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Louis E. Westwick  
13392 So. Carus Road  
Oregon City OR 97045

Grantor's Name and Address

Barry George & Belinda George  
17517 Willard Street  
Northridge, CA 91325

Grantee's Name and Address

After recording, return to (Name, Address, Zip):

Mr. & Mrs. Barry George  
17517 Willard Street  
Northridge CA 91325

Until requested otherwise, send all tax statements to (Name, Address, Zip):

SPACE RESERVED  
FOR  
RECORDERS USE

Vol. M03 Page 42084  
STATE OF OREGON

State of Oregon, County of Klamath

Recorded 06/19/2003 2:54 p.m.

Vol M03 Pg 42084-85

Linda Smith, County Clerk

Fee \$ 26.00 # of Pgs 2

Deputy.

## SPECIAL WARRANTY DEED

KNOW ALL BY THESE PRESENTS that LOUIS E. WESTWICK, a widower

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by BARRY L. GEORGE AND  
BELINDA A. GEORGE, AS TRUSTEES OF THE GEORGE FAMILY TRUST DTD 12/17/02

hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns,  
that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining,  
situated in KLAMATH County, State of Oregon, described as follows, to-wit:

The E 1/2 NW 1/4 NE 1/4 and the W 1/2 NE 1/4 NE 1/4 Section 15, Township 36 South,  
Range 10 East of the Willamette Meridian, in the County of Klamath, State of Oregon.

Together with the following items of personal property:

1972 BRKWD Mobil Home, serial number 3220, title number 7713813829, situated on  
the property (Serial No. 322)

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that the real property is free  
from encumbrances created or suffered thereon by grantor and that grantor will warrant and defend the same and every part and  
parcel thereof against the lawful claims and demands of all persons claiming by, through, or under the grantor.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$\_\_\_\_\_. However, the  
actual consideration consists of or includes other property or value given or promised which is ☐ the whole ☐ part of the (indicate  
which) consideration. (The sentence between the symbols  $\Phi$ , if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be  
made so that this deed shall apply equally to corporations and to individuals.

In witness whereof, the grantor has executed this instrument on JUNE 9, 2003; if grantor  
is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so  
by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN  
THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGU-  
LATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON  
ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPRO-  
PRIATE 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.

Louis E. Westwick  
LOUIS E. WESTWICK

STATE OF OREGON, County of Clackamas ss.

This instrument was acknowledged before me on June 9, 2003  
by JOYCE E. PETERS

This instrument was acknowledged before me on \_\_\_\_\_  
by \_\_\_\_\_

as \_\_\_\_\_  
of \_\_\_\_\_



Notary Public for Oregon

My commission expires 3-19-04

# CERTIFICATION OF VITAL RECORD

## OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

42085

ALNT  
NK

240813

I.D. TAG NO.

01316

Local File Number

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

136-

97-016461

State File Number

1. DECEDENT'S NAME First: Linda Middle: Lee Last: WESTWICK			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 21, 1997
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Years) 50	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Redding, California
7. DATE OF BIRTH (Month, Day, Year) October 23, 1946		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 type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH Canby		
9c. COUNTY OF DEATH Clackamas		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Electronics Lead Person		
10b. KIND OF BUSINESS/INDUSTRY Microsystems		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Louis E. Westwick
13a. RESIDENCE - STATE Oregon	13b. COUNTY Clackamas	13c. CITY, TOWN OR LOCATION Canby	13d. STREET AND NUMBER 505 NE 10th Avenue	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97013	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	15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12
17. FATHER - NAME first middle last Wesley Lee		18. MOTHER - NAME first middle maiden Lucille Lane		19. INFORMANT - NAME and relationship to decedent Louis E. Westwick - Spouse
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Valley Crematory		
20c. LOCATION - City or Town, State Woodburn, Oregon		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		
21b. LICENSE NUMBER 3424		22. NAME, ADDRESS AND ZIP OF FACILITY Canby Funeral Chapel 160 S. Grant Street P.O. Box 1148 Canby, Oregon 97013-1148		
23. DATE FILED (Month, Day, Year) Jul 26 1997		24. REGISTRAR'S SIGNATURE [Signature]		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH [REDACTED]		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) [Signature]				
30. DATE SIGNED (Month, Day, Year) July 28, 1997				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) EDWARD WILSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OR 97212				
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 I (a) INHALATION OF SMOKE CONTAINING CARBON MONOXIDE AND OTHER NOXIOUS GASES DURING HOUSE FIRE		Interval between onset and death		
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		Interval between onset and death		
34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		35a. DATE OF INJURY (Month, Day, Year) July 21, 1997	35b. TIME OF INJURY About 6:10A M	35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36a. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) Home		36b. LOCATION (Street and Number or Rural Route Number, City or Town, State) 505 N. E. Tenth Street, Canby, OR		
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
RESERVED FOR REGISTRAR'S USE 5208				

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 HEALTH DIVISION.

MAR 18 1998

DATE ISSUED

EDWARD J. JOHNSON II  
STATE REGISTRAR

98-049025