

05 JAN 11 PM 2:40

After Recording Return to:
JARED M. HURFF
2645 Morrene Dr
Placerville, Ca 95667
Until a change is requested all tax statements
Shall be sent to the following address:
JARED M. HURFF
Same as above

State of Oregon, County of Klamath
Recorded 01/11/2005 2:40 p m
Vol M05 Pg 02108-09
Linda Smith, County Clerk
Fee \$ 26⁰⁰ # of Pgs 2

Aspen 1/6/04/15 MB
WARRANTY DEED
(INDIVIDUAL)

FREDA M. GILLIAM, herein called grantor, convey(s) to **JARED M. HURFF** all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

Lot 23, Block 7, Tract No. 1019, WINEMA PENINSULA, UNIT NO. 2, 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 **\$9,500.00**.
(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 **January 5, 2005**.

Freda M. Gilliam
FREDA M. GILLIAM

STATE OF CALIFORNIA, County of *Tulare*) ss.

On January *1-7*, 2005 personally appeared the above named **FREDA M. GILLIAM** 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.: 00060475

Before me: *Frankie L. Mendes*
Notary Public for California
My commission expires: *05-11-08*

Official Seal



2645

02109

CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR
HAROLD "HARRY"	DALE	GILLIAM	SEPTEMBER 30, 1988 1000
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	White/American	NO	January 15, 1931
7. AGE	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
57 YEARS	Modesto, CA	Alexander Gilliam, AL	Cynthia Elizabeth Love, CA
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEDENT WAS EVER IN MILITARY, GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS
U.S.A.	1950 TO 1954	562-36-5750	Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)
Freda Nunn	Truck Driver	17	Various
18. KIND OF INDUSTRY OR BUSINESS	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
Transportation	624 Shallou Court		Modesto
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	21A. PLACE OF DEATH	21B. COUNTY	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
Freda Gilliam (Wife)	DOCTORS MEDICAL CENTER	STANISLAUS	1441 FLORIDA AVE.
624 Shallou Court	21D. CITY OR TOWN	MODESTO	
Modesto, CA 95351	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	24. WAS DEATH REPORTED TO CORONER?
	(A) RUPTURED ANEURYSM OF ABDOMINAL AORTA HOURS DUE TO, OR AS A CONSEQUENCE OF	NONE	YES
	(B) ARTERIOSCLEROSIS, GENERALIZED, SEVERE VRS DUE TO, OR AS A CONSEQUENCE OF		NO
	(C)		YES
25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	DATE
		LAPAROTOMY	9-30-88
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28E. TYPE PHYSICIAN'S NAME AND ADDRESS		
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR
			32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED	
INVESTIGATION	DEPUTY CORONER	10-1-88	
36. DATE—MONTH, DAY, YEAR	36. NAME AND ADDRESS OF CEMETERY OR CREMATORY	37. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Oct. 4, 1988	Lakewood Memorial Park, Hughson, CA	4652 Earl Trager	
FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Brothers Chapel, Modesto	782	Willard E. Forney, MD.	OCT 03 1988
A.	B.	C.	D.

CERTIFY THIS INSTRUMENT TO BE A TRUE
CERTIFIED COPY OF THE RECORD IN THIS
OFFICE.

TEST: 10-1-88

Willard E. Forney, MD.

LOCAL REGISTRAR OF VITAL STATISTICS
OF STANISLAUS COUNTY, CALIFORNIA