M.D., 2614 Clover, Klamath Falls, Oregon, 97601</b>				
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				

CHECK APPROPRIATE BOX BELOW ... COMPLETE BOTH YELLOW AND GREEN DISPOSITION COPIES

☐ AUTHORIZATION FOR FINAL DISPOSITION

This form when signed above by the funeral service licensee (21a) and by the certifying physician (29 or 32) shall serve as a disposal-transit permit for the remains of the decedent named hereon.

☐ ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION

This form when completed and signed below by the funeral service licensee shall serve as a disposal-transit permit for the remains of the decedent named hereon.

I have contacted Dr. \_\_\_\_\_ on date \_\_\_\_\_ and time \_\_\_\_\_ and the doctor has agreed to sign a certification of the cause of death as soon as possible.

FUNERAL SERVICE LICENSEE SIGNATURE \_\_\_\_\_ License # \_\_\_\_\_

INSTRUCTIONS: THE PERSON IN CHARGE OF THE PLACE OF FINAL DISPOSITION SHALL DATE AND SIGN BOTH THE YELLOW AND GREEN COPY OF THE DISPOSITION FORM. FORWARD THE YELLOW COPY TO THE REGISTRAR OF THE COUNTY WHERE DEATH OCCURRED WITHIN 10 DAYS AFTER THE DATE OF FINAL DISPOSITION. THE GREEN COPY WILL BE RETAINED BY THE CEMETERY OR CREMATORY.

DATE OF DISPOSITION \_\_\_\_\_ SEXTON'S SIGNATURE \_\_\_\_\_

RETURN THIS FORM TO THE REGISTRAR OF COUNTY OF DEATH  
ADDRESSES ON REVERSE SIDE