05 MAR 11 AM10:37

MTC - 68581 LW

AmeriTitle
Part Of The JELD-WEN Family

Vol M05 Page 16187

State of Oregon, County of Klamath
Recorded 03/11/2005 10:37a m
Vol M05 Pg 16187
Linda Smith, County Clerk
Fee $ 31.00 # 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, TRUSTEE

BY: Dorothy Sue Ross
DOROTHY SUE ROSS, TRUSTEE

State of Oregon
County of

This instrument was acknowledged before me on _____, 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 _____

16188

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Placer } ss.

On 05th March 2005 (Date) before me, Lori L. Haley - Notary Public (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(s) whose name(s) is/are 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(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public

LORI L. HALEY
COMM. # 1450770
NOTARY PUBLIC-CALIFORNIA
PLACER COUNTY
COMM. EXP. NOV. 11, 2007

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: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

☐ 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

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/87) — 31993 LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
KENNETH	RAY	ROSS

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HOURS HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
12/20/1929	69			M	06/10/1999	1207

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
KS	441-30-3169	[X] YES [ ] NO [ ] UNK	Married	14

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
Caucasian	[ ] YES [X] NO	McClellan A.F.B.

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Budget Analyst	Defense	30

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
7956 Joshua Court				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
Citrus Heights	Sacramento	95610	47	California

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Dorothy Sue Ross - Wife	7956 Joshua Court, Citrus Heights, California 95610

SPOUSE AND PARENT INFORMATION

29. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Dorothy	Sue	Mann	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
Charles	Raymond	Ross	OK
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
Alice	Mae	Murray	OK

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
06/14/1999	East Lawn Sierra Hills, 3757 Greenback Lane, Sacramento, CA 95841

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO
BS	▶	7910
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO**	**46. SIGNATURE OF LOCAL REGISTRAR**
EAST LAWN MORTUARY	FD-1242 ▶	**47. DATE MM/DD/CCYY** 06/14/1999 VE

PLACE OF DEATH

100. PLACE OF DEATH	100. IF HOSPITAL, SPECIFY ONE:	100. FACILITY OTHER THAN HOSPITAL	100A. COUNTY
Kaiser Foundation Hospital	[X] IP [ ] ER/OP [ ] DOA	[ ] CONV. [ ] RES. CARE [ ] OTHER	Placer
100. STREET ADDRESS—STREET AND NUMBER OR LOCATION			**100. CITY**
1600 Eureka Rd.			Roseville

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Aspiration Pneumonia	Wks.
DUE TO	(B) Cerebrovascular Accident	Wks.
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: [X] YES [X] NO — REFERRAL NUMBER 14-07602

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [X] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Upper Gastrointestinal Bleeding, Perforated Cholecystitis

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: No

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
04/11/1999	06/10/199	Marylou Bullen M.D.	G060549	06/10/1999

118. TYPED NAME, MAILING ADDRESS, ZIP: Marylou Bullen, M.D. 1600 Eureka Rd., Roseville, CA 95661

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] YES [ ] NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								37515	

67056

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.

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

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE