

04 AUG 5 PM 3:42

Vol M04 Page 51562

After Recording Return to:

DALE G. SEVERNS

3702 Summers Lane
Klamath Falls, OR 97603

Until a change is requested all tax statements
Shall be sent to the address shown above.

State of Oregon, County of Klamath
Recorded 08/05/04 3:42p m
Vol M04 Pg 51562-63
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

Aspen: 59682 MA
WARRANTY DEED
(INDIVIDUAL)

LORNA J. WILSON, herein called Grantor, convey(s) to DALE G. SEVERNS, herein called Grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

A tract of land situate in the SE 1/4 of the SE 1/4 of the NE 1/4 of Section 10, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at a point on the Westerly line of Summers Lane, which point lies North 1° 08' West 144.5 feet and North 1° 12' West 246.7 feet from the Northeast corner of Landis Park and from said point of beginning, running thence along the Westerly line of Summers Lane North 1° 12' West 80 feet; thence South 88° 44' West 200 feet; thence South 1° 12' East parallel with Summers Lane 80 feet; thence North 88° 44' East 200 feet to the point of beginning.

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.

JS The true and actual consideration for this transfer is \$116,600.00.
(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 August 5, 2004.

Lorna J. Wilson
LORNA J. WILSON

STATE OF OREGON, County of **Klamath**) ss.

On August 5, 2004 personally appeared the above named LORNA J. WILSON and acknowledged the foregoing instrument to be her voluntary act and deed.

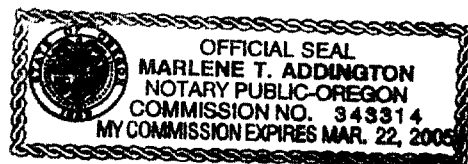
This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00059682

Before me: *Marlene T. Addington*
Notary Public for Oregon
My commission expires: March 22, 2005

Official Seal



268

CERTIFICATION OF VITAL RECORD

51563

PRINT IN
PERMANENT
BLACK INK

290396
I.D. TAG NO.

236

Local File Number

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

136-

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First: Robert Middle: Arthur Last: WILSON		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 23, 1999
4. SOCIAL SECURITY NUMBER 542-44-2868	5a. AGE-Last Birthday (Years) 58	5b. Under 1 Year Mos: Days: Hours: Mins:	5. BIRTHPLACE (City and State or Foreign Country) Glendale, CA
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) October 30, 1940	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) job site			
9a. FACILITY NAME (If not institution, give street and number) 33833 McCarte Lane		9b. CITY, TOWN, OR LOCATION OF DEATH Bonanza	
9c. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Land Surveyor		10b. KIND OF BUSINESS/INDUSTRY US Forest Service	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Lorna	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3702 Summers Lane	
14a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14b. ZIP CODE 97603	
15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		16. RACE American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12			
17. FATHER - NAME first middle last Norman Mills Wilson		18. MOTHER - NAME first middle maiden May Annette Carr	
19. INFORMANT - NAME and relationship to decedent Lorna Wilson - wife			
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bonanza Memorial Park	
20c. LOCATION - City or Town, State Bonanza, Oregon			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 3607	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year) APR 29 1999		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN	
27. TIME OF DEATH M <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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>	
30. DATE SIGNED (Month, Day, Year) 4/28/99	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD 2300 Clairmont, Klamath Falls, OR 97601	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)		Interval between onset and death
(a) Acute Myocardial Infarction		mins.
(b) Arteriosclerotic Coronary Artery Disease		years
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. pancreatitis		Interval between onset and death
34. 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		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
36. DATE OF INJURY (Month, Day, Year)		37. TIME OF INJURY
38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		39. 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.

APR 29 1999

DATE ISSUED:

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

