

03 NOV 7 #10:47

Vol M03 Page 82865

After Recording Return to:
THOMAS BIRMINGHAM
2255 Darrow Ave
Klamath Falls, Or.

State of Oregon, County of Klamath
Recorded 11/07/03 10:47a. m
Vol M03 Pg 82865-66
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

Until a change is requested all tax statements
Shall be sent to the address shown above.

ATE 58200

WARRANTY DEED
(INDIVIDUAL)

MARVIN W. SHUFELT, ~~husband and wife~~, herein called Grantor, convey(s) to THOMAS BIRMINGHAM, herein called Grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 573, Block 115, MILLS ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$55,000.00.
(here comply with the requirements of ORS 93.930)

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 November 6, 2003.

Marvin W. Shufelt

MARVIN W. SHUFELT

STATE OF OREGON, County of Klamath) ss.

On November 07, 2003, personally appeared the above named MARVIN W. SHUFELT and acknowledged the foregoing instrument to be his voluntary act and deed.

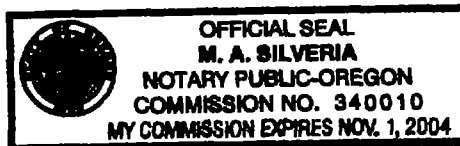
This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00058200

Before me: *M. A. Silveria*
Notary Public for Oregon
My commission expires: 11-01-04

Official Seal



CERTIFICATION OF VITAL RECORD

95773

ID TAG NO

354
Local File Number

HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136

82866

State File Number

1 DECEDENT'S NAME Clara Louise SHUFELT		2 SEX F		3 DATE OF DEATH (Month Day Year) May 17, 2003	
4 SOCIAL SECURITY NUMBER 460-10-6870		5a AGE Last Birthday (Years) 92		5b Under 1 Year MOS Days Hours Mins	
6 BIRTH-PLACE (City and State or Foreign Country) Leonard, Oklahoma		7 DATE OF BIRTH (Month Day Year) August 31, 1910			
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other		9b <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9c FACILITY NAME (If not retention, give street and number) Plum Ridge Care Center			9d CITY, TOWN OR LOCATION OF DEATH Klamath Falls		9e COUNTY OF DEATH Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		10b KIND OF BUSINESS/INDUSTRY Domestic		11 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Married	
12 SPOUSE (If Married, Widowed) Marvin Shufelt					
13a RESIDENCE - STATE Oregon		13b COUNTY Klamath		13c CITY, TOWN OR LOCATION Klamath Falls	
13d STREET AND NUMBER 2255 Darrow					
13e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f ZIP CODE 97601		14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15 RACE American Indian, Black, White, etc. (Specify) White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)			
17 FATHER - NAME First middle last Linn Cruncleton		18 MOTHER - NAME First middle maiden Ona Mae Weddington		19 INFORMANT - NAME and relationship to decedent Marvin Shufelt-Husband	
20a METHOD OF DISPOSITION <input type="checkbox"/> Autopsy <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory		20c LOCATION - City or Town, State Klamath Falls, Oregon	
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Hancock</i>		21b OREGON LICENSE NO. (If Licensee) 3324		22 NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy 39, Klamath Falls, Or., 97603	
23 DATE FILED (Month, Day, Year) MAY 28 2003		24 REGISTRAR'S SIGNATURE <i>Michelle Perry</i>			
RESERVED FOR REGISTRAR'S USE					
27. TIME OF DEATH 22:20 P.			28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Jon McKellar</i>			30. DATE SIGNED (Month, Day, Year) 5/19/03		
31. TIME OF DEATH M			32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		
33. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)			34. DATE SIGNED (Month, Day, Year) COUNTY		
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Jon McKellar M.D., 2300 Clairmont, Klamath Falls, Oregon, 97601					
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
37. INMATE ATE CAUSE - ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c). Do not enter more than 2. Cardiac or Respiratory Arrest.					
PART I (a) Atherosclerosis (Cardiovascular Disease)		Interval between onset and death Years		Interval between onset and death	
(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. Hypertension / Renal Insufficiency		38. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

46-5-Rev (3-00)

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

DATE ISSUED:

MAY 28 2003

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

Michelle Perry
MICHELLE PERRY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

