



After recording return to:  
Mary Lynne Morrow  
1714 Brow Band Court  
La Pine, OR 97739

Until a change is requested all tax statements  
shall be sent to the following address:  
Mary Lynne Morrow  
1714 Brow Band Court  
La Pine, OR 97739

File No.: 7012-685664 (PSD)  
Date: October 19, 2005

**M05-67307**

Klamath County, Oregon

10/24/2005 03:50:03 PM

Pages 3 Fee: \$31.00

## STATUTORY WARRANTY DEED

**Neil W. Iverson and Rhonda R. Iverson as tenants by the entirety**, Grantor, conveys and warrants to **Mary Lynne Morrow and Terre Foster Rogers**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**Lot 5 in Block 2 of Wagon Trail Acreages Number Two, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.**

**This property is free from liens and encumbrances, EXCEPT:**

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

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.

The true consideration for this conveyance is **\$203,000.00**. (Here comply with requirements of ORS 93.030)

Dated this 21st day of October, 2005.

31P

**APN: 129890**

Statutory Warranty Deed  
- continued

File No.: **7012-685664 (PSD)**  
Date: **10/19/2005**

Neil W. Iverson

Rhonda R. Iverson  
Rhonda R. Iverson

STATE OF Oregon )  
 )ss.  
County of )

This instrument was acknowledged before me on this 21st day of October, 2005  
by **Neil W. Iverson and Rhonda R. Iverson.**



Notary Public for Oregon  
My commission expires: 11/22/2008

CERTIFICATION OF VITAL RECORD

263720

I.D. TAG NO.

00755

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

130-

State File Number

1. DECEDENT'S NAME <b>Neil Wayne IVERSON</b>		2. SEX <b>M</b>		3. DATE OF DEATH (Month, Day, Year) <b>January 28, 1998</b>	
4. SOCIAL SECURITY NUMBER <b>342-26-6801</b>		5a. AGE-Last Birthday (Years) <b>68</b>		5b. Under 1 Year Mo. Day Hours Mins	
6. PLACE OF BIRTH (City and State or Foreign) <b>Portland</b>		7. DATE OF BIRTH (Month, Day, Year) <b>March 21, 1929</b>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) <b>29333 SE Chase Road</b>			11. CITY, TOWN, OR LOCATION OF DEATH <b>Gresham</b>		12. COUNTY OF DEATH <b>Multnomah</b>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Owner</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Auto Sales</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
12a. RESIDENCE - STATE <b>Oregon</b>		12b. COUNTY <b>Multnomah</b>		12c. STREET AND NUMBER <b>29333 SE Chase Rd</b>	
13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13b. ZIP CODE <b>97080</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify: Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15. RACE (Ancestry) (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <b>12</b> College (1-4 or 5-)			
17. FATHER - NAME first middle last <b>Lawrence Nicholas Iverson</b>		18. MOTHER - NAME first middle last <b>Sylvia Fern Higley</b>		19. INFORMANT - NAME and relationship to decedent <b>Rhonda Iverson - Wife</b>	
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) <b>Forest Lawn Memorial Park</b>		20c. LOCATION - City or Town, State <b>Gresham Oregon</b>	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) <b>AF-1527</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Batonian Carroll Funeral Chapel 430 W. Powell Blvd. Gresham, OR 97030</b>	
23. DATE FILED (Month, Day, Year) <b>FEB 06 1998</b>		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH <b>0204 M</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29a. TIME OF DEATH <b>M</b>		29b. DATE ANNOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
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. 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) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) <b>2/1/98</b>				31. DATE SIGNED (Month, Day, Year) COUNTY			
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>John Curtis MD 24900 SE Stark #109 Gresham OR 97030</b>							
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
34. PART I		35. INTERVAL BETWEEN ONSET AND DEATH <b>19 hrs</b>					
(a) <b>Pneumonia</b>		DUE TO, OR AS A CONSEQUENCE OF:					
(b)		DUE TO, OR AS A CONSEQUENCE OF:					
(c)		DUE TO, OR AS A CONSEQUENCE OF:					
PART II		36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I:					
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 <input type="checkbox"/> Suicide <input type="checkbox"/> Manner: <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, temporary office building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED					
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL AS OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

43-2 Rev

FEB 06 1998

DATE ISSUED:

HILDA CHASKI ADAMS, MPH  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON