

03 JUL 15 AM 8:43

Vol M03 Page 49118

After Recording, Return to:

pv
Gary L. Webster
615 S. Glendale Ave #26
Glendale, CA 91205

State of Oregon, County of Klamath
Recorded 07/15/2003 8:43 a. m.
Vol M03 Pg 49118-9
Linda Smith, County Clerk
Fee \$ 2600 # of Pgs 2

Space above for Recorder's Use

STATUTORY WARRANTY DEED

Lola V. Webster, Grantor(s) conveys and warrants to:

Gary L. Webster, as his sole and separate property,

Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein;

Lot 17, Block 23

First Addition to Klamath Forest Estates

As recorded in Klamath County, Oregon

To Have and to Hold the same unto the said grantee and grantee's heirs; successors and assigns forever. And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances.

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.

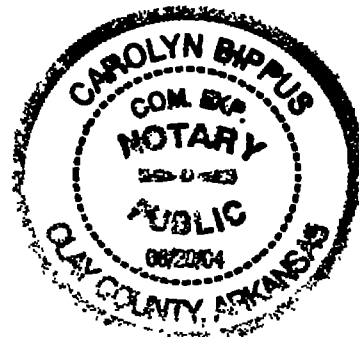
The true consideration for this conveyance is \$ 26,000
Dated on this 30th day of June, 2003.

DATED: June 18/2003

Lola V. Webster
Lola V. Webster

*State of Ark.
County of Clay
Carolyn Bippus, P.
Comm. expires
8-10-04*

Mail Tax Statements as Shown Above



26

CERTIFICATE OF DEATH

124

REGISTRATION DISTRICT NO. 043

PRIMARY REGISTRATION DISTRICT NO. 3007

REGISTRAR'S NO. 230

DECEDENT-NAME FIRST Carl		MIDDLE Truman		LAST Webster		SEX Male	DATE OF DEATH (Mo., Day, Yr.) Feb. 23, 1988
RACE (e.g., White, Black, American Indian, etc.) (Specify) White		AGE Last Birthday (Yrs.) 73	UNDER 1 YEAR MO. DAYS 5b	UNDER 1 DAY HOURS MINS 5c	DATE OF BIRTH (Mo., Day, Yr.) May 6, 1914		COUNTY OF DEATH Butler
CITY, TOWN OR LOCATION OF DEATH Poplar Bluff				HOSPITAL OR OTHER INSTITUTION-Name (If not in either, give street and number) Lucy Lee Hospital			
STATE OF BIRTH (If not in U.S. name country) Arkansas		CITIZEN OF WHAT COUNTRY USA		MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		SURVIVING SPOUSE (If with maiden name) Lola Vinita Gygard	
SOCIAL SECURITY NUMBER 430-12-6072-A				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		KIND OF BUSINESS OR INDUSTRY Tire & Rubber Company	
RESIDENCE STATE Arkansas		COUNTY Clay		CITY, TOWN OR LOCATION AND ZIP CODE Success		STREET AND NUMBER Rt. 1	
FATHER NAME FIRST MIDDLE LAST John Herman Webster		MOTHER MAIDEN NAME FIRST MIDDLE LAST Bertha Minnie Stephens		WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
INFORMANT NAME (Type or Print) Mrs. Vinita Webster							
MAIL ADDRESS Rt. 1 - Success, AR 72470							
STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP							
BURIAL, CREMATION, REMOVAL OTHER (Specify) Burial 2-26-1988							
CEMETERY OR CREMATOR NAME LOCATION CITY OR TOWN STATE Hitt Cemetery Success, Arkansas							
FUNERAL SERVICE LICENSED (Specify) Richard B. Egan Jr. 2118							
NAME ADDRESS CITY STATE ZIP Erment Fun. Home Corning, Arkansas							
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 23, 1988							
SIGNATURE OF PHYSICIAN (To be completed by CERTIFYING PHYSICIAN Only) Gerald A. Roe							
DATE SIGNED (Mo., Day, Yr.) 3-4-88							
HOUR OF DEATH 8:25 A.M.							
NAME AND ADDRESS OF MEDICAL EXAMINER OR CORONER (Type or Print) Robert Hestorff, M.D., 686 Lester St., Poplar Bluff							
MO. LICENSE NO. MOR1G36							
HOSP. OR INST. Indicate DOA, Emer. Hm. Inpatient / Specify Inpatient							
PART I IMMEDIATE CAUSE (Enter only ONE CAUSE PER LINE FOR (a) AND (c).) (a) Carcinoma lung with brain metastasis DUE TO OR AS A CONSEQUENCE OF (b) Pneumonia DUE TO OR AS A CONSEQUENCE OF (c) Paroxysmal atrial tachycardia							
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) ACC SUICIDE MOM UNDET OR PENDING INVEST (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED							
INJURY AT WORK (Specify Yes or No) PLACE OF INJURY -At home, farm, street, factory, other building, etc. (Specify) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 29a 29b 29c 29d							
IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 30 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK							

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (section 193.315, RSMo Supp. 1984)

STATE OF MISSOURI } ss
County of Butler }

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

March 23, 1988

Gerald A. Roe
Gerald A. Roe

Butler County Registrar of Vital Statistics