

03 JUN 10 AM 10:54



After recording return to:
Raymond H. Fope & Marion N. Foppe
88137 Tiki Lane
Springfield, OR 97478

Until a change is requested all tax statements shall be sent to the following address:
Same as above

File No.: 7012-193367 (PSD)
Date: June 06, 2003

THIS SP/ **State of Oregon, County of Klamath**
 Recorded 06/10/2003 10:54a. m.
 Vol M03 Pg 39525-27
 Linda Smith, County Clerk
 Fee \$ 31⁰⁰ # of Pgs 3

STATUTORY WARRANTY DEED

Colleen K. Bell, Grantor, conveys and warrants to **Raymond H. Foppe and Marion N. Foppe**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

The E 1/2 W1/2 N 1/2 SW 1/4 SW 1/4 of Section 10, Township 25 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon.

This property is free from liens and encumbrances, EXCEPT:

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

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.

The true consideration for this conveyance is **\$16,000.00**. (Here comply with requirements of ORS 93.030)

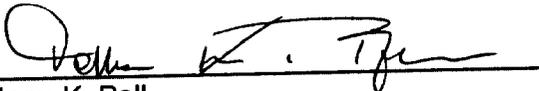
31 K

39526

APN: R160195

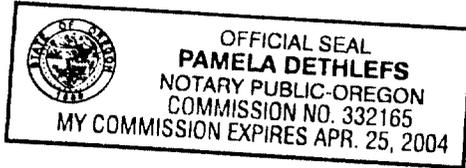
Statutory Warranty Deed
- continued

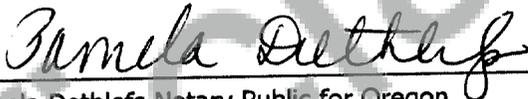
File No.: 7012-193367 (PSD)
Date: 06/06/2003


Colleen K. Bell

STATE OF Oregon)
)ss.
County of Multnomah)

This instrument was acknowledged before me on this 6th day of June, 2003
by **Colleen K. Bell**.




Pamela Dethlefs Notary Public for Oregon

My commission expires: 4/25/04

Unofficial Copy

CERTIFICATION OF VITAL RECORD

39527

TYPE OR PRINT IN PERMANENT BLACK INK

380027

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

I.D. TAG NO. 00534

136-

State File Number

3-27-03

1. DECEDENT'S NAME: Frances Anne ORMSBY; 2. SEX: F; 3. DATE OF DEATH: March 12, 2003; 4. SOCIAL SECURITY NUMBER: 556-30-7044; 5a. AGE: 92; 6. BIRTHPLACE: Springfield, IL; 7. DATE OF BIRTH: September 13, 1910; 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No; 9a. PLACE OF DEATH: Boring; 9b. COUNTY OF DEATH: Clackamas; 10a. OCCUPATION: Elementary Teacher; 10b. BUSINESS/INDUSTRY: Education; 11. MARITAL STATUS: Widowed; 12. SPOUSE: Robert W.; 13a. RESIDENCE - STATE: OR; 13b. COUNTY: Clackamas; 13c. CITY, TOWN OR LOCATION: Boring; 13d. STREET AND NUMBER: 8707 S.E. 347th; 14. WAS DECEDENT OF HISPANIC ORIGIN? No; 15. RACE: White; 16. DECEDECENT'S EDUCATION: College; 17. FATHER: John - Friend; 18. MOTHER: Meta - Riech; 19. INFORMANT: Jessica Bell, Granddaughter; 20a. METHOD OF DISPOSITION: Mausoleum; 20b. PLACE OF DISPOSITION: Forest Lawn Cemetery; 20c. LOCATION: Gresham, Oregon; 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH; 21b. OREGON LICENSE NO.: FS-0152; 22. NAME, ADDRESS AND ZIP OF FACILITY: Gresham Funeral Chapel, 257 SE Roberts Gresham, OR 97080; 23. DATE FILED: MAR 27 2003; 24. REGISTRAR'S SIGNATURE: Marina E. Bell

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27. TIME OF DEATH: 2100; 28. WAS MEDICAL EXAMINER NOTIFIED? Yes; 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated; 30. DATE SIGNED: 3/14/03; 31a. TIME OF DEATH; 31b. DATE PRONOUNCED DEAD; 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; 33. DATE SIGNED; 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: John Custis M.D., 24900 S.E. Stark #109 Gresham, Oregon 97030; 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

36. IMMEDIATE CAUSE: (a) Sudden death; (b) Atherosclerotic cardiovascular disease; (c) Colon cancer; 37. Did tobacco use contribute to the death? No; 38. AUTOPSY: No; 39. If YES were findings considered in determining cause of death? N/A

40. MANNER OF DEATH: Natural; 41a. DATE OF INJURY; 41b. TIME OF INJURY; 41c. INJURY AT WORK? No; 41d. DESCRIBE HOW INJURY OCCURRED; 41e. PLACE OF INJURY; 41f. LOCATION

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/00)

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

MAR 27 2003

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

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

