

04 MAY 7 PM 3:00

After Recording Return to:
MICHAEL D. EWING and ROBYN K. EWING
5542 Mason Lane
Klamath Falls Or. 97601
Until a change is requested all tax statements
Shall be sent to the following address:
MICHAEL D. EWING and ROBYN K. EWING
Same as above

Vol M04 Page 28097

State of Oregon, County of Klamath
Recorded 05/07/2004 3:00 p m
Vol M04 Pg 28097-98
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

Aspen 58891115
WARRANTY DEED
(INDIVIDUAL)

GLORIA M. MIDDLEBROOKS, herein called Grantor, convey(s) to MICHAEL D. EWING and ROBYN K. EWING, husband and wife, herein called Grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 5, Block 5, Tract No. 1016, GREEN ACRES, 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 \$158,000.00.
(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 May 5, 2004.

Gloria M. Middlebrooks
GLORIA M. MIDDLEBROOKS

STATE OF OREGON, County of Klamath) ss.

On May 06, 2004 personally appeared the above named GLORIA M. MIDDLEBROOKS and acknowledged the foregoing instrument to be her voluntary act and deed.

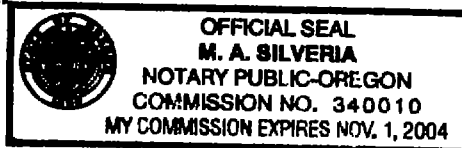
This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00058891

Before me: M. A. Silveria
Notary Public for Oregon
My commission expires: 11/01/04

Official Seal



CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

28098

389478
1D TAG NO
325
Local File Number

136

State File Number

1. DECEDENT'S NAME Jimmy Paul MIDDLEBROOKS		2. SEX M		3. DATE OF DEATH (Month, Day, Year) July 3, 2003	
4. SOCIAL SECURITY NUMBER 445-28-8178		5. AGE Last Birthday (Years) 70		6. BIRTHPLACE (City and State or Foreign Country) Valliant, OK	
7. DATE OF BIRTH (Month, Day, Year) November 7, 1932		8. PLACE OF DEATH (Check one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other			
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. FACILITY NAME (If not institution, give street and number) 5542 Mason Lane			
11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath			
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Log Truck Driver		14. KIND OF BUSINESS/INDUSTRY Timber Industry		15. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Married	
16. SPOUSE (If Married, Widowed, Divorced) (Specify) Gloria Cox Middlebrooks		17. RESIDENCE - STATE Oregon - ZIP CODE 97601			
18. CITY, TOWN, OR LOCATION Klamath Falls		19. STREET AND NUMBER 5542 Mason Lane			
20. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		22. RACE (American Indian, Black, White, etc.) (Specify) White	
23. EDUCATION (Specify only highest grade completed) 11		24. FATHER - NAME first middle last James General Middlebrooks			
25. MOTHER NAME first middle maiden Maud Myrtle Crenshaw		26. INFORMANT NAME and relationship to decedent Gloria M. Middlebrooks, wife			
27. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Westside Cemetery		29. LOCATION - City or Town, State Lakeview, Oregon 97630	
30. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William L. Davenport</i>		31. OREGON LICENSE NO. (If Licensee) CO-3104		32. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth St., Klamath Falls, Oregon 97603-7194	
33. DATE FILED (Month, Day, Year) JUL 07 2003		34. REGISTRAR'S SIGNATURE <i>Michelle Perry</i>			

RESERVED FOR REGISTRAR'S USE

10. TO BE COMPLETED BY CERTIFYING PHYSICIAN		11. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
12. 27. TIME OF DEATH 10:15 A.M.		13. 31a. TIME OF DEATH M	
14. 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
16. 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i> 7-3-03		17. 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>	
18. 30. DATE SIGNED (Month, Day, Year) July 3, 2003		19. 33. DATE SIGNED (Month, Day, Year) COUNTY	
20. 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Esteban E. Miller, MD, 3810 South Sixth Street, Klamath Falls, 97603			
21. 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
22. 36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter more than 3 lines, e.g. Cardiac or Respiratory Arrest.) PART I (a) Cerebral vascular accident DUE TO, OR AS A CONSEQUENCE OF (b) Hypertension DUE TO, OR AS A CONSEQUENCE OF		23. Interval between onset and death 4 days Interval between onset and death years Interval between onset and death	
24. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		25. 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
26. 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. 39. If YES, were foreign causes considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
28. 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		29. 41a. DATE OF INJURY (Month, Day, Year)	
30. 41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		31. 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. 41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33. 41e. DESCRIBE HOW INJURY OCCURRED	
34. 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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.

DATE ISSUED:

JUL 07 2003

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Michelle Perry
MICHELLE PERRY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

