

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 \$ 26<sup>00</sup> # 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	
HAROLD "HARRY"		DALE	
1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
GILLIAM		SEPTEMBER 30, 1988	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	White/American	NO	January 15, 1931
7. AGE	8. IF UNDER 1 YEAR	9. IF UNDER 24 HOURS	10. IF UNDER 24 HOURS
57	YEARS	MONTHS	DAYS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER	
Modesto, CA		Alexander Gilliam, AL	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Cynthia Elizabeth Love, CA		Freda Nunn	
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. PRIMARY OCCUPATION	15. NUMBER OF YEARS THIS OCCUPATION	16. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Truck Driver	17	Various	Transportation
18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		18B. CITY OR TOWN	
624 Shallou Court		Modesto	
19A. COUNTY		19B. STATE	
Stanislaus		California	
20A. PLACE OF DEATH		20B. COUNTY	
DOCTORS MEDICAL CENTER		STANISLAUS	
21A. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21B. CITY OR TOWN	
1441 FLORIDA AVE.		MODESTO	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. WAS DEATH REPORTED TO CORONER?	
(A) RUPTURED ANEURYSM OF ABDOMINAL AORTA HOURS		YES	
(B) ARTERIOSCLEROSIS, GENERALIZED, SEVERE YRS		NO	
(C)		YES	
24. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
NONE		LAPAROTOMY	
26A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		26B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		26C. DATE SIGNED	
		26D. PHYSICIAN'S LICENSE NUMBER	
27. SPECIFY ACCIDENT, SUICIDE, ETC.		28. PLACE OF INJURY	
29. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		30. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
31. 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-INVESTIGATION)		32. CORONER—SIGNATURE AND DEGREE OR TITLE	
INVESTIGATION		DEPUTY CORONER	
33. DATE—MONTH, DAY, YEAR		34. DATE SIGNED	
Oct. 4, 1988		10-1-88	
35. NAME AND ADDRESS OF CEMETERY OR CREMATORY		36. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Lakewood Memorial Park, Hughson, CA		4652 Earl Trager	
37. FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		38. LOCAL REGISTRAR—SIGNATURE	
Brothers Chapel, Modesto		Willard E. Forney, MD.	
39. LICENSE NO.		40. DATE ACCEPTED BY LOCAL REGISTRAR	
782		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