

05 JUN 10 PM 2:50

Vol M05 Page 43382

After Recording Return to:
MARTHANNE HOLTER
6590 Paul Place
Fallon, NV 89406

Until a change is requested all tax statements
Shall be sent to the following address:
MARTHANNE HOLTER
6590 Paul Place
Fallon, NV 89406

State of Oregon, County of Klamath
Recorded 06/10/05 2:56 PM
Vol M05 Pg 43382-83
Linda Smith, County Clerk
Fee \$ 216⁰⁰ # of Pgs 2

Aspen
WARRANTY DEED
(INDIVIDUAL)

JIMMY D. BAXTER AND DORIS D. BAXTER, CO-TRUSTEES OF THE JIMMY D. BAXTER REVOCABLE LIVING TRUST, DATED APRIL 23, 1991, herein called grantor, convey(s) to **MARTHANNE HOLTER**, herein called grantee, all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

Lot 41, Block 48, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 2, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 036 MAP 3811-015B0 TL 01500 KEY# 469077

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 **\$11,000.00**.
(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 **June 7, 2005**.

THE JIMMY D. BAXTER REVOCABLE LIVING TRUST

Doris D. Baxter

DORIS D. BAXTER, TRUSTEE

STATE OF OREGON, County of _____) ss.

On June 9, 2005 personally appeared the above named ~~Jimmy D. Baxter~~ ^W and Doris D. Baxter ^{only} and acknowledged the foregoing instrument to be their voluntary act and deed.

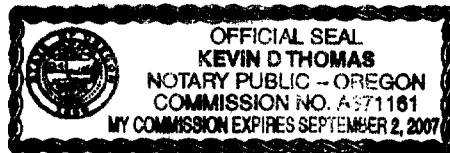
This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00061606

Before me: *Kevin D. Thomas*
Notary Public for Oregon
My commission expires:

Official Seal



CERTIFICATION OF VITAL RECORD

43383

TYPE OR
PRINT IN
PERMANENT
BLACK INK

102736

I.D. TAG NO.

977

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First: <u>Jimmy</u> Middle: <u>Dean</u> Last: <u>BAXTER</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 25, 1991</u>
4. SOCIAL SECURITY NUMBER <u>541-24-3166</u>	5a. AGE-Last Birthday (Years) <u>64</u>	5b. Under 1 Year Mos. Days Hours Mins	5c. Under 1 Day Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) <u>Enid, Oklahoma</u>		7. DATE OF BIRTH (Month, Day, Year) <u>January 16, 1927</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Incidental <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <u>1669 Ankeny Hill Rd.</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Jefferson</u>	9d. COUNTY OF DEATH <u>Marion</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Engineer</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Electronics</u>	
11. MARITAL STATUS - <u>Married</u> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)		12. SPOUSE (If Married, Widowed, Divorced (Specify)) <u>Dorine Baxter</u>	
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Marion</u>	13c. CITY, TOWN OR LOCATION <u>Jefferson</u>	13d. STREET AND NUMBER <u>1669 Ankeny Hill Rd.</u>
14a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14b. ZIP CODE <u>97352</u>	14c. 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:	14d. RACE American Indian, Black, White, etc. (Specify) <u>White</u>
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) <u>3</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) <u>3</u>	
17. FATHER - NAME first middle last <u>Virgil Thomas Baxter</u>		18. MOTHER - NAME first middle maiden <u>Sylvia Guess</u>	
19. INFORMANT - NAME and relationship to deceased <u>Dorine Baxter, Wife</u>		20. LOCATION - City or Town, State	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) <u>3489</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>V.T. Golden Funeral Services</u> <u>605 Com'l St. SE, Salem, OR 97301</u>
23. DATE FILED (Month, Day, Year) <u>JUN 26 1991</u>		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>3:35 A.M.</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) <u>6/25/91</u>		31. DATE SIGNED (Month, Day, Year) COUNTY	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Brian D. Kennedy, M.D., 5125 Skyline Rd. S., Salem, OR 97302</u>			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH <u>M</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>	
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)			
33. DATE SIGNED (Month, Day, Year)		34. COUNTY	
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
PART (a) <u>Brain metastasis</u>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <u>Lung carcinoma</u>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART 1.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY <u>M</u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE MARION COUNTY REGISTRAR.

DATE ISSUED

JUN 26 1991

RUTH A. JOHNSON
COUNTY REGISTRAR
MARION COUNTY, OREGON

