'04 APR 29 PM2:38

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THIS SPACE RESERVED FOR RECORDER'S USE

State of Oregon, County of Klamath
Recorded 04/29/2004 2:38 p m
Vol M04 Pg 25997-99
Linda Smith, County Clerk
Fee $ 30 # of Pgs 3

After recording return to:
Jesse S. Moore and Amber D. Moore
2129 Vine Street
Klamath Falls, OR 97601

Until a change is requested all tax statements shall be sent to the following address:
Jesse S. Moore and Amber D. Moore
2129 Vine Street
Klamath Falls, OR 97601

File No.: 7021-356535 (SAC)
Date: April 23, 2004

STATUTORY WARRANTY DEED

Alice K. Webb, Grantor, conveys and warrants to **Jesse S. Moore and Amber D. Moore as tenants by the entirety**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

Lot 500 in Block 109 Mills Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

This property is free from liens and encumbrances, EXCEPT:

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

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.

The true consideration for this conveyance is **$72,000.00.** (Here comply with requirements of ORS 93.030)

.31F

Alice K. Webb

Alice K. Webb

STATE OF Oregon)
)ss.
County of Klamath)

This instrument was acknowledged before me on this 26 day of April, 2004
by **Alice K. Webb.**

Notary Public for Oregon
My commission expires: 8-2-07

OFFICIAL SEAL
STACY COLLINS
NOTARY PUBLIC-OREGON
COMMISSION NO. 370824
MY COMMISSION EXPIRES AUGUST 2, 2007

25999

'04 APR 29 PM2:38 35 6535

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

3-93-30-005462

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

01 T

1A. NAME OF DECEDENT—FIRST (GIVEN): Robert

1B. MIDDLE: Lewis

1C. LAST (FAMILY): WEBB

2A. DATE OF DEATH—MO. DAY. YR.: MAY 4, 1993

2B. HOUR: EST. 0030

3. SEX: MALE

4. RACE: Cauc.

5. HISPANIC—SPECIFY: [ ] YES _____ [X] NO

6. DATE OF BIRTH—MO. DAY. YR.: October 24, 1918

7. AGE IN YEARS: 74

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HOURS: HOURS / MINUTES

8. STATE OF BIRTH: TX

9. CITIZEN OF WHAT COUNTRY: USA

10A. FULL NAME OF FATHER: Richard Webb

10B. STATE OF BIRTH: TX

11A. FULL MAIDEN NAME OF MOTHER: Claudia Mae Hunt

11B. STATE OF BIRTH: TX

12. MILITARY SERVICE: 18 39 TO 19 45 [ ] NONE

13. SOCIAL SECURITY NO.: 326-14-8134

14. MARITAL STATUS: Married

15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Alice Williams

16A. USUAL OCCUPATION: Photographer

16B. USUAL KIND OF BUSINESS OR INDUSTRY: County Govt.

16C. USUAL EMPLOYER: Los Angeles Co. Flood Control

16D. YEARS IN OCCUPATION: 46

17. EDUCATION—YEARS COMPLETED: 8

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 21622 Marguerite Pkwy #309

18B. CITY: Mission Viejo

18C. ZIP CODE: 92692

18D. COUNTY: Orange

18E. NUMBER OF YEARS IN THIS COUNTY: 0

18F. STATE OR FOREIGN COUNTRY: California

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Alice K. Webb - Wife, 2129 Vine, Klamath Falls, OR 97601

PLACE OF DEATH

19A. PLACE OF DEATH: IN AUTO IN PARKING LOT

19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: ---------

19C. COUNTY: ORANGE

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 26705 MANZANARES

19E. CITY: MISSION VIEJO

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A) ACUTE CARBON MONOXIDE INTOXICATION — TIME INTERVAL BETWEEN ONSET AND DEATH: MINUTES

DUE TO (B) AUTO EXHAUST INHALATION — MINUTES

DUE TO (C)

22. WAS DEATH REPORTED TO CORONER: [X] YES REFERRAL NUMBER 93-02813-ME [ ] NO

23. WAS BIOPSY PERFORMED: [ ] YES [X] NO

24A. WAS AUTOPSY PERFORMED: [X] YES [ ] NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH: [X] YES [ ] NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: FATTY LIVER; MINIMAL ARTERIONEPHROSCLEROSIS; PROSTATIC HYPERPLASIA WITH CALCULI

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR

DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER

27C. CERTIFIER'S LICENSE NUMBER

27D. DATE SIGNED

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

CORONER'S USE ONLY

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: BRAD GATES SHERIFF-CORONER BY: [signature] DEPUTY CORONER

28B. DATE SIGNED: 05-04-93

29. MANNER OF DEATH: SUICIDE

30A. PLACE OF INJURY: IN AUTO IN PARKING LOT

30B. INJURY AT WORK: [ ] YES [X] NO

30C. DATE OF INJURY MONTH, DAY, YEAR: 05-04-93

31. HOUR: EST 0030

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY): 26705 MANZANARES, MISSION VIEJO

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): INHALATION OF AUTO EXHAUST

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S): CR/BU

34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Ft.Rosecrans National Cemetery San Diego, California

34C. DATE MO. DAY. YR.: 5/7/1993

35A. SIGNATURE OF EMBALMER: Not embalmed

35B. LICENSE NO.: None

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): O'Connor Laguna Hills Mortuary

36B. LICENSE NO.: 1293

37. SIGNATURE OF LOCAL REGISTRAR: [signature] 6697

38. REGISTRATION DATE: 5/6/1993

STATE REGISTRAR

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

VS-11 REV. 7-93

MAKE NO ERASURES WITHOUT OR OTHER ALTERATIONS