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NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



Vol M03 Page 79677

Phil A. Aitken & Margaret Ann Gardner Aitken
56 DeForest Hts. Burlington VT 05401

Richard F. Young & Donna M. Young
4048 Hertel Dr. So.
Salem OR 97302

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

Richard Young
4048 Hertel Dr. So.
Salem OR 97302

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

Same

SPACE RESERVED
FOR
RECORDER'S USE

State of Oregon, County of Klamath
Recorded 10/27/03 3:38 p.m.
Vol M03 Pg 79677-79
Linda Smith, County Clerk
Fee \$ 31.00 # of Pgs 3

ixed.

puty.

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that Phil Aitken & Margaret Ann Gardner Aitken husband and wife hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by Richard F. Young & Donna M. Young Husband and wife 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:

Undivided 1/2 interest in Lot 3, Block 4 Crescent Pines
Klamath County OREGON

(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 grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state):
No exceptions

and that grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$15,000.00. 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 ^o, 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 September 15, 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 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.

Phil A. Aitken
M. A. Aitken

STATE OF OREGON, County of Chittenden

This instrument was acknowledged before me on September 15, 2003 by Mary Ann LeClair Phil Aitken M. Ann Aitken

by
as
of

Mary Ann LeClair
Notary Public for Oregon
My commission expires 2/07

31K

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

79678

TYPE OR PRINT IN INK BLACK INK		330938 ID TAG NO. 290 Local File Number		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH		00-023431 State File Number	
1. DECEASED'S NAME Sara FARR AITKEN		2. SEX F		3. DATE OF DEATH Month Day Year October 28, 2000		4. SOCIAL SECURITY NUMBER 506-18-3894	
5. AGE Last Birthday (Years) 87		6. BIRTHPLACE City and State or Foreign Country Litchfield, NE		7. DATE OF BIRTH Month Day Year October 19, 1913		8. PLACE OF DEATH (Check only one) ☐ HOME ☐ Hospital ☐ Outpatient ☐ SNR ☐ Other	
9. FACILITY NAME of care institution, give street and number Dallas Retirement Village		10. CITY TOWN OR LOCATION OF DEATH Dallas		11. COUNTY OF DEATH Polk		12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) Bookkeeper	
13. RESIDENCE STATE Oregon		14. RESIDENCE CITY Polk		15. RESIDENCE STREET AND NUMBER 348 W. Ellendale Avenue		16. DECEASED'S MARRITAL STATUS (Married, Never Married, Divorced, Widowed) Widowed	
17. DECEASED'S NAME Peter - Fast		18. DECEASED'S NAME Helena - Kroecker		19. DECEASED'S NAME and relationship to decedent Phil A. Aitken, Son		20. PLACE OF DEPOSITION (Name of cemetery, burying place or other place) Sunset Crematory	
21. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR DECEASED'S SIGNATURE <i>Michael A. Bollman</i>		22. OREGON LICENSE NO. 3498		23. HOME ADDRESS AND ZIP OF FILER Bollman Funeral Home 694 Main Street Dallas, Oregon 97338		24. DATE OF DEATH November 1, 2000	
25. TIME OF DEATH 10:30 P. M.		26. DATE PRELIMINARY DEAD (Month Day Year) OCT 31 2000		27. DATE PRELIMINARY DEAD (Month Day Year) OCT 31 2000		28. NAME TITLE ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Name of Physician) CHRIS W EDWARDS MD 641 SE MILLER DALLAS OF 97338	
29. NAME OF ATTENDING PHYSICIAN Cerebral Vascular Accident		30. NAME OF ATTENDING PHYSICIAN NON INSULIN DEPENDENT DIABETES		31. DATE OF DEATH OCT 28 2000		32. DATE OF DEATH OCT 28 2000	
33. DATE OF DEATH OCT 28 2000		34. DATE OF DEATH OCT 28 2000		35. DATE OF DEATH OCT 28 2000		36. DATE OF DEATH OCT 28 2000	

ORIGINAL-VITAL STATISTICS COPY

46.2 Rev. 11-98

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 CENTER FOR HEALTH STATISTICS.

DATE ISSUED: _____

SEP 29 2003

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

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PERMANENT
BLACK INK

179814
10 TAG NO
132
Local File Number

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

79679
State File Number

1 DECEASED'S First Name Harold		Middle Name Minley		Last Name AITKEN		2 SEX M		3 DATE OF DEATH Month Day, Year May 13, 1995	
4 DECEASED'S SOCIAL SECURITY NUMBER 505-12-5877		5a AGE at Death (Type of Year) 81		5b Under 1 Year None		5c Under 1 Day None		6 DECEASED'S PLACE of Birth (City and State or Foreign Country) Friend, Nebraska	
7 DECEASED'S US Armed Forces Service (If any) None		8 DECEASED'S PLACE of Death (Specify only good) Friend, Nebraska		9 DATE OF BIRTH Month Day, Year July 31, 1913					
10 DECEASED'S FACILITY NAME (If not institution, give street and number) Dallas Care Center		11 CITY, TOWN, OR LOCATION OF DEATH Dallas		12 COUNTY OF DEATH Polk					
13 DECEASED'S USAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Manager		14 DECEASED'S USAL BUSINESS/INDUSTRY Farm Equipment		15 DECEASED'S STATUS (Married, Single, Widowed, Divorced) Married		16 DECEASED'S SPOUSE (Name, Relationship, Date of Birth) Sara			
17 DECEASED'S STATE Oregon		18 DECEASED'S COUNTY Polk		19 DECEASED'S ZIP CODE 97301		20 DECEASED'S EDUCATION (Specify only highest grade completed) High School Graduate (12)			
21 FATHER'S Name First Middle Last Alvin - Aitken		22 MOTHER'S Name First Middle Last Theresa - Calhoun		23 DECEASED'S NAME and relationship to deceased Sara Aitken, Spouse		24 DECEASED'S SIGNATURE Coleman D. Doep			
25 DECEASED'S METHOD OF INFORMATION (If oral, (If) Coroner, (If) Hospital from State, (If) Physician, (If) Other (Specify)) Physician		26 DECEASED'S PLACE OF INFORMATION (Name of secretary, intermediary, or other person) Andrews Cemetery		27 DECEASED'S NAME and relationship to deceased Friend, Nebraska		28 DECEASED'S ADDRESS AND ZIP OF FACILITY 287 SW Washington Dallas, Oregon 97338			
29 DECEASED'S SIGNATURE OF PHYSICIAN OR PERSON ACTING AS SUCH Buch D. Hallman		30 DECEASED'S LICENSE NUMBER 0203		31 DECEASED'S SIGNATURE Coleman D. Doep		32 DECEASED'S SIGNATURE Coleman D. Doep			
33 DATE FILED Month Day, Year MAY 22, 1995		34 DECEASED'S HOSPITAL NUMBER (If any) FOR AMBULANCE, G.P. (If any) BY TYPE 1110		35 DECEASED'S HOSPITAL NUMBER (If any) BY TYPE 1110					
36 DECEASED'S TIME OF DEATH 2:00 PM		37 DECEASED'S TIME OF DEATH 2:00 PM		38 DECEASED'S TIME OF DEATH 2:00 PM		39 DECEASED'S TIME OF DEATH 2:00 PM			
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