'04 APR 29 PM2:38

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 $ 31.00 # 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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR.	2B. HOUR	3. SEX
Robert	Lewis	WEBB	MAY 4, 1993	EST. 0030	MALE

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Cauc.	☐ YES ____ ☒ NO	October 24, 1918	74				

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
TX	USA	Richard Webb	TX	Claudia Mae Hunt	TX

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 39 TO 19 45 ☐ NONE	326-14-8134	Married	Alice Williams

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Photographer	County Govt.	Los Angeles Co. Flood Control	46	8

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
21622 Marguerite Pkwy #309	Mission Viejo	92692

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Orange	0	California	Alice K. Webb - Wife 2129 Vine Klamath Falls, OR 97601

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
IN AUTO IN PARKING LOT		ORANGE

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
26705 MANZANARES	MISSION VIEJO

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) ACUTE CARBON MONOXIDE INTOXICATION ▶	MINUTES
DUE TO	(B) AUTO EXHAUST INHALATION ▶	MINUTES
DUE TO	(C) ▶	

22. WAS DEATH REPORTED TO CORONER: ☒ YES 93-02813-ME ☐ NO (REFERRAL NUMBER)

23. WAS BIOPSY PERFORMED: ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED: ☒ YES ☐ NO

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
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.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER ▶ | 27C. CERTIFIER'S LICENSE NUMBER | 27D. DATE SIGNED

27A. DECEDENT ATTENDED SINCE (MONTH, DAY, YEAR) | DECEDENT LAST SEEN ALIVE (MONTH, DAY, YEAR)

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—(specify exc. natural, accident, suicide, homicide, pending investigation or could not be determined)	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
SUICIDE	IN AUTO IN PARKING LOT	☐ YES ☒ NO	05-04-93	EST 0030

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
26705 MANZANARES, MISSION VIEJO	INHALATION OF AUTO EXHAUST

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
CR/BU	Ft.Rosecrans National Cemetery San Diego, California	5/7/1993	Not embalmed	None

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
O'Connor Laguna Hills Mortuary	1293	▶ [signature] 6697	5/6/1993

STATE REGISTRAR

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

VS-11 REV. 7-93 MAKE NO ERASURES WHITEOUTS OR OTHER ALTERATIONS