

After Recording Return to:

DOUGLAS K. IVEY

731 Miner Rd
Osinda, OR 97503

Until a change is requested all tax statements

Shall be sent to the following address:

DOUGLAS K. IVEY

Same as Above

WARRANTY DEED

(INDIVIDUAL)

ATC 61981 AF

DUAINE F. DUNSETH and PATRICIA A. DUNSETH, herein called grantor, convey(s) to DOUGLAS K. IVEY, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 15, Block 4, WEST CHILOQUIN, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 012 MAP 3407-034DB TL 06100 KEY #202319

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 \$50,000.00.
(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 8/19/05


DUAINE F. DUNSETH


PATRICIA A. DUNSETH

STATE OF OREGON, County of Klamath) ss.

On August 19, 05 personally appeared the above named DUAINE F. DUNSETH and PATRICIA A. DUNSETH and acknowledged the foregoing instrument to be their/his/her voluntary act and deed.

This document is filed at the request of:



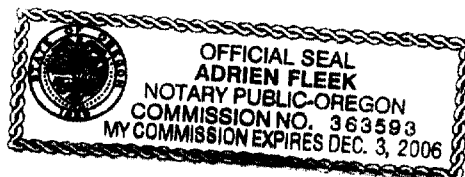
525 Main Street
Klamath Falls, OR 97601
Order No.: 00061981

Before me:

Notary Public for Oregon

My commission expires:

Official Seal



26-A

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS
7/5-11 (REV 1/03)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT --- FIRST (Given) PATRICIA		2. MIDDLE ANNE	
3. LAST (Family) DUNSETH		4. DATE OF BIRTH mm/dd/yyyy 12/23/1937	
5. AGE Yrs 67		6. SEX F	
7. DATE OF DEATH mm/dd/yyyy 02/27/2005			
8. HOUR (24 hours) 0249			
9. BIRTH STATE/FOREIGN COUNTRY ID			
10. SOCIAL SECURITY NUMBER 518-56-5064			
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
12. MARITAL STATUS (at Time of Death) MARRIED			
13. EDUCATION --- Highest Level/Degree (see worksheet on back) SOME COLLEGE			
14. WAS DECEDENT SPANISH/HISPANIC/LATINO? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
15. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
16. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED OPERATOR			
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ANSWERING SERVICE			
18. YEARS IN OCCUPATION 20			
19. DECEDENT'S RESIDENCE (Street and number or location) 152 LINSCHIED DR			
20. CITY PITTSBURG			
21. COUNTY/PROVINCE CONTRA COSTA			
22. ZIP CODE 94565			
23. YEARS IN COUNTY 40			
24. STATE/FOREIGN COUNTRY CA			
25. INFORMANT'S NAME, RELATIONSHIP DUAINE DUNSETH - SPOUSE			
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 152 LINSCHIED DR., PITTSBURG, CA 94565			
27. NAME OF SURVIVING SPOUSE --- FIRST DUAINE			
28. MIDDLE FRANCIS			
29. LAST DUNSETH			
30. NAME OF FATHER --- FIRST RALPH			
31. MIDDLE GROVER			
32. LAST TRAUTMAN			
33. NAME OF MOTHER --- FIRST PEARL			
34. MIDDLE IRENE			
35. LAST LARSON			
36. DISPOSITION DATE mm/dd/yyyy 03/03/2005			
37. PLACE OF FINAL DISPOSITION RES: DUAINE DUNSETH 152 LINSCHIED DR., PITTSBURG, CA 94565			
38. TYPE OF DISPOSITION(S) CR/RES			
39. SIGNATURE OF EMBALMER NOT EMBALMED			
40. LICENSE NUMBER FD 1354			
41. SIGNATURE OF LOCAL REGISTRAR Wendel Brunner MD			
42. DATE mm/dd/yyyy 03/04/2005			
43. PLACE OF DEATH MT DIABLO MEDICAL CENTER			
44. COUNTY CONTRA COSTA			
45. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2340 EAST ST			
46. CITY CONCORD			
47. CAUSE OF DEATH RESPIRATORY FAILURE			
48. IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE			
49. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST METASTATIC LUNG CANCER			
50. LUNG CANCER			
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ---			
52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of condition and date.) ---			
53. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 06/10/2003			
54. SIGNATURE AND TITLE OF CERTIFIER M. Messer			
55. LICENSE NUMBER C35893			
56. DATE mm/dd/yyyy 03/04/2005			
57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE M. MESSER 2571 PARK AVE., CONCORD, CA 94520			
58. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED 02/26/2005			
59. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
60. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
61. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) ---			
62. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) ---			
63. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) ---			
64. SIGNATURE OF CORONER / DEPUTY CORONER ---			
65. DATE mm/dd/yyyy ---			
66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ---			
67. STATE REGISTRAR A B C D E			
68. FAX AUTH. # 0308TM			
69. CENSUS TRACT ---			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

} SS

DATE ISSUED

MAR 07 2005

This is a true and exact reproduction of the document officially registered and placed on file
in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

This copy not valid unless prepared on improved paper displaying seal and signature of Contra Costa County Health Officer

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

