



MTZ-67807UV

Vol M05 Page 01091

State of Oregon, County of Klamath  
 Recorded 01/05/2005 3:26 p.m.  
 Vol M05 Pg 01097-92  
 Linda Smith, County Clerk  
 Fee \$ 26<sup>00</sup> # of Pgs 2

THIS SPACE RESERV

After recording return to:

DOMINICK J. SIVALON

4511 LONG STREET - P.O. BOX 245

SWEET HOME, OR 87366

Until a change is requested all  
 tax statements shall be sent to  
 The following address:

DOMINICK J. SIVALON

4511 LONG STREET - P.O. BOX 245

SWEET HOME, OR 87366

Escrow No. MT67807-LW

## STATUTORY WARRANTY DEED

Donald A. Hindman ~~and Roxana S. Hindman, as tenants in common~~, Grantor(s) hereby convey and warrant to  
 DOMINICK J. SIVALON, Grantee(s) the following described real property in the County of **KLAMATH** and State of  
 Oregon, free of encumbrances except as specifically set forth herein:

Lot 4 in Block 46, FIRST ADDITION TO KLAMATH FOREST ESTATES, according to the official plat thereof on file  
 in the office of the County Clerk of Klamath County, Oregon.

Tax Account No: 3510-027D0-04500-000

Key No: 271119

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those  
 shown below, if any:

The true and actual consideration for this conveyance is **\$4,500.00**.

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 3rd day of January, 2005

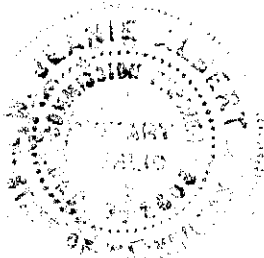
Donald A Hindman  
 Donald A. Hindman

Roxana S. Hindman

State of Washington

County of King

On this day personally appeared before me Donald A. Hindman and Roxana S. Hindman to me known to be the individuals  
 described in and who executed the within and foregoing instrument, and acknowledged that They signed the same as their free and  
 voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand official seal this 3 day of January, 2005

Jeanie Albert  
JEANIE ALBERT  
 Printed Name:

Notary Public in and for the State of  
 Washington residing at KIRKLAND, WA

My appointment expires 12, 7, 2005

2000 am

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFIED COPY OF DEATH CERTIFICATE

01092

TYPE OR PRINT IN PERMANENT BLACK INK

D-11  
70

3060  
LOCAL FILE NUMBER



### CERTIFICATE OF DEATH

146

STATE FILE NUMBER

AFTER RECORDING RETURN TO  
DONALD HINDMAN  
15010 262ND AVE SE  
ISSAQUAH, WA 98027

1. NAME First: <b>ROXANA</b> Middle: <b>SONIA</b> Last: <b>HINDMAN</b>				2. SEX (M / F) <b>FEMALE</b>		3. DEATH DATE (Mo, Day, Yr) <b>03/28/96</b>	
4. AGE LAST BIRTHDAY <b>56</b>		5. UNDER 1 YEAR MOS: <b>02</b> DAYS: <b>05</b> HOURS: <b>40</b> MINS: <b>00</b>		7. BIRTHDATE (Mo, Day, Yr) <b>02/05/40</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>TRUSKAVITZ, UKRAINE</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>BELLEVUE</b>				12. PLACE OF DEATH—IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>OVERLAKE HOSPITAL MEDICAL CENTER</b>			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		15. SURVIVING SPOUSE (If with, give maiden name) <b>DONALD A. HINDMAN</b>		18. SOCIAL SECURITY NO. <b>120-32-6715</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>4</b> College (1-4 or 5+): <b>4</b>	
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>SCHOOL TEACHER</b>				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>NO</b>		21. RACE (Specify) <b>WHITE</b>	
22. RESIDENCE—NUMBER AND STREET <b>15010 262ND AVE SE</b>		23. CITY/TOWN OR LOCATION <b>ISSAQUAH</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>NO</b>		25A. COUNTY <b>KING</b>	
26. FATHER'S NAME—FIRST, MIDDLE, LAST <b>JEROME HOLOWKA</b>		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>ALEXANDRA LEWANDSKY</b>		25B. LENGTH OF RES. IN CO. <b>32yrs</b>		26. STATE <b>WA</b>	
30. INFORMANT—NAME <b>DONALD A. HINDMAN</b>		31. MAILING ADDRESS <b>15010 262ND AVE SE ISSAQUAH, WA, 98027</b>		32. LOCATION—CITY/TOWN, STATE <b>MAPLE VALLEY, WA</b>		27. ZIP CODE <b>98027</b>	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>BURIAL</b>		33. DATE (Mo, Day, Yr) <b>3/30/96</b>		34. CEMETERY/CREMATORY—NAME <b>HOBART MAPLE VALLEY CEMETERY</b>		35. ADDRESS OF FACILITY <b>540 E SUNSET WAY, ISSAQUAH WA 98027</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY <b>FLINTOFTS ISSAQUAH FUNERAL HOME</b>		38. ADDRESS OF FACILITY <b>540 E SUNSET WAY, ISSAQUAH WA 98027</b>			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> 40. DATE SIGNED (Mo, Day, Yr) <b>3/27/96</b>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> 44. DATE SIGNED (Mo, Day, Yr) <b>3/27/96</b>			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>WILLIAM J. WATTS 1011 116th Ave, NE Bellevue, WA 98004</b>				45. HOUR OF DEATH (24 Hrs) <b>23:50</b>			
46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>WILLIAM J. WATTS 1011 116th Ave, NE Bellevue, WA 98004</b>				47. HOUR PRONOUNCED DEAD (24 Hrs) <b>23:50</b>			
48. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. <b>Respiratory failure</b> B. <b>metastatic colon CA</b> C. <b>—</b> D. <b>—</b>				49. ME/CORONER FILE NUMBER <b>—</b>			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <b>—</b>				52. AUTOPSY? (Yes/No) <b>NO</b>			
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>—</b>		55. INJURY DATE (Mo, Day, Yr) <b>—</b>		56. PLACE OF INJURY—AT HOME, PARK, STR., BLDG., ETC. (Specify) <b>—</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>NO</b>	
58. INJURY AT WORK? (Yes/No) <b>—</b>		59. RECORD AMENDMENT (Registrar use only) ITEM: <b>—</b> DOCUMENTARY EVIDENCE: <b>—</b> REVIEWED BY: <b>—</b> DATE: <b>—</b>		60. DATE RECEIVED (Mo, Day, Yr) <b>3/30/96</b>			



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

State of Washington  
County of **King**

I certify that this a true and correct copy of a document in the possession of Donald A. Hindman as of this date.

Dated: **Dec. 17, 2004**

*[Signature]*  
Signature of notary public

(Seal or stamp)

**Dec. 7, 2005**  
My appointment expires