

04 FEB 20 PM 10:32

Vol M04 Page 09715

After Recording Return to:

BEVERLY M. ANDRADE

24482 Leona Dr.

Hayward, CA 94542

Until a change is requested all tax statements

Shall be sent to the following address:

BEVERLY M. ANDRADE

Same as Above

State of Oregon, County of Klamath

Recorded 02/20/2004 10:32.0 m

Vol M04 Pg 9715-16

Linda Smith, County Clerk

Fee \$ 26.00 # of Pgs 2

ATE 58647AF
WARRANTY DEED
(INDIVIDUAL)

MARGARET A. WYNNE, herein called grantor, convey(s) to BEVERLY M. ANDRADE, AN ESTATE IN FEE SIMPLE all that real property situated in the County of KLAMATH, State of Oregon, described as:

Tract No. 73, PLEASANT HOMES TRACTS # 2, 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 \$40,000.00.
(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 2-19-04

Margaret A. Wynne
MARGARET A. WYNNE

STATE OF OREGON, County of Klamath) ss.

On Feb. 19, 04 personally appeared the above named MARGARET A. WYNNE and acknowledged the foregoing instrument to be her voluntary act and deed.

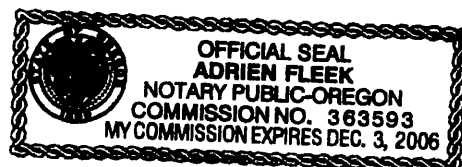
This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00058647

Before me: Adrien Fleeck
Notary Public for Oregon
My commission expires: 12-3-06

Official Seal



26A

CERTIFICATION OF VITAL RECORD

09716

TYPE OR
PRINT IN
PERMANENT
BLACK INK

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

167919
I.D. TAG NO.

502

Local File Number

State File Number

1 DECEDENT'S NAME Andrew Thomas WYNNE, Sr.			2 SEX Male	3 DATE OF DEATH (Month, Day, Year) October 13, 1995
4 SOCIAL SECURITY NUMBER 560-40-5948	5a AGE-Last Birthday (Years) 64	5b Under 1 Year Mos Days Hours Mins	6 BIRTHPLACE (City and State or Foreign Country) Minneapolis, MN	7 DATE OF BIRTH (Month, Day, Year) July 8, 1931
8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
8b. FACILITY NAME (If not institution, give street and number) Marle West Medical Center		8c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		8d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Painter		10b. KIND OF BUSINESS/INDUSTRY Automotive Industry		11. MARITAL STATUS Married
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		12. SPOUSE (If Married, Widowed, Divorced) (Specify) Margaret Wynne
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5441 1/2 Cottage Avenue		
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 type="checkbox"/> No <input type="checkbox"/> Yes Specify
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 10		
17 FATHER NAME first middle last Francis Thomas Wynne		18 MOTHER NAME first middle maiden Marion Blanche Martin		19 INFORMANT NAME and relationship to deceased Margaret Wynne - Spouse
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Ft. Klamath Cemetery		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) EM-2246		
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel		23. DATE FILED (Month, Day, Year) OCT 17 1995		
24. REGISTRATION SIGNATURE <i>[Signature]</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH M <input checked="" type="checkbox"/> P <input type="checkbox"/> 8:12 P M		
28. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO, OR AS A CONSEQUENCE OF (Signature) <i>[Signature]</i>		29. DATE SIGNED (Month, Day, Year) 10-15-95		
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert N. Edwards M.D. 4509 So. 6th Street Klamath Falls, OR 97603		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
32. 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) Undetermined Natural Causes DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		33. DATE SIGNED (Month, Day, Year) 10-15-95		
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert N. Edwards M.D. 4509 So. 6th Street Klamath Falls, OR 97603		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
36. 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) Undetermined Natural Causes DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		
41b. TIME OF INJURY M <input type="checkbox"/> P <input checked="" type="checkbox"/> 8:12 P M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
41d. PLACE OF INJURY At home, farm, street, factory, office building etc. (Specify) CLAMATH FALLS		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) CLAMATH FALLS		

RESERVED FOR REGISTRAR'S USE
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

ORIGINAL VITAL STATISTICS COPY

OCT 17 1995

IANET RAIL FY GORER

ONLY

[Signature]

