



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

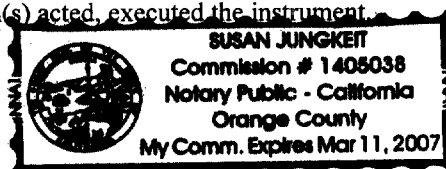
STATE OF CALIFORNIA

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  
Susan Jungkeit  
Signature



# 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

3200130 015413

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS.

LOCAL REGISTRATION NUMBER

STATE FILE 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		7. DATE OF DEATH M/M/DD/CCYY	
02/13/1917		84		M		11/27/2001	
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
MI		386-03-0088		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED	
WHITE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LOCAL 582 UNION		16	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
PLUMBER		PLUMBING		35			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)							
2614 N. TORRES ST.							
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
ORANGE		ORANGE		92865		58	
25. STATE OR FOREIGN COUNTRY						CA	
26. NAME, RELATIONSHIP				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
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		34. BIRTH STATE	
JOHN		-		HOWDEN		MI	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE	
ALICE		-		COOMER		MI	
39. DATE M/M/DD/CCYY		40. PLACE OF FINAL DISPOSITION					
11/30/2001		FAIRHAVEN MEMORIAL PARK-1702 FAIRHAVEN AVE., SANTA ANA, CA 92705					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER				43. LICENSE NO.	
CR/BU		NOT EMBALMED					
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CCYY	
FAIRHAVEN MORTUARY		FD1313		<i>Mark B. Horton</i>		11/29/2001	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY	
UCI MEDICAL CENTER		<input checked="" type="checkbox"/> 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		ORANGE	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY		107. DEATH CAUSE		108. DEATH REPORTED TO CORONER	
101 CITY DRIVE SOUTH		ORANGE				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. IMMEDIATE CAUSE		(A) RESPIRATORY FAILURE		DAYS		109. DEATH REPORTED TO CORONER	
DUE TO (B) CEREBROVASCULAR ACCIDENT		DAYS		109. DEATH REPORTED TO CORONER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) HYPERTENSION		YEARS		110. AUTOPSY PERFORMED		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
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 TYPE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/DD/CCYY	
11/25/2001		<i>Mark B. Horton</i>		C62370		11/27/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH					
J. ROUM, M.D.-101 CITY DRIVE SOUTH, ORANGE, CA 92868		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE					
120. INJURY AT WORK		121. INJURY DATE M/M/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
<input type="checkbox"/> YES <input type="checkbox"/> NO							
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	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF ORANGE

} SS

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.

