

05 MAR 11 AM 10:37

MT6 - 68581 LW



Vol M05 Page 16187

State of Oregon, County of Klamath
Recorded 03/11/2005 10:37 a m
Vol M05 Pg 16187
Linda Smith, County Clerk
Fee \$ 3.00 # of Pgs 3

After recording return to:

MARGARET TAVIS
GENERAL DELIVERY
SPRAGUE RIVER, OR 97639

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

MARGARET TAVIS
GENERAL DELIVERY
SPRAGUE RIVER, OR 97639

Escrow No. MT68581-LW

STATUTORY WARRANTY DEED

KENNETH RAY ROSS AND DOROTHY SUE ROSS, CO-TRUSTEES UNDER DECLARATION OF TRUST, DATED JULY 8, 1992, Grantor(s) hereby convey and warrant to **MARK MC TAVISH and MARGARET TAVIS, with the rights of survivorship**, 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:

Lots 10, 11, 12 and 13, Block 9, SECOND ADDITION TO NIMROD RIVER PARK, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No:	3611-010B0-02400-000	Key No:	350710
Tax Account No:	3611-010B0-02500-000	Key No:	350701
Tax Account No:	3611-010B0-02600-000	Key No:	350603
Tax Account No:	3611-010B0-02700-000	Key No:	350596

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 **\$15,000.00**.

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 5 day of March 2005.

KENNETH RAY ROSS AND DOROTHY SUE ROSS, CO-TRUSTEES UNDER DECLARATION OF TRUST, DATED JULY 8, 1992

BY: Kenneth Ray Ross
KENNETH RAY ROSS, TRUSTEE

BY: Dorothy Sue Ross
DOROTHY SUE ROSS, TRUSTEE

State of Oregon
County of

This instrument was acknowledged before me on March 5, 2005, 2005 by KENNETH RAY ROSS AND DOROTHY SUE ROSS, CO-TRUSTEES UNDER DECLARATION OF TRUST, DATED JULY 8, 1992.

- SEE ATTACHED -
CALIFORNIA ALL PURPOSE
ACKNOWLEDGEMENT
DATED: March 5, 2005

(Notary Public for Oregon)

My commission expires _____

300
thm

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

16188

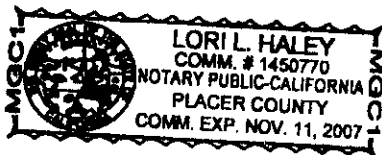
State of California

County of Placer } ss.

On 05th March 2005 before me, Lori L. Haley - Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
 personally appeared Sue M. Ross

Name(s) of Signer(s)

☐ personally known to me
☒ proved to me on the basis of satisfactory evidence



to be the person ~~is~~ whose name ~~is~~ subscribed to the within instrument and acknowledged to me that ~~he~~ ~~she~~ ~~they~~ executed the same in ~~his~~ ~~her~~ ~~their~~ authorized capacity ~~(ies)~~, and that by ~~his~~ ~~her~~ ~~their~~ signature ~~at~~ on the instrument the person ~~or~~ the entity upon behalf of which the person ~~or~~ acted, executed the instrument.

WITNESS my hand and official seal.

Lori L. Haley
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Statutory Warranty Deed

Document Date: March 5, 2005 Number of Pages: 2

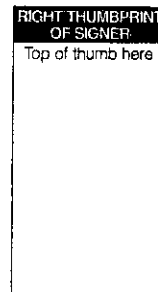
Signer(s) Other Than Named Above: Kenneth Ray Ross

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney-in-Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER 16189
Auburn, California 95603

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
USE BLACK INK ONLY (NO ERASURES, WHITOUTS OR ALTERATIONS)		319923			
1. NAME OF DECEDENT—FIRST (GIVEN):		2. MIDDLE:		3. LAST (FAMILY):	
KENNETH		RAY		ROSS	
4. DATE OF BIRTH—M/M/DD/CCYY		5. AGE YRS		6. SEX	
12/20/1929		69		M	
7. DATE OF DEATH—M/M/DD/CCYY		8. HOUR		9. MINUTE	
06/10/1999		1207			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
441-30-3169		X YES ☐ NO ☐ UNK		Married	
13. EDUCATION—YEARS COMPLETED		14. USUAL EMPLOYER		15. YEARS IN OCCUPATION	
14		McClellan A.F.B.		30	
16. RACE		17. OCCUPATION		18. TYPE OF BUSINESS	
Caucasian		Budget Analyst		Defense	
19. RESIDENCE—(STREET AND NUMBER OR LOCATION)		20. CITY		21. COUNTY	
7956 Joshua Court		Citrus Heights		Sacramento	
22. STATE OR FOREIGN COUNTRY		23. ZIP CODE		24. YRS IN COUNTY	
California		95610		47	
25. NAME, RELATIONSHIP		26. MAILING ADDRESS—(STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		27. DATE M/M/DD/CCYY	
Dorothy Sue Ross - Wife		7956 Joshua Court, Citrus Heights, California 95610		06/14/1999	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
Dorothy		Sue		Main	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
Charles		Raymond		Ross	
34. NAME OF MOTHER—FIRST		35. MIDDLE		36. LAST (MAIDEN)	
Alice		Mae		Murray	
37. DATE M/M/DD/CCYY		38. PLACE OF FINAL DISPOSITION		39. LICENSE NO	
06/14/1999		East Lawn Sierra Hills, 3757 Greenback Lane, Sacramento, CA 95841		7910	
40. NAME OF FUNERAL DIRECTOR		41. LICENSE NO		42. SIGNATURE OF LOCAL REGISTRAR	
EAST LAWN MORTUARY		A-1242		[Signature]	
43. DATE M/M/DD/CCYY		44. PLACE OF DEATH		45. CITY	
06/14/1999		Kaiser Foundation Hospital		Placer	
46. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		47. CITY		48. STATE	
1600 Eureka Rd.		Roseville		California	
49. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE) (SEE B, C, D, AND E)		50. DEATH REPORTED TO CORONER		51. REFERRAL NUMBER	
(A) Aspiration Pneumonia		X YES ☐ NO ☐		14-07602	
(B) Cerebrovascular Accident		X YES ☐ NO ☐			
(C) Other		X YES ☐ NO ☐			
(D) Other		X YES ☐ NO ☐			
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (DO NOT RELY ON CAUSE GIVEN IN 49)		53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 49? (YES OR NO)		54. LIST TYPE OF OPERATION AND DATE	
Upper Gastrointestinal Bleeding, Perforated Cholecystitis		No			
55. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		56. SIGNATURE AND TITLE OF CERTIFIER		57. LICENSE NO	
04/11/1999 06/10/1999		Marylou Bullen, M.D.		G060549	
58. TYPE OF DEATH (NATURAL, SUICIDE, HOMICIDE, ACCIDENT, PENDING INVESTIGATION, COULD NOT BE DETERMINED)		59. INJURY AT WORK		60. INJURY DATE M/M/DD/CCYY	
NATURAL		X YES ☐ NO ☐			
61. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		62. HOUR		63. PLACE OF INJURY	
64. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		65. SIGNATURE OF CORONER OR DEPUTY CORONER		66. DATE M/M/DD/CCYY	
		[Signature]		06/10/1999	
67. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		68. FAX AUTH. #		69. CENSUS TRACT	
		37515			
70. STATE REGISTRAR		71. COUNTY REGISTRAR		72. DATE ISSUED	
A B C D E F G H				06/16/1999	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF PLACER

SS DATE ISSUED

06/16/1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

Richard J. Burton, M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

