

04 DEC 7 PM 3:48

Vol M04 Page 84048

After recording return to:
THE ~~SWANSON~~ FAMILY ESTATE TRUST
P.O. BOX 89 *SWANSON
VADER, WA 98593

State of Oregon, County of Klamath
Recorded 12/01/04 3:48 p m
Vol M04 Pg 84048-49
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

Until a change is requested all tax statements
shall be sent to the following address:
SAME AS ABOVE

1st 489951

WARRANTY DEED -- STATUTORY FORM

*SWANSON

HAZEL J. KENNEDY, Grantor, conveys and warrants to BRADLEY MATNEY AS TRUSTEE OF THE ~~SWANSON~~ FAMILY ESTATE TRUST DATED 12/01/04, Grantee, the following described real property, free of encumbrances except as specifically set forth herein, to wit:

Lot 13, in Block 8, SUN FOREST ESTATES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No(s): 141402
Map/Tax Lot No(s): 2310-036C0-04400

This property is free from encumbrances, EXCEPT: All those items of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

The true consideration for this conveyance is \$11,500.00.

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 this 30th day of November, 2004.

Hazel J. Kennedy
HAZEL J. KENNEDY

STATE OF OREGON, COUNTY OF Clackamas, ss.

This instrument was acknowledged before me on December 1, 2004 by HAZEL J. KENNEDY.

Sara René Pope
(Notary Public for Oregon)
My commission expires 03/11/07



TITLE NO. 7029-489951
ESCROW NO. 12-0159504

26F

CERTIFICATION OF VITAL RECORD

84049

TYPE OR
PRINT IN
PERMANENT
BLACK INK

396017
I.D. TAG NO.
41

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

136-

State File Number

Local File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7

REGISTRAR

8

9

CERTIFIER

10

11

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE

STATING THE
UNDERLYING
CAUSE LAST

12

13

14

CAUSE OF
DEATH

15

16

17

CAUSE OF DEATH
INSTRUCTIONS
ON REVERSE SIDE
OF GREEN AND
PINK COPY

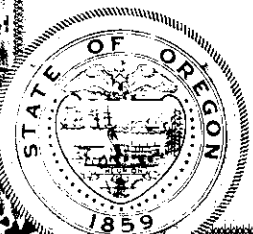
1. DECEDENT'S NAME William Stuart KENNEDY		2. SEX M	3. DATE OF DEATH (Month, Day, Year) April 27, 2003
4. SOCIAL SECURITY NUMBER 542-16-9571	5a. AGE-Last Birthday (Years) 83	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Portland, Oregon
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input 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) 7505 SW Shad Road		9c. CITY, TOWN, OR LOCATION OF DEATH Crooked River Ranch	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/Operator		10b. KIND OF BUSINESS/INDUSTRY Construction	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Hazel J. Kennedy	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Jefferson	13c. CITY, TOWN OR LOCATION Crooked River Ranch	13d. STREET AND NUMBER 7505 SW Shad Road
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97760	14. 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	15. RACE American Indian, Black, White, etc. (Specify) White
17. FATHER - NAME first middle last Lem H. Kennedy		18. MOTHER - NAME first middle maiden Mabel B. Rankin	
20a. METHOD OF DISPOSITION <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) Columbia Memorial Gardens	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Deane Marsh</i>		21b. OREGON LICENSE NO. (Of Licensee) 47-3250	
23. DATE FILED (Month, Day, Year) May 5, 2003		24. REGISTRAR'S SIGNATURE <i>Kimberly K. Symons, Dep. Reg.</i>	
RESERVED FOR REGISTRAR'S USE			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 1:17 P.		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>Kellie Sprangel MD</i>			
30. DATE SIGNED (Month, Day, Year) 5-1-03			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kellie Sprangel, MD, 215 NW Kingwood Ave., Suite 120, Redmond, OR 97756			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. 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
PART I (a) Myocardial infarction			Interval between onset and death
(b) 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. Congestive heart failure			37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" 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"/> Accidental <input type="checkbox"/> Undetermined <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
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 JEFFERSON COUNTY REGISTRAR.

DATE ISSUED: **JUN 2 2003**

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Jerry Street
JERRY STREET
COUNTY REGISTRAR
JEFFERSON COUNTY, OREGON

