

'03 SEP 15 AM 10:28

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When Recorded Return to:

Craig E. Coombs  
Lybeck Murphy LLP  
7525 SE 24<sup>th</sup> Street, Suite 500  
Mercer Island, WA 98040

State of Oregon, County of Klamath  
Recorded 09/15/03 10:28a m  
Vol M03 Pg 68313-15  
Linda Smith, County Clerk  
Fee \$ 31.00 # of Pgs 3

TRUSTORS' WARRANTY TO TRUSTEE OF REVOCABLE TRUST

Reference # (if applicable):

Grantor: Helen James

Additional on page \_\_\_\_\_

Additional on page \_\_\_\_\_

Grantee: The Helen James Trust

THE GRANTOR, Helen James, conveys and warrants to KAREN FENNO, TRUSTEE, AND SUCCESSOR TRUSTEES, OF THE HELEN E. JAMES REVOCABLE TRUST dated 8/20/03, Grantee, the following described real property situated in Klamath County, Oregon

A tract of land situated in the SW  $\frac{1}{4}$  and the SE  $\frac{1}{4}$  of NE  $\frac{1}{4}$  of Sec. 18, Twp. 24 S.R. 7 E.W.M., more particularly described as follows:

Beginning at a point which is N. 01°00'51" East 502.14 feet and East 31.98 feet from the 1/16<sup>th</sup> corner on the common line between the NE  $\frac{1}{4}$  and the SE  $\frac{1}{4}$  of said Sec. 18; thence West 433.6 feet; thence continuing West 15 feet, more or less, to the flow line of Crescent Creek; thence Northerly and Easterly along said flow line 160 feet, more or less, to the intersection of the North line of said tract which is parallel to and 150 feet, more or less, North of the South line of said tract; thence East 40 feet, more or less, to a steel pin; thence continuing East 352.2 feet to a point; thence South 00°18'41" West 150.0 feet, more or less, to the point of beginning.

Subject to reservation of the Easterly 25 feet for roadway and utility purposes; together with a perpetual easement for roadway and utility purposes to and from said property along the northerly 25 feet of the SE  $\frac{1}{4}$  of the NE  $\frac{1}{4}$  of said Section 18 West of the Willamette Highway and also the westerly 25 feet along the line in the SE  $\frac{1}{4}$  of the NE  $\frac{1}{4}$  of said Sec. 18 which bears N. 00°18'41" E. from a point located S. 01°00'51" W. 6.81 feet and East 38.14 feet from the 1/16<sup>th</sup> corner on the common line between the NE  $\frac{1}{4}$  and the SE  $\frac{1}{4}$  of said Sec. 18, Twp. 24 S.R. 7 E.W.M.

And Subject to rights of the public in and to any portion of the herein described property lying within the limits of roads and highways and the rights of public and governmental bodies in and to any portion of the herein described property lying below the high water mark of Crescent Creek; and to easements and rights of way of record or apparent on the land, if any.

Tax Account No.: \_\_\_\_\_

This deed is made for no consideration to change vesting only to the Trustee, her successors and assigns forever. The liability and obligations of Grantor and Grantee and Grantee's Heirs and assigns under the warranties and covenants contained herein or provided by law shall be limited to the amount, nature and terms of any right or indemnification available to Grantor under any title insurance policy, and Grantor shall have no liability or obligation except to the extent that reimbursement for such liability or obligation is available to Grantor under any such title insurance policy. The intention of the Grantor to preserve any existing title insurance coverage.

68314

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: 8/25/03

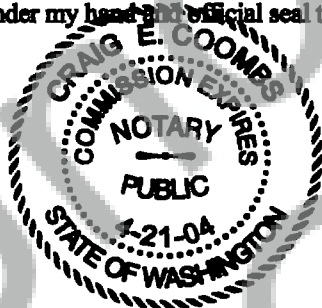
Helen E. James  
Helen James

STATE OF WASHINGTON )

COUNTY OF KING )

On this day personally appeared before me Helen James, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 25 day of August, 2003.



Print Name: Craig E. Coombs  
NOTARY PUBLIC in and for the State  
of Washington; Residing at Bellview  
My Commission Expires: 4-21-04

# CERTIFICATION OF VITAL RECORD

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

68315

338074

LD. TAG NO.

0398

Local File Number

138-

State File Number

1. DECEASED'S NAME <b>Robert Leroy JAMES</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>February 17, 2001</b>	
4. SOCIAL SECURITY NUMBER <b>540-26-2766</b>		5a. AGE Last Birthday (Years) <b>77</b>		5b. Under 1 Year Mins. Days Hours Mins.	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <b>October 24, 1923</b>		8. BIRTHPLACE (City and State or Foreign Country) <b>Brownsville, Oregon</b>	
9. FACILITY NAME (If not institution, give street and number) <b>375 Ferndale Dr.</b>		10. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input type="checkbox"/> Hospital <input type="checkbox"/> SNOWedown <input type="checkbox"/> OCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		11. COUNTY OF DEATH <b>Lane</b>	
12. DECEASED'S USUAL OCCUPATION (Other kind of work done during most of working life. Do not use retired.) <b>PBX Installer</b>		13. KIND OF BUSINESS/INDUSTRY <b>Pacific Northwest Bell Telephone Company</b>		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
15. RESIDENCE - STATE <b>Oregon</b>		16. COUNTY <b>Lane</b>		17. CITY, TOWN OR LOCATION <b>Eugene</b>	
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE <b>97404</b>		20. STREET AND NUMBER <b>375 Ferndale Dr.</b>	
21. FATHER - NAME First Middle Last <b>Albert James</b>		22. MOTHER - NAME First Middle Last <b>Lila Wolcott</b>		23. SPOUSE (If Married, Widowed) <b>Helen E. (Koons)</b>	
24. METHOD OF DISPOSITION (Check one) <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Hugrove Crematorium</b>		26. LOCATION - City or Town, State <b>Eugene, Oregon</b>	
27. TIME OF DEATH <b>11:05 P.M.</b>		28. TIME OF DEATH <b>11:05 P.M.</b>		29. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>February 17, 2001</b>	
30. DATE SIGNED (Month, Day, Year) <b>February 21, 2001</b>		31. DATE SIGNED (Month, Day, Year) <b>February 21, 2001</b>		32. COUNTY <b>Lane</b>	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) <b>Indulal Rughani, M.D. 1200 Hilliard Street, Suite 8-565 - Eugene, OR 97401</b>					
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Type or Print)					
35. 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) <b>Emphysema</b>					
DUE TO, OR AS A CONSEQUENCE OF					
PART I (b) <b>OTHER SIGNIFICANT CONDITIONS</b>					
Conditions contributing to death but not resulting in the underlying cause given in PART I					
36. Did someone else contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown					
37. AUTOPEY 38. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		40. DATE OF INJURY (Month, Day, Year) <b>February 17, 2001</b>		41. TIME OF INJURY <b>M</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>At home</b>		43. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>375 Ferndale Dr., Eugene, OR 97401</b>			

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

ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED:

FEB 23 2001

ADA M. NOBLE  
COUNTY REGISTRAR  
LANE COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR FABRICATION INVALIDS THIS CERTIFICATE

