'04 APR 6 PM2:42

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After Recording Return to:
CHRISTOPHER A. WAYNE
WENDY C. WAYNE
3630 Cahuilla Circle
Chiloquin, OR 97624
Until a change is requested all tax statements
Shall be sent to the following address:
CHRISTOPHER A. WAYNE
WENDY C. WAYNE
Same as Above
Aspen 58877AF

State of Oregon, County of Klamath
Recorded 04/06/2004 2:42 p m
Vol M04 Pg 19556-57
Linda Smith, County Clerk
Fee $ 26.00 # of Pgs 2

WARRANTY DEED
(INDIVIDUAL)

FRANK JOSEPH YOUNG, herein called grantor, convey(s) to CHRISTOPHER A. WAYNE and WENDY C. WAYNE, HUSBAND AND WIFE all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 15, Block 6, LATAKOMIE SHORES, 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 $6,500.00.
(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 April 02, 2004.

Frankleigh Young
FRANK JOSEPH YOUNG

STATE OF California, County of San Diego) ss.

On April 02, 2004 personally appeared the above named FRANK JOSEPH YOUNG and acknowledged the foregoing instrument to be their/his/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.: 00058877

Before me: Sheryl J. Mead
Notary Public for State of California
My commission expires: Oct 23, 2006

Official Seal

OFFICIAL SEAL
SHERYL J. MEAD
NOTARY PUBLIC-CALIFORNIA
COMM. NO. 1377562
SAN DIEGO COUNTY
MY COMM. EXP. OCT. 23, 2006

RBG-1

26A

19557

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT (First, Middle, Last)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
Tose	---	Young	October 5, 1989	1400	Fem

4. RACE	5. SPANISH/HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	IF UNDER 1 YEAR: DAYS	IF UNDER 24 HOURS: HOURS	IF UNDER 24 HOURS: MINUTES
Caucasian	☐ Yes ☒ No	November 13, 1932	56				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
Japan	Japan	Jihei Sato	Japan	Sen Unknown	Japan

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
19 ___ TO 19 ___ ☒ NONE	576-64-2682	Married	Frank J Young	

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Homemaker	Homemaking	Own Home	25	12

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE	
9352 Creekside Court #27	Santee	92071	

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	12	CA	Frank J Young-husband 9352 Creekside Ct #27 Santee, Ca 92071

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	
Grossmont Hospital	IP	San Diego	

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☐ Yes ___ ☒ No
5555 Grossmont Center Dr	La Mesa		

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE	(A) Myocardial Infarction (Acute)	2 HRS	23. WAS BIOPSY PERFORMED? ☒ Yes ☐ No
DUE TO	(B)		24A. WAS AUTOPSY PERFORMED? ☐ Yes ☒ No
DUE TO	(C)		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ Yes ☒ No

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
Hiatal Hernia Arteriosclerosis	No

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
	[signature]	G 23156	10-9-89

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
5-2-89	10-5-89	David S Richmond MD 5555 Reservoir Dr-306 San Diego, Ca

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ Yes ☐ No	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR	

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/BU	Ft Rosecrans Ntl Cemetery San Diego, Ca	10-11-89	Not Embalmed	--

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
NEPTUNE SOCIETY	F-1352	Donald L. Ramos, M.D.	OCT 11 1989

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

COUNTY OF SAN DIEGO—DEPT. OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID.

DATE ISSUED: October 13, 1989

Donald L. Ramos, M.D.
REGISTRAR OF VITAL STATISTICS