



MTL-70953W

State Of Oregon, County Of Klamath

M05-62451

08/22/2005 03:10:01 PM

Of Pages 2 Fee: \$26.00

After recording return to:

CRAIG PETERS

39404 HWY 62

CHILOQUIN, OR 97624

Until a change is requested all
tax statements shall be sent to
The following address:

CRAIG PETERS

39404 HWY 62

CHILOQUIN, OR 97624

Escrow No. MT70953-LW

Title No. 0070953

SWD

STATUTORY WARRANTY DEED

~~ROSS IRVING HOWDEN AND~~ MARGARITE BETH HOWDEN, AS ~~CO~~ TRUSTEES OF THE
ROSS IRVING HOWDEN AND MARGARITE BETH HOWDEN REVOCABLE LIVING TRUST
U/D/T FEBRUARY 18, 1985, Grantor(s) hereby convey and warrant to CRAIG PETERS and CANDACE R.
PETERS, as tenants by the entirety, Grantee(s) the following described real property in the County of
KLAMATH and State of Oregon free of encumbrances except as specifically set forth herein:

Lot 12 in Block 7 of LATAKOMIE SHORES, according to the official plat
thereof on file in the office of the County Clerk of Klamath County,
Oregon.

Tax Account No: 3507-007CD-06100-000

Key No: 231680

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and
those shown below, if any:

The true and actual consideration for this conveyance is \$7,200.00.

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 this 16 day of August, 2005.

~~ROSS IRVING HOWDEN AND~~ MARGARITE BETH HOWDEN, AS ~~CO~~ TRUSTEES OF THE ROSS IRVING HOWDEN
AND MARGARITE BETH HOWDEN REVOCABLE LIVING TRUST U/D/T FEBRUARY 18, 1985

BY: ROSS IRVING HOWDEN, TRUSTEE

BY: Margarite Beth Howden, Trustee
MARGARITE BETH HOWDEN, TRUSTEE

STATE OF CALIFORNIA

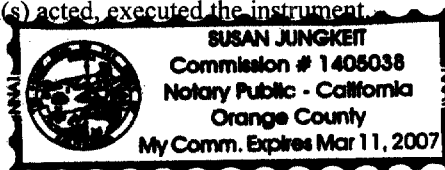
COUNTY OF Orange

ss.

On August 16, 2005 before me, Susan Jungkeit personally appeared ~~ROSS IRVING~~
~~HOWDEN AND~~ MARGARITE BETH HOWDEN, AS ~~CO~~ TRUSTEES OF THE ROSS IRVING HOWDEN AND
MARGARITE BETH HOWDEN REVOCABLE LIVING TRUST U/D/T FEBRUARY 18, 1985 personally known to me (or
proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument
and acknowledged to me that THEY executed the same in their authorized capacity(ies), and that by their signatures(s) on the
instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

260
Signature Susan Jungkeit



CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VB-11 (REV. 1/00)

3200130 015413

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
ROSS		IRVING		HOWDEN	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		6. SEX	
02/13/1917		84		M	
7. DATE OF DEATH M/M/DD/CCYY		8. HOUR		9. STATE OF BIRTH	
11/27/2001		1340		MI	
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
386-03-0088		X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		MARRIED	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. HISPANIC—SPECIFY	
16		WHITE		X NO <input type="checkbox"/> YES <input type="checkbox"/>	
16. USUAL EMPLOYER		17. OCCUPATION		18. KIND OF BUSINESS	
LOCAL 582 UNION		PLUMBER		PLUMBING	
19. YEARS IN OCCUPATION		20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		21. CITY	
35		2614 N. TORRES ST.		ORANGE	
22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
ORANGE		92865		58	
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
CA		MARGARITE HOWDEN-WIFE		2614 N. TORRE ST., ORANGE, CA 92865	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
MARGARITE		B.		KUYPER	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
JOHN		-		HOWDEN	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
MI		ALICE		-	
37. BIRTH STATE		38. LAST (MAIDEN)		39. DATE M/M/DD/CCYY	
MI		COOMER		11/30/2001	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
FAIRHAVEN MEMORIAL PARK-1702 FAIRHAVEN AVE., SANTA ANA, CA 92705		CR/BU		NOT EMBALMED	
43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.	
-		FAIRHAVEN MORTUARY		FD1313	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CCYY		48. SIGNATURE OF LOCAL REGISTRAR	
11/29/2001		11/29/2001		11/29/2001	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:	
UCI MEDICAL CENTER		X IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/>		CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER <input type="checkbox"/>	
104. COUNTY		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY	
ORANGE		101 CITY DRIVE SOUTH		ORANGE	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER		109. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) RESPIRATORY FAILURE		DAYS		X YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (B) CEREBROVASCULAR ACCIDENT		DAYS		109. BIOPSY PERFORMED	
DUE TO (C) HYPERTENSION		YEARS		X YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (D)				110. AUTOPSY PERFORMED	
				X YES <input type="checkbox"/> NO <input type="checkbox"/>	
111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.	
X YES <input type="checkbox"/> NO <input type="checkbox"/>		NONE		NO	
114. 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 M/M/DD/CCYY		115. SIGNATURE AND DATE OF CERTIFIER		116. LICENSE NO.	
11/25/2001		11/27/2001		C62370	
117. DATE M/M/DD/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH	
11/27/2001		J. ROUM, M.D.-101 CITY DRIVE SOUTH, ORANGE, CA 92868		NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
120. INJURY AT WORK		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
X YES <input type="checkbox"/> NO <input type="checkbox"/>					
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)	
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 5320 CENSUS TRACT	

I10.0

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE

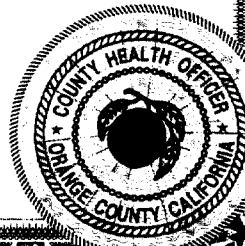
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DATE ISSUED DEC 06 2001

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE