

04 AUG 20 PM 1:40

After recording, return to:
Jerald & Katherine Clark
145451 Birchwood Rd
LA Pine, OR 97739

Until a change is requested, send all tax statements to:
same

415202

Vol M04 Page 55069

State of Oregon, County of Klamath
Recorded 08/20/04 1:40 P m
Vol M04 Pg 55069-70
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

PERSONAL REPRESENTATIVE'S DEED

Ken Leech, Personal Representative of the Estate of Gary Eldon Williams, deceased, Grantor, conveys to Jerald W. Clark and Katherine E. Clark, Husband and Wife, Grantee, the following described real property in Klamath County, Oregon:

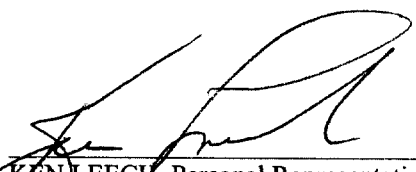
Lots 7 and 8, Block 2, SUNFOREST ESTATES, TRACT NO. 1060, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon

Tax Account No. 2310--36B0-09000

The true and actual consideration for this conveyance is \$112,900.00.

DATED AUGUST 16, 2004.

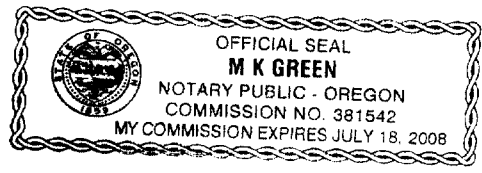
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.



KEN LEECH, Personal Representative
Estate of Gary Eldon Williams, deceased

Deschutes County Circuit
Court Case No. 04-PB-0027-AB

STATE OF OREGON)
)ss.
County of Deschutes)

This instrument was acknowledged by the above-named Ken Leech to be his/her voluntary act as personal representative of the Estate of Gary Eldon Williams, deceased, before me on AUGUST 16, 2004.




Notary Public for Oregon

F26.

CERTIFICATION OF VITAL RECORD

55070

PRINT IN
PERMANENT
BLACK INK

268857

I.D. TAG NO.

655

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME Patricia Lee WILLIAMS			2. SEX F		3. DATE OF DEATH (Month, Day, Year) December 18, 1999		
4. SOCIAL SECURITY NUMBER 549-68-3147		5a. AGE-Last Birthday (Years) 52		5b. Under 1 Year Mos		5c. Under 1 Day Hours	
6. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana			7. DATE OF BIRTH (Month, Day, Year) March 16, 1947				
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9a. 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) 145451 Birchwood Rd.			9c. CITY, TOWN, OR LOCATION OF DEATH La Pine			9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Systems Coordinator		10b. KIND OF BUSINESS/INDUSTRY Electronic Company		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Gary Williams	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION La Pine		13d. STREET AND NUMBER 145451 Birchwood Rd.	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97739		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: White		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)		17. FATHER - NAME first middle last Kenneth F. Leech		18. MOTHER - NAME first middle maiden Willie M. Kestner		19. INFORMANT - NAME and relationship to deceased Gary Williams-Husband	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" 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) Central Oregon Cremation Assoc.		20c. LOCATION - City or Town, State Bend, Oregon			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 3500		22. NAME, ADDRESS AND ZIP OF FACILITY Central Pines Funeral Home P.O. Box 1530 La Pine, Oregon 97739			
23. DATE FILED (Month, Day, Year) DEC 23 1999		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 11:15 A.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
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>				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>			
30. DATE SIGNED (Month, Day, Year) 12/21/99				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) A. Kelly Conrad Jr., M.D., 1501 NE Medical Center Dr., Bend, Oregon 97701							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) H.K. Co.							
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode or dying, e.g. Cardiac or Respiratory Arrest)						Interval between onset and death	
PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) COPD/Emphysema DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) _____ DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.						37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		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.

DEC 23 1999

DATE ISSUED:

Evelyn Simonson
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

