After recording return to:
Theresa E. Cowan and David M. Cowan
7647 Libby Road NE
Olympia, WA 98506

Until a change is requested all tax statements shall be sent to the following address:
Theresa E. Cowan and David M. Cowan
7647 Libby Road NE
Olympia, WA 98506

File No.: 7021-731844 (DMC)
Date: December 19, 2005

M05-71933
Klamath County, Oregon
12/28/2005 11:53:47 AM
Pages 3 Fee: $31.00

STATUTORY WARRANTY DEED

Eva M. Johnson, Grantor, conveys and warrants to **Theresa E. Cowan and David M. Cowan as tenants by the entirety**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

N 1/2 of Government Lot 4 of Section 7, Townshiip 37 South, range 15 East of the Willamette Meridian, 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 **$15,000.00**. (Here comply with requirements of ORS 93.030)

Dated this 22 day of December, 2005.

31F

Eva M. Johnson

Eva M. Johnson

STATE OF Tennessee)
)ss.
County of Cumberland)

This instrument was acknowledged before me on this 22 day of December, 2005 by **Eva M. Johnson**.

SARA J. CAMPBELL NOTARY PUBLIC AT LARGE CUMBERLAND CO. TENN.

Barbara J. Campbell

Notary Public for Tennessee
My commission expires: 10/28/07

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

94-04 000093

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)					
BERNARD	EUGENE	JOHNSON					
4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR	
04/19/1927	66			Male	01/13/1994	0414	
9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE		12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED		
Michigan	573-20-4950	1945 YR 1953 ☐ NONE		Married	10		
14. RACE	15. HISPANIC—SPECIFY			16. USUAL EMPLOYER			
Caucasian	☐ YES ☒ NO			State of California			
17. OCCUPATION	18. KIND OF BUSINESS			19. YEARS IN OCCUPATION			
Laundry Manager	Veterans Home			20			

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
87 Wayne Charles Road				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Oroville	Butte	95966	10	California

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Eva Johnson- Wife	PO Box 583, PALERMO, CA 95968

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Eva	Mae	Payne	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Alexander	UNK	Marrilla	Michigan
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Alta	Vivian	Cunningham	Michigan

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
01/18/1994	Lawncrest Memorial Park, Redding,CA. 96002

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER		43. LICENSE NO.
Burial	▶ Joel Chambers		7388
44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Lawncrest Chapel Redding	FD 802	▶ Chester L. Ward, M.D.	01/18/1994

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY	
OROVILLE HOSPITAL	☐ IP ☒ ER/OP ☐ DOA	☐ CONV. ☐ RES. ☐ OTHER	DUTTE	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			106. CITY	
2767 OLIVE HIGHWAY			OROVILLE	

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CARDIC ARRERST	MINUTES
DUE TO	(B) CORONARY ARTERY DISEASE	YEARS
DUE TO	(C) HYPERTENSION	YEARS
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☒ YES ☐ NO — REFERRAL NUMBER: C94-013

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO

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

PHYSICIAN'S CERTIFICATION

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 MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER ▶	116. LICENSE NO. / 117. DATE MM/DD/CCYY
		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP	

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☒ NATURAL ☐ HOMICIDE ☐ SUICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK: ☐ YES ☐ NO	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (INCLUDE WHEN INJURY IS PRIMARY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
	01/13/1994	DAVID E. DAVIS DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	F	G	H	PAN AUTH #	CENSUS TRACT

CERTIFICATION STATEMENT

This is to certify that the attached is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

Chester L. Ward, MD — REGISTRAR OF VITAL STATISTICS

SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

01/19/1994

Butte County Department of Public Health
18 B County Center Drive, Oroville, CA 95965

PLACE OF CERTIFICATION — DATE OF CERTIFICATION