

03 DEC 24 PM 12:37

After Recording Return to:

MONTE J. MC LIN

3872 STURIVANT AVE
Klamath Falls, OR 97603

Until a change is requested all tax statements
Shall be sent to the following address:

MONTE J. MC LIN

Same as above

Aspen 58337

Vol M03 Page 93156

State of Oregon, County of Klamath

Recorded 12/24/03 12:37 p m

Vol M03 Pg 93156-57

Linda Smith, County Clerk

Fee \$ 26.00 # of Pgs 2

WARRANTY DEED
(INDIVIDUAL)

KRISTIN LINGREN, herein called grantor, convey(s) to MONTE J. MC LIN, AN ESTATE IN FEE SIMPLE all that real property situated in the County of KLAMATH, State of Oregon, described as:

The Easterly 75 feet of Lot 15, BURNSDALE, 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 **\$104,500.00.** -
(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 December 24, 2003. -

Kristin Lingren
KRISTIN LINGREN

STATE OF OREGON, County of Klamath) ss.

On December 24, 2003 personally appeared the above named KRISTIN LINGREN and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me:

Vickie Blankenburg
Notary Public for

My commission expires: 7/01/05

This Document is recorded at the request of:

Aspen Title & Escrow, Inc.

525 Main Street

Klamath Falls, OR 97601

Order No.: 00058337



26A

TYPE OR
PRINT IN
PERMANENT
BLACK INK

340609

I.D. TAG NO.

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

136-

93157

Local File Number

State File Number

1. DECEDENT'S NAME First Middle Last Gregory Lyn LINGREN			2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 22, 2001	
4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (Years) 38	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, Oregon
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) 3872 Sturdivant			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Salesman		10b. KIND OF BUSINESS/INDUSTRY Automobiles		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed, Divorced) Kristin
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3872 Sturdivant
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	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 Specify:		15. RACE American Indian, Black, White, etc (Specify) White
17. FATHER - NAME first middle last Don Lingren		18. MOTHER - NAME first middle maiden Pauline		19. INFORMANT - NAME and relationship to decedent Kristin Lingren - wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		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>Michael Leach</i>		21b. OREGON LICENSE NO. (Of Licensee) 3553		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR. 97603	
23. DATE FILED (Month, Day, Year)			24. REGISTRAR'S SIGNATURE		
RESERVED FOR REGISTRAR'S USE					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 9:36 P M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) _____ 30. DATE SIGNED (Month, Day, Year) _____ 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Randal A. Machado MD., 1905 Main Street, Klamath Falls, OR. 97601 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Ho... M			
32. 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) _____ 33. DATE SIGNED (Month, Day, Year) COUNTY					

CHECK APPROPRIATE BOX BELOW ... COMPLETE BOTH YELLOW AND GREEN DISPOSITION COPIES

☐ AUTHORIZATION FOR FINAL DISPOSITION

This form when signed above by the funeral service licensee (21a) and by the certifying physician (29 or 32) shall serve as a disposal-transit permit for the remains of the decedent named hereon.

☐ ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION

This form when completed and signed below by the funeral service licensee shall serve as a disposal-transit permit for the remains of the decedent named hereon.

I have contacted Dr. Machado on date 3-23-01 and time 9:20 AM and the doctor has agreed to sign a certification of the cause of death as soon as possible.

FUNERAL SERVICE LICENSEE SIGNATURE Jim Harcourt License # 3228

INSTRUCTIONS: THE PERSON IN CHARGE OF THE PLACE OF FINAL DISPOSITION SHALL DATE AND SIGN BOTH THE YELLOW AND GREEN COPY OF THE DISPOSITION FORM. FORWARD THE YELLOW COPY TO THE REGISTRAR OF THE COUNTY WHERE DEATH OCCURRED WITHIN 10 DAYS AFTER THE DATE OF FINAL DISPOSITION. THE GREEN COPY WILL BE RETAINED BY THE CEMETERY OR CREMATORY.

DATE OF DISPOSITION _____ SEXTON'S SIGNATURE _____

RETURN THIS FORM TO THE REGISTRAR OF COUNTY OF DEATH