

03 SEP 19 08:42

Vol M03 Page 69805

AFTER RECORDING RETURN TO:

SEND TAX STATEMENTS TO:

*RV*  
Edith Hayden  
PO Box 15096  
Salem, OR 97309

c/o Edith Hayden  
PO Box 15096  
Salem, OR 97309

Consideration: \$0

State of Oregon, County of Klamath  
Recorded 09/19/03 8:42 a. m  
Vol M03 Pg 69805-8  
Linda Smith, County Clerk  
Fee \$ 36.00 # of Pgs 4  
*60 opa*

### BARGAIN AND SALE DEED

EDITH HAYDEN and SHARON J. HALVERSON, as Co-Successor-Trustees of THE ELIZABETH ANN BOORMAN TRUST dated October 14, 1993, in which ELIZABETH ANN BOORMAN was Trustor and Trustee, as Grantors,

convey to

ROBERT W. BOORMAN, as Grantee,

the following described real property:

See the attached Exhibit A.

**WARNING. 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 \$0.

Duly executed 9/12/, 2003.

*x Edith S. Hayden*  
Edith Hayden

*x Sharon J. Halverson*  
Sharon J. Halverson

1 - BARGAIN AND SALE DEED

pam @PFDdesktop\::ODMA\GRPWISE\HELTZEL.SALEM.Clients\63009.1

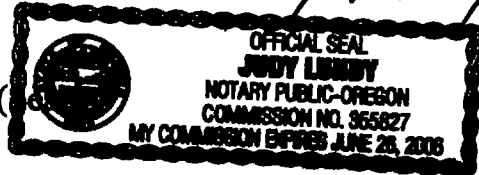
*36-  
60 opa*

Marion County, Oregon - ss.

69806

On this 12<sup>th</sup> day of September, 2003, personally appeared the above named EDITH HAYDEN, and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me: Judy Lundy

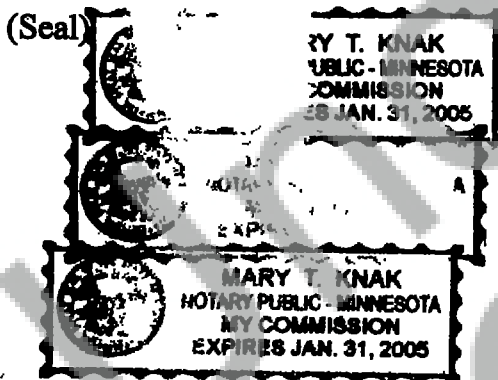


Judy Lundy  
Notary Public for Oregon  
My commission expires: June 26, 2006

Anoka County, Minnesota - ss.

On this 15 day of September, 2003, personally appeared the above named SHARON J. HALVERSON, and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me:  
MARY T. KNAK



Mary T. Knak  
Notary Public for Minnesota  
My commission expires: Jan 31, 2005

**EXHIBIT A**

**69807**

**PARCEL 1:**

**Lot 37, PLEASANT HOME TRACTS NO. 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.**

**SUBJECT TO: Reservations, restrictions, rights of way and easements of record and those apparent on the land; the statutory powers, including the power of assessments of South Suburban Sanitary District; the statutory power, including the power of assessments of Enterprise Irrigation District; and Reservations contained in instrument recorded April 3, 1939, in Volume 121, page 281, Deed Records of Klamath County, Oregon, to-wit: "Reserving to the first parties, their heirs and assigns, the right at any time to construct, build and erect ditches, telephone lines, telegraph lines and electric power lines in and upon said premises and to keep and maintain the same, said right to be for the benefit of the lands and premises adjoining the above described land."**

69808

PERMANENT  
BLACK INK177543  
LD. TAG NO.

180

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 136-

State File Number

1. DECEASED'S NAME First: Elisabeth, Middle: Ann, Last: BOORMAN		2. SEX F	3. DATE OF DEATH (Month, Day, Year) June 25, 1995
4. SOCIAL SECURITY NUMBER 540-54-3938		5. AGE - Last Birthday (Years) 75	6. BIRTHPLACE (City and State or Foreign Country) Cheboygan, Michigan
7. DATE OF BIRTH (Month, Day, Year) August 20, 1919		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): Daughter's Home	
9. FACILITY NAME (If not institution, give street and number) 1286 Lottie Lane NW		10. CITY, TOWN, OR LOCATION OF DEATH Salem	
11. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		12. SPOUSE (If married, widowed, divorced (Specify)) Earl S.	
13. RESIDENCE - STATE Oregon		14. COUNTY Polk	
15. RESIDENCE - CITY Klamath Falls		16. CITY, TOWN, OR LOCATION Klamath Falls	
17. ZIP CODE 97603		18. STREET AND NUMBER 5420 Cottage Ave.	
19. RACE (American Indian, Black, White, etc. (Specify)) White		20. DECEASED'S EDUCATION (Specify only highest grade completed) 8	
21. FATHER - NAME First middle last Charles Patton		22. MOTHER - NAME First middle last Rose B. Cole	
23. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Eternal Hills Memorial Gardens		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON AS SUCH <i>B. Hines</i>		26. LICENSE NUMBER (If Licensed) 3108	
27. DATE SIGNED (Month, Day, Year) July 6, 1995		28. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Oregon 97601-2638	
29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30. DID GIFT MALE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

31. TIME OF DEATH 9:30 A		32. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
33. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Frederick G. Cook</i>		34. On the basis of certification under investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Shirley</i>	
35. DATE SIGNED (Month, Day, Year) 6/27/95		36. DATE SIGNED (Month, Day, Year) COUNTY	
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Frederick G. Cook M.D. - 2475 Center St. NE - Salem, Oregon 97301			
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
39. 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) CAUSE OF DEATH Carcinoma of Lung		Interval between onset and death 1 yr	
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I. Emphysema			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41. DATE OF INJURY (Month, Day, Year)	
42. TIME OF INJURY		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		45. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 12/94

STATE OF OREGON  
COUNTY OF POLK

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Polk County Public Health Department.

S E A L

DATE 7/6/95

REGISTRAR

*Shirley*