

03 SEP 16 PM 3:30

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KATHRYN ANNE

Grantor's Name and Address  
ANDREA & NICHOLAS WOLOSCHUK  
6924 N. AMHERST APT.1  
PORTLAND, OR 97203

Grantee's Name and Address  
After recording, return to (Name, Address, Zip):  
SAME AS ABOVE

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

SPACE RESERVED  
FOR  
RECORDERS USE

State of Oregon, County of Klamath  
Recorded 09/16/03 3:30 p.m.  
Vol M03 Pg 69085-86  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

ixed.

puty.

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that KATHRYN ANNE, FORMERLY KNOWN AS  
KATHRYN ANNE WOLOSCHUK  
hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto  
ANDREA WOLOSCHUK AND NICHOLAS WOLOSCHUK, NOT AS TENANTS I N COMMON, BUT \*\*\*  
hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of 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:

E 1/2 E 1/2 N 1/2 SE 1/4 SW 1/4 of Section 10, Township 25 South, Range 8 East of the Willamette Meridian.

W 1/2 E 1/2 N 1/2 SE 1/4 SW 1/4 of Section 10, Township 25 South, Range 8 East of the Willamette Meridian.

\*\*WITH RIGHTS OF SURVIVORSHIP

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

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

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ VESTING ONLY. However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the XX the whole (indicate which) consideration. (The sentence between the symbols @, 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.

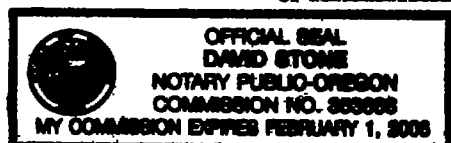
IN WITNESS WHEREOF, the grantor has executed this instrument on \_\_\_\_\_; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND 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.

Kathryn Anne  
KATHRYN ANNE

STATE OF OREGON, County of Multnomah  
This instrument was acknowledged before me on August 9, 2003  
by Kathryn Anne

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



David Stone  
Notary Public for Oregon  
My commission expires February 1, 2006

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# CERTIFICATION OF VITAL RECORD

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

69086

314193  
LD, TAB NO.

00323  
LOCAL FILE NUMBER

136

State File Number

1. DECEASED'S NAME <b>Daniel Cyril WOLOSCHUK</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>January 12, 2000</b>	
4. SOCIAL SECURITY NUMBER <b>267-34-7686</b>		5a. AGE - Last Birthday <b>54</b>		5b. Under 1 Year Min. Days Hours Min.	
6. PLACE OF BIRTH (City and State or Foreign) <b>Scranton PA</b>		7. DATE OF BIRTH (Month, Day, Year) <b>January 31, 1945</b>			
8. WAS DECEASED EVER IN U.S. ARMY SERVICE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) <b>Hopewell House</b>		11. CITY, TOWN, OR LOCATION OF DEATH <b>Portland</b>		12. COUNTY OF DEATH <b>Multnomah</b>	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Programmer/Analyst</b>		14. KIND OF BUSINESS/INDUSTRY <b>Computers</b>		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
16. RESIDENCE - STATE <b>Oregon</b>		17. CITY, TOWN OR LOCATION <b>Tigard</b>		18. STREET AND NUMBER <b>13537 SW Michelle Court</b>	
19. DECEASED'S USUAL RESIDENCE (Specify No or Yes - If yes, specify address) <b>Yes</b>		20. ZIP CODE <b>97223</b>		21. RACE (American Indian, Black, White, etc. Specify) <b>White</b>	
22. FATHER - NAME (last, middle, first) <b>Daniel - Wołoschuk Sr.</b>		23. MOTHER - NAME (last, middle, first) <b>Mary - Krywchulski</b>		24. INFORMANT - NAME and relationship to deceased <b>Terry Wołoschuk - Wife</b>	
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Physiological Issue State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Riverview Crematory</b>		27. LOCATION - City or Town, State <b>Portland Oregon</b>	
28. SIGNATURE OF OFFICIAL PUBLIC SERVICE LICENSING OR PERSON ACTING AS SUCH <i>[Signature]</i>		29. OREGON LICENSE NO. (If Licensed) <b>3606</b>		30. NAME, ADDRESS AND PHONE NO. OF PLACE OF DEATH <b>FINLEY'S SUNSET HILLS MORTUARY 5801 SW SUNSET HIGHWAY PORTLAND, OR 97225</b>	
31. DATE FILED (Month, Day, Year) <b>JAN 25 2000</b>		32. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
RESERVED FOR REGISTRAR'S USE					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
33. TIME OF DEATH <b>12:10 A.M.</b>		34. TIME OF DEATH <b>12:10 A.M.</b>			
35. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. <i>[Signature]</i>		36. On the basis of examination and investigation, in my opinion death resulted from the time, date, place and due to the causes and manner stated. <i>[Signature]</i>			
37. DATE SIGNED (Month, Day, Year) <b>1/17/00</b>		38. DATE SIGNED (Month, Day, Year) COUNTY			
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) <b>Ralph Weinstein MD 2911 NW Northrup St #405 Portland OR 97210</b>					
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
41. IMMEDIATE CAUSE (ENTER ONE FROM LIST OF PART I OR PART II) (Do not repeat portion of cause, e.g., Continued in Pre-existing Aortic)					
PART I		PART II			
a. CHIEF CAUSE <b>Chills, fever, multi-organ</b>		b. CHIEF CAUSE <b>1 Year</b>			
c. DUE TO, OR AS A CONSEQUENCE OF		d. DUE TO, OR AS A CONSEQUENCE OF			
e. DUE TO, OR AS A CONSEQUENCE OF		f. DUE TO, OR AS A CONSEQUENCE OF			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		PART III			
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		43. DATE OF INJURY (Month, Day, Year)		44. TIME OF INJURY	
45. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		46. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

40-0 Rev (200)

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

JAN 26 2000

DATE ISSUED:

*[Signature]*  
LEA WICKHAM RN, MS  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTASLIO STATE SEAL AND BORDER.

ANY ALTERATION OR FALSIFICATION IS VOID, THIS CERTIFICATE