

05 APR 27 AM 0:42



Vol M05 Page 29596

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

State of Oregon, County of Klamath
Recorded 04/27/2005 8:42 a m
Vol M05 Pg 29596.97
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2 duty.

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 S. 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 to be taken as Tenants in Common with rights of Survivorship.

Lot 19, Block 23, Tract 1010, First Addition to Ferguson Mountain Pines, situated in situated in section 33, Township 35, Range 13 East of the Willamette Meridian.

Subject To: (1) Taxes for the fiscal year 2001 and subsequent.

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 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. 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. (The sentence between the symbols Φ , 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.

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.

Mary A. Stump

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

This instrument was acknowledged before me on January 17, 2001

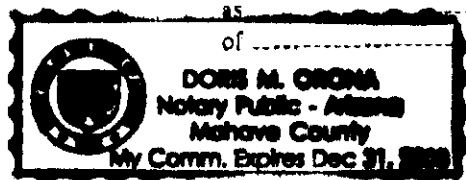
by Mary A. Stump

This instrument was acknowledged before me on

by

as

of



Doris M. Orona

Notary Public for ~~Oregon~~ Arizona
My commission expires December 31, 2003

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

29597

CERTIFICATE OF DEATH

3 1996 34 008495

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST KEYING ELMER		3. LAST (FAMILY) STUMP	
2. MIDDLE Marsdon			
4. DATE OF BIRTH MM/DD/CCYY 10/16/1919		5. AGE YRS. 77	
6. SEX M		7. DATE OF DEATH MM/DD/CCYY 12/08/1996	
8. HOUR 1625			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 546-28-0920	
11. MARITAL STATUS Married		12. YEARS IN OCCUPATION 17	
13. RACE Cauc.		14. USUAL EMPLOYER Sacramento County	
15. OCCUPATION Architect		16. YEARS IN OCCUPATION 22	
17. RESIDENCE—STREET AND NUMBER OF LOCATION 3901 Lake Rd. #240			
18. CITY West Sacramento		19. COUNTY Yolo	
20. ZIP CODE 95691		21. YES IN COUNTY 18	
22. STATE OR FOREIGN COUNTRY CA			
23. NAME RELATIONSHIP Mary A. Stump - Wife		24. ADDRESS—STREET AND NUMBER OF RESIDENTIAL HOME—CITY OR TOWN, STATE ZIP 3901 Lake Rd., #240 West Sacramento, CA 95691	
25. NAME OF SURVIVING SPOUSE—FIRST Mary		26. MIDDLE Ann	
27. LAST Silva			
28. NAME OF FATHER—FIRST Elmer		29. MIDDLE Leonard	
30. LAST Stump		31. BIRTH STATE CA	
32. NAME OF MOTHER—FIRST Alice		33. MIDDLE Geneva	
34. LAST McKinnon		35. BIRTH STATE OR	
36. DATE MM/DD/CCYY 12/11/1996		37. PLACE OF FINAL DISPOSITION Evergreen Cemetery, 6450 Camden St., Oakland, CA 94605	
38. TYPE OF DISPOSITION CR/BU		39. SIGNATURE OF EMBALMER Not Embalmed	
40. NAME OF FUNERAL DIRECTOR River Cities Funeral Chapel		41. LICENSE NO. FD#1082	
42. SIGNATURE OF LOCAL REGISTRAR Bette J. Hanson, M.D.		43. DATE MM/DD/CCYY 12/10/1996 JD	
44. PLACE OF DEATH KAISER FOUNDATION HOSP.		45. COUNTY SACRAMENTO	
46. STREET ADDRESS—STREET AND NUMBER OF LOCATION 2025 MORSE AVENUE		47. CITY SACRAMENTO	
48. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE FOR LINE FOR A, B, C, AND D) (A) RESPIRATORY FAILURE		49. TIME INTERVAL BETWEEN ONSET AND DEATH 5 MINS	
(B) GRAM NEGATIVE SEPSIS		50. DEATH REPORTED TO CORONER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(C) Urosepsis		51. BODY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(D)		52. AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
53. USED IN DETERMINING CAUSE YES <input type="checkbox"/> NO <input type="checkbox"/>			
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Acute Myocardial Infarction			
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No			
56. 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 INCIDENT LAST SEEN ALIVE MM/DD/CCYY 12/04/1996 MM/DD/CCYY 12/08/1996		57. SIGNATURE AND TITLE OF CERTIFIER BATT M	
58. LICENSE NO. G074874		59. DATE MM/DD/CCYY 12/09/1996	
60. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS - ZIP 2025 MORSE AVE., SACRAMENTO, CA 95825		61. K. SWARTOUT, M.D., 95825	
62. I CERTIFY THAT AT MY OFFICE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 118. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		63. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
64. INJURY DATE MM/DD/CCYY		65. HOUR	
66. PLACE OF INJURY		67. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
68. LOCATION (STREET AND NUMBER OF LOCATION AND CITY AND ZIP CODE)			
69. SIGNATURE OF CORONER OR DEPUTY CORONER		70. DATE MM/DD/CCYY	
71. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
72. STATE REGISTRAR		73. FAX AUTH. # 3421	
74. CENSUS TRACT			

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 J. Davis
SACRAMENTO COUNTY CLERK-RECORDER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE