

05 MAR 8 PM 2:51

After Recording Return to:

Maureen Silveria

P.O. Box 1294

Chiloquin, Or. 97624

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

Maureen Silveria

Same as above

Vol M05 Page 15433

State of Oregon, County of Klamath
Recorded 03/08/2005 2:51 P m
Vol M05 Pg 15433 37
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

Aspen 6464
BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, That **Maureen Silveria**, hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto **Maureen A. Silveria, Trustee of The Maureen A. Silveria Separate Property Trust**, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of, State of Oregon, described as follows, to-wit:

A portion of the NE 1/4 lying East of the Dalles-California Highway in Section 28, Township 34 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon.

Excepting therefrom that portion conveyed to the Department of Transportation Highway Division recorded July 30, 1990 in Volume M90, page 15194, Microfilm Records of Klamath County, Oregon.

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.
The true and actual consideration paid for this transfer, stated in terms of dollars, is \$convey title only.
(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.

In Witness Whereof, the grantor has executed this instrument **February 2, 2005**; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

Maureen Silveria
Maureen Silveria

STATE OF OREGON,)
County of Klamath) ss.

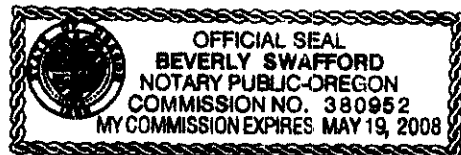
The foregoing instrument was acknowledged before me this 2nd day of February 2005, by Maureen Silveria.

Beverly Swafford
Notary Public for Oregon

My commission expires *May 19, 2008*

BARGAIN AND SALE DEED
Maureen Silveria, as grantor
and

Maureen Silveria Trustee, as grantee



This document is recorded at the request of:
Maureen Silveria

This document is being recorded as an accommodation only. No information contained herein has been verified.
Aspen Title & Escrow, Inc.

26.00 A

CERTIFICATION OF VITAL RECORD

15434

TYPE OR
PRINT IN
PERMANENT
BLACK INK

420015
I.D. TAG NO.

059
Local File Number

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

136-

05-001214

State File Number

DECEDENT

1. 50

2.

3.

4.

5.

6.

PARENTS

DISPOSITION

7. 01

8. 12

9. 180

REGISTRAR

10.

11. 8

CERTIFIER

12.

13.

14.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

15.

16. 4

17. 18

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

1. DECEDENT'S NAME First: David Middle: Gordon Last: SILVERIA		2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 25, 2005
4. SOCIAL SECURITY NUMBER 559-32-6422	5a. AGE-Last Birthday (Years) 76	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Oakland, CA
7. DATE OF BIRTH (Month, Day, Year) August 27, 1928		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Highway	
9a. CITY, TOWN, OR LOCATION OF DEATH Near Klamath Falls		9b. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Manufacture's Representative		10b. KIND OF BUSINESS/INDUSTRY Glazing Industry	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Maureen Ann Silveria	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Chiloquin		13d. STREET AND NUMBER P.O. Box 1294, 40963 Copeland Street	
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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12		17. FATHER - NAME first middle last Manuel - Silveria	
18. MOTHER - NAME first middle maiden Helen - Mello		19. INFORMANT - NAME and relationship to decedent Maureen A. Silveria, wife	
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) Pyramid Cremations	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William F. Davenport		21b. OREGON LICENSE NO. (Of Licensee) CO-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY of the Good Shepherd, 6422 So. 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) JAN 31 2005	
24. REGISTRAR'S SIGNATURE Mista Runnels		25. RESERVED FOR REGISTRAR'S USE Item #9b Corrected by Fun. Dir. Aff. 2/11/05, Z#31870, J.A. Woodward, State Reg., jm	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) 30. DATE SIGNED (Month, Day, Year)		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 1225 M January 25, 2005 1245 A 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) 33. DATE SIGNED (Month, Day, Year) January 26, 2005 Klamath	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert N. Edwards, MD, ME, 4509 South Sixth Street, #311, Klamath Falls, OR 97603			
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) PART I (a) Multiple Trauma secondary to MVA DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Minutes Interval between onset and death 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. CABG, COPD, O2 Tank Dependant		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	
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year) 01/25/2005	
41b. TIME OF INJURY 1225P		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Highway		41e. DESCRIBE HOW INJURY OCCURRED Unbelted driver of 1996 Jeep Cherokee crossed center line & went over the embankment. No skid-marks were found.	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) MP#262Hy 97N, near Klamath Falls, OR 97601		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. If YES were findings consider in determining cause of death?			

4091 Item 41F, corrected by aff. 3/3/05, Z#31870, J.A. Woodward, State Registrar tlb

ORIGINAL - VITAL STATISTICS COPY
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

MAR 04 2005

DATE ISSUED: _____

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

