04 APR 16 AM 11:06

MTC-64545LW
page 1 of 2 Vol M04 Page 22375

AmeriTitle
Part Of The JELD-WEN Family

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:
MARK LONDON
P.O. BOX 1526
KLAMATH FALLS, OR 97601

Until a change is requested all
tax statements shall be sent to
The following address:

MARK LONDON
P.O. BOX 1526
KLAMATH FALLS, OR 97601

Escrow No. MT64545-LW

State of Oregon, County of Klamath
Recorded 04/16/2004 11:06 Am
Vol M04 Pg 22375-76
Linda Smith, County Clerk
Fee $ 26.00 # of Pgs 2

STATUTORY WARRANTY DEED

UNDER TRUST AGREEMENT DATED JANUARY 11,1991

RICHARD C. MOORE, TRUSTEE OF THE MOORE TRUST AGREEMENT, Grantor(s) hereby convey and warrant to **MARK LONDON,** Grantee(s) the following described real property in the County of **KLAMATH** and State of Oregon, free of encumbrances except as specifically set forth herein:

Lot 25, Block 21, Tract No. 1113, OREGON SHORES UNIT 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. Tax Account No: 3507-018DB-03700-000 Key No: 243123

3507-018DB-03700-000 243123

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

The true and actual consideration for this conveyance is **$8,500.00.**

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 this 8th day of April, 2004

RICHARD C. MOORE, TRUSTEE UNDER TRUST AGREEMENT DATED JANUARY 11,1991
BY: Richard C. Moore
RICHARD C. MOORE, TRUSTEE

State of ARIZONA
County of Gila

This instrument was acknowledged before me on April 8th, 2004 by RICHARD C. MOORE, TRUSTEE OF THE MOORE TRUST AGREEMEMT.

OFFICIAL SEAL
ROBERTA L. KRIZ
NOTARY PUBLIC - ARIZONA
GILA COUNTY
My Comm. Expires July 21, 2006

Roberta L. Kriz
(Notary Public)

My commission expires 7-21-2006

2600 MP

CERTIFICATION OF VITAL RECORD

page 2 of 2

STATE OF ARIZONA 22376

ORIGINAL STATE

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO.
CERTIFICATE OF DEATH

NAME OF DECEASED: A. FIRST	B. MIDDLE	C. LAST	SEX	DATE OF DEATH: MONTH DAY YEAR
DELORES	ARTZ	MOORE	Female	May 22, 1997

3A. RACE (e.g., white, black, Amerindian (specify tribe) etc.) SPECIFY: White	3B. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO): No	3C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	3D. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes

4A. PLACE OF DEATH: A. COUNTY: Maricopa	4B. TOWN OR CITY: Phoenix	4C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): Good Samaritan Hospital	4D. ☐ DOA ☐ OP EMER. ☒ IN PATIENT

5. DATE OF BIRTH: MONTH DAY YEAR: April 15, 1923	6A. AGE (YEARS LAST BIRTHDAY): 74	6B. IF UNDER 1 YEAR: MOS. DAYS	6C. IF UNDER 1 DAY: HRS. MIN.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	8. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Richard Moore

9. STATE AND CITY OF BIRTH (If not in USA, name country): Watertown, South Dakota	10. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.	11. SOCIAL SECURITY NO.: 540-24-5210	12A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Secretary	12B. KIND OF BUSINESS OR INDUSTRY: Engineering

13. USUAL RESIDENCE: A. STATE: Arizona	B. COUNTY: Gila	C. TOWN OR CITY: Payson	D. ZIP CODE: 85541	14. HOW LONG IN ARIZONA?: 8 Years	15. EDUCATION HIGHEST GRADE COMPLETED:

16A. STREET ADDRESS OR R.F.D.: 1200 N. Camelot Dr.	16B. INSIDE CITY LIMITS? (SPECIFY Yes or No): Yes	16C. ON RESERVATION? (SPECIFY Yes or No): No	17. PREVIOUS STATE OF RESIDENCE: Oregon	ELEMENTARY-SECONDARY (0-12): A. 12	COLLEGE (1-4 or 5+): B.

18. FATHER'S NAME: A. FIRST: Henry	B. MIDDLE	C. LAST: Artz	19. MOTHER'S MAIDEN NAME: A. FIRST: Ethel	B. MIDDLE	C. LAST: Schafer

20. INFORMANT'S SIGNATURE: Richard Moore	RELATIONSHIP TO DECEASED: Husband	ADDRESS: STREET NO. CITY AND STATE ZIP CODE: 1200 N. Camelot Dr., Payson, Arizona 85541	

21. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	DATE: 5/26/97	CEMETERY OR CREMATORY - NAME/LOCATION: Serenity Crematory, Phoenix, AZ	EMBALMER'S SIGNATURE: Not Embalmed	CERT. NO.
FUNERAL HOME NAME: BROWN'S COLONIAL MORTUARY	STREET ADDRESS CITY AND STATE: 4141 N. 19th Ave., Phoenix, AZ	FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (SIGNATURE): Edward Ross		CERT. NO.: 213A

To be completed by CERTIFYING PHYSICIAN ONLY

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

25. SIGNATURE AND TITLE: [signature]

DATE SIGNED (Mo., Day, Year): 5-22-97

HOUR OF DEATH: 3:45 A.M.

26. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or print):

To be completed by MEDICAL EXAMINER or TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED.

SIGNATURE AND TITLE:

DATE SIGNED (Mo., Day, Year):

HOUR OF DEATH:

PRONOUNCED DEAD (Mo., Day, Year):

PRONOUNCED DEAD (Hour):

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print): M.T. Bakari, M.D. 1144 E. McDowell, Phoenix, Arizona

AUTHORIZED FOR CREMATION (SIGNATURE): ☒ Yes ☐ No

MEDICAL EXAMINER'S SIGNATURE: Walter K. Campbell MD

DATE RECEIVED BY LOCAL REGISTRAR: MAY 27 1997

REG. FILE NO.: 9821

REGISTRAR'S SIGNATURE: Ronda L Bazzano Deputy

REG. DISTRICT: 0705

DATE RECD. IN STATE OFFICE:

47. IMMEDIATELY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, GIVING UNDERLYING CAUSE (DISEASE OR INJURY) THAT STARTED EVENTS RESULTING IN DEATH LAST. PART I

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): Cardiopulmonary arrest		Acute
B. DUE TO OR AS A CONSEQUENCE OF: Aortic aneurysm [illegible]		Unk
C. DUE TO OR AS A CONSEQUENCE OF: Aortic dissection		Unk

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

48.	49. AUTOPSY (Specify Yes or No): No	50. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): Yes

51. MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED	52. DATE OF INJURY: MO DAY YR	53. HOUR	54. INJURY AT WORK? (Specify Yes or No)	55. DESCRIBE HOW INJURY OCCURRED:	
56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:		57. WHERE LOCATED? STREET ADDRESS	CITY OR TOWN	STATE	

58. SUPPLEMENTARY ENTRIES:

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA } ss
COUNTY OF MARICOPA }

DATE ISSUED June 9, 1997

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Jonathan B. Weisbuch, M.D.
County Registrar
Director, Maricopa County Department of Public Health Services

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.