

'05 APR 27 PM 1:44

Vol M05 Page 29962

After Recording Return to:

MICHAEL A. SORINI and MICHELLE D. SORINI
20020 Peaceful Oak Road
Sonora, CA 95370

Until a change is requested all tax statements

Shall be sent to the following address:

MICHAEL A. SORINI and MICHELLE D. SORINI
20020 Peaceful Oak Road
Sonora, CA 95370

State of Oregon, County of Klamath
Recorded 04/27/2005 1:44 m
Vol M05 Pg 29962-63
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

Wipen 60872
WARRANTY DEED
(INDIVIDUAL)

OLIVER L. YANCY, herein called grantor, convey(s) to **MICHAEL A. SORINI and MICHELLE D. SORINI, HUSBAND AND WIFE**, herein called grantee, all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

Lot 5, Block 303, DARROW ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 001 MAP 3809-033DA TL 12300 KEY #615720

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is **\$75,000.00**.
(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.

Dated 4-22-05

Oliver L. Yancy
OLIVER L. YANCY

STATE OF OREGON, County of **Klamath**) ss.

On 4-22-05 personally appeared the above named **OLIVER L. YANCY** and acknowledged the foregoing instrument to be his/her/their voluntary act and deed.

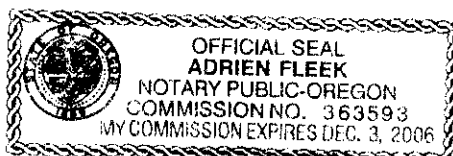
This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00060872

Before me: *Adrien Fleeck*
Notary Public for Oregon
My commission expires: 12-3-06

Official Seal



2600x

382067

I.D. TAG NO.

Open 60872AF
Local File Number

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

136-

29963

State File Number

1. DECEDENT'S NAME First: Nancy Middle: Mae Last: YANCY			2. SEX F		3. DATE OF DEATH (Month, Day, Year) July 14, 2002		
4. SOCIAL SECURITY NUMBER 541-38-3390		5a. AGE-Last Birthday (Years) 84		5b. Under 1 Year Mos. Days		5c. Under 1 Day Hours Mins.	
6. BIRTHPLACE (City and State or Foreign Country) Kentucky			7. DATE OF BIRTH (Month, Day, Year) February 14, 1918				
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9a. 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) Foster				
9b. FACILITY NAME (If not institution, give street and number) 4231 Myrtlewood Dr.			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Domestic		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Oliver	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2326 Wantland	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97601		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) 12 College (1-4 or 5)			
17. FATHER - NAME first middle last Phillip Tinsley			18. MOTHER - NAME first middle maiden Susan McGinnas			19. INFORMANT - NAME and relationship to deceased Oliver Yancy-Husband	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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) Eternal Hills Crematory			20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 			21b. OREGON LICENSE NO. (Of Licensee)		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy 39, Klamath Falls, OR., 97601		
23. DATE FILED (Month, Day, Year)			24. REGISTRAR'S SIGNATURE				
RESERVED FOR REGISTRAR'S USE							
TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 7:30 A. M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) 				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) 			
30. DATE SIGNED (Month, Day, Year)				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Tamim Salman M.D., 2655 Shasta Way, Klamath Falls, Oregon, 97603							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							

CHECK APPROPRIATE BOX BELOW ... COMPLETE BOTH YELLOW AND GREEN DISPOSITION COPIES

☐ AUTHORIZATION FOR FINAL DISPOSITION

This form when signed above by the funeral service licensee (21a) and by the certifying physician (29 or 32) shall serve as a disposal-transit permit for the remains of the decedent named hereon.

☐ ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION

This form when completed and signed below by the funeral service licensee shall serve as a disposal-transit permit for the remains of the decedent named hereon.

I have contacted Dr. Salman on date 7-15-02 and time 9:00 and the doctor has agreed to sign a certification of the cause of death as soon as possible.

FUNERAL SERVICE LICENSEE SIGNATURE _____ License # _____

INSTRUCTIONS: THE PERSON IN CHARGE OF THE PLACE OF FINAL DISPOSITION SHALL DATE AND SIGN BOTH THE YELLOW AND GREEN COPY OF THE DISPOSITION FORM. FORWARD THE YELLOW COPY TO THE REGISTRAR OF THE COUNTY WHERE DEATH OCCURRED WITHIN 10 DAYS AFTER THE DATE OF FINAL DISPOSITION. THE GREEN COPY WILL BE RETAINED BY THE CEMETERY OR CREMATORY.

DATE OF DISPOSITION 7-17-02 SEXTON'S SIGNATURE Amy Edg

RETURN THIS FORM TO THE REGISTRAR OF COUNTY OF DEATH
ADDRESSES ON REVERSE SIDE