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'05 APR 27 AM 0:42

Vol M05 Page 29594

Mary A. Stump
3901 Lake Road #240
West Sacramento, CA 95691
Grantor's Name and Address

Lonnie D. Johnson
3505 Mockingbird Drive
Lake Havasu City, AZ 86406
Grantee's Name and Address

After recording, return to (Name, Address, Zip):
Lonnie D. Johnson
3505 mockingbird Drive
Lake Havasu city, AZ 86406

Until requested otherwise, send all tax statements to (Name, Address, Zip):
Lonnie D. Johnson
3505 Mockingbird Drive
Lake Havasu City, AZ 86406

RM

ved.

State of Oregon, County of Klamath
Recorded 04/27/2005 8:42a m
Vol M05 Pg 29594-95
Linda Smith, County Clerk
Fee $ 26.00 # of Pgs 2

uty.

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that Mary A. Stump, A Widow, hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Mary A. Stump, A Widow and Lonnie D. Johnson, A Married Man, As Sole and Seperate property, 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 any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit: Title as Tenants in Common With Rights of Survivorship.

Lot 16, Block 23, Township 1010, First Addition To Furgeson Mountain Pines, situated in Section 33, Township 35 South, range 13 East of the Willamette Meridian.

Subject To: (1) Taxes for the fiscal year 2001 and subsequent.
(2) Covenants, conditions, reservations, restrictions, rights, rights of way and all matters appearing of record.

Together With all and singular the instruments, hereditaments, supurtenances, rights, privileges and easments belonging or in anywise appertaining to any and all of the real property hereinabove described and defined and the reversion, reversions, remainder and remainders, rents, issues, profits and revenue thereof.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is $ .00 None ① However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☒ the whole (indicate which) consideration.① (The sentence between the symbols ①, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on January 17, 2001; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

Mary A. Stump

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.

STATE OF ~~OREGON~~ ARIZONA, County of Mohave) ss.

This instrument was acknowledged before me on January 17, 2001,
by Mary A. Stump.

This instrument was acknowledged before me on ____,
by ____
as ____
of ____

DORIS M. ORONA
Notary Public - Arizona
Mohave County
My Comm. Expires Dec 31, 2003

Doris M. Orona
Notary Public for ~~Oregon~~ Arizona
My commission expires December 31, 2003

26
5 cpa

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

29595

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — VS-11 REV. 7/93

STATE FILE NUMBER: 3 1996 34 008495

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
ELMER	Marsdon	STUMP

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
10/16/1919	77					M	12/08/1996	1625

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
CA	546-28-0920	19 — TO 19 — ☐ None	Married	17

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
Cauc.	☐ YES ☒ NO	Sacramento County

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Architect	Architecture	22

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
3901 Lake Rd. #240				
21. CITY	22. COUNTY	23. ZIP CODE	24. TYR IN COUNTY	25. STATE OR FOREIGN COUNTRY
West Sacramento	Yolo	95691	18	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Mary A. Stump - Wife	3901 Lake Rd., #240 West Sacramento, CA 95691

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Mary	Ann	Silva	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Elmer	Leonard	Stump	CA
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Alice	Geneva	McKinnon	OR

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
12/11/1996	Evergreen Cemetery, 6450 Camden St., Oakland, CA 94605

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/BU	▶ Not Embalmed	-

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
River Cities Funeral Chapel	FD#:1082	▶ Bette B Hunter, M.D.	12/10/1996 JD

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
KAISER FOUNDATION HOSP.	☒ IP ☐ ER/OP ☐ DOA	☐ CONV. HOSP. ☐ RES. ☐ OTHER	SACRAMENTO

106. STREET ADDRESS—STREET AND NUMBER OR LOCATION	107. CITY
2025 MORSE AVENUE	SACRAMENTO

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) RESPIRATORY FAILURE	5 MINS
DUE TO	(B) GRAM NEGATIVE SEPSIS	5 DYS
DUE TO	(C) Urosepsis	5 Dys
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

Acute Myocardial Infarction

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.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
DECEDENT ATTENDED SINCE MM/DD/CCYY: 12/04/1996 — DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 12/08/1996	▶ K.SWARTOUT,M.D.,	G074874	12/09/1996

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP
2025 MORSE AVE., SACRAMENTO, CA 95825

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 AND ZIP CODE)

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
								3421	

489009

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO } SS

DATED ISSUED MAY 25 2001

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK-RECORDER.

Mark Norris
SACRAMENTO COUNTY CLERK-RECORDER

This copy not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.

MIDWEST BANK NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE