

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



Linda Walden And Clinton E. Walden

Grantor's Name and Address

Charles Walden

Grantee's Name and Address

After recording, return to (Name, Address, Zip):

Linda Walden
12121 Hwy 66
Klamath Falls, OR 97601

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Clinton E. Walden
1420 California Ave 97601
Klamath Falls OR

M06-01113

Klamath County, Oregon

01/19/2006 12:38:28 PM

Pages 3 Fee: \$31.00

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that Linda J. Walden and Clinton E. Walden

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by Linda Walden, Charles Walden, and Clinton E. Walden, not as tenants in common, but with rights of survivorship, hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit:

See exhibit A

Legal Description

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state):

Except those of Record and Apparent to the land

and that grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ Estate Planning. However, the actual consideration consists of or includes other property or value given or promised which is ☒ the whole ☐ part of the (indicate which) consideration. (The sentence between the symbols ®, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In witness whereof, the grantor has executed this instrument on 12-28-05; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

Linda J. Walden
Clinton E. Walden

STATE OF OREGON, County of Klamath ss

This instrument was acknowledged before me on December 28, 2005 by Linda J. Walden & Clinton E. Walden

This instrument was acknowledged before me on _____ by _____ as _____ of _____



Kate Lukkari
Notary Public for Oregon
My commission expires May 30, 2009

EXHIBIT "A"
LEGAL DESCRIPTION

The following described real property in Klamath County, Oregon:

A portion of the NE1/4 NE1/4 of Section 32 and of the NW1/4 NW1/4 of Section 33, Township 39 South, Range 8 East of the Willamette Meridian, described as follows:

PARCEL 1:

Beginning at a point 25 feet West of the Section corner common to Sections 28, 29, 32 and 33, Township 39 South, Range 8 East of the Willamette Meridian, thence South 0 degrees 21' East parallel to the Section line a distance of 558.25 feet, more or less, to the South line of property described in Deed Volume 324, page 146, Records of Klamath County, Oregon; thence South 89 degrees 50' West a distance of 95 feet to the Northeast corner of the C.S. Hull tract; thence South 0 degrees 32' West along the said Hull tract line fence 760.32 feet, more or less, to the Northerly line of the State Highway #66; thence North 72 degrees 38' East along said Highway line 346.44 feet to a stake, thence North 0 degrees 21' West to the Southeast corner of property described in Deed Volume 324 at page 146, Klamath County Records; thence South 89 degrees 50' West a distance of 225 feet, more or less, to the point of beginning; SAVING AND EXCEPTING a tract containing 1 acre, more or less, out of the Southeast corner of the above described tract having a frontage on the Highway of 110 feet; and further described as follows:

Beginning on the Highway at a point 110 feet Southwest of the Southeast corner of the above tract; thence Northeasterly along the Highway 110 feet to the Southeast corner thereof; thence North 0 degrees 21' West 388 feet; thence West to a point North 0 degrees 21' West of the point of beginning; thence South to the point of beginning.

PARCEL 2:

That portion of the NW1/4 of NW1/4 of Section 33, Township 39 South, Range 8 East of the Willamette Meridian, described as follows: Beginning on the North right of way line of the Klamath Falls-Ashland Highway at a point from which the Northwest corner of said Section 33 bears North 25' 40' West a distance of 1,230.25 feet thence South 72 degrees 38' West along the North right of way line of said highway a distance of 160.7 feet, thence North 0 degrees 21' West 190 feet to the true point of beginning, which point of beginning is on the Easterly boundary of a parcel of land deeded to R.A. Jameson, et ux, in a Deed dated August 2, 1943, and recorded November 15, 1943, in Volume 159 at page 581 of Deed Records, Klamath County, Oregon, thence North 9 degrees 21' West 210 feet, thence South 89 degrees 39' West 153.4 feet, thence South 0 degrees 21' East 210 feet; thence North 89 degrees 39' East to the point of beginning.

Account No.: 3908-033BO-01400-000

Key No.: 502156

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

H63359

I.D. TAG NO.

136-

STATE FILE NUMBER

1. Legal Name (Include AKAs, if any) Linda Jean Walden				2. Death Date (MON DD YYYY) Jan. 8, 2006	
3. Sex (MF) Female	4a. Age - Last Birthday 48	4b. Under 1 Year Months: 48 Days: 0	4c. Under 1 Day Hours: 0 Minutes: 0	5. Social Security Number 563-84-9358	6. County of Death Klamath
7. Birthdate (MON DD YYYY) Dec. 28, 1957		8a. Birthplace (City/Town, or County) San Francisco		8b. (State or Foreign Country) California	
10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify.) No			11. Decedent's Race(s) White		9. Decedent's Education Some College; no degree
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 12121 Highway 66			14. City/Town Klamath Falls		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97601-9083	18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death Divorced			20. Spouse's Name (If married or widowed, give name prior to first marriage.) -		
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED") Care Giver				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Adult Foster Care	
23. Father's Name (First, Middle, Last, Suffix) Eugene Russell White			24. Mother's Name Prior to First Marriage (First, Middle, Last) Mildred Lois Crouch		
25. Informant's Name Charles Walden		26. Telephone Number 702-1582	27. Relation to Decedent Son	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) P.O.B. 424; Ridgefield, WA 98642-0424	
29. Place of Death Other - Residence			30. Facility Name -		
31. Location of Death (Give address.) 4925 Mathers Strept			32. City/Town or Location of Death Klamath Falls		33. State OR
35. Method of Disposition Cremation			36. Place of Disposition (Name of cemetery, crematory, or other place) Klamath Cremation Service		37. Location Klamath Falls, Oregon
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) O'Hair & Riggs Funeral Chapel 515 Pine St. Klamath Falls, Oregon 97601-6022					
39. Date of Disposition (MON DD YYYY) January 11, 2006		40. Funeral Director's Signature <i>Stephanie D. Riggs</i>		41. OR License Number FS-0432	
42. Registrar's Signature <i>Christa Kinneels</i>		43. Date Received (MON DD YYYY) JAN 12 2006		44. Local File Number 018	
45. Record Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death 1430					
CAUSE OF DEATH (See instructions and examples.)					
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate Interval: Onset to Death
Final disease or condition resulting in death → IMMEDIATE CAUSE ↓ Pneumonia					1 month
Due to (or as a consequence of) Dysphagia					3 months
Due to (or as a consequence of) Malignant Pleural Mesothelioma					12-24 months
Due to (or as a consequence of) lung CA					3 years
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: COPD, Hodgkin Lymphoma, Recurrent lung malignancy					
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
55. Date of Injury (MON DD YYYY) -		56. Time of Injury -		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) -	
58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street, City/Town, State, Zip + 4) -					
60. Describe how injury occurred. -					
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) -					
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Alejandro Rey, M.D. 2074 S. 6th St. Klamath Falls, OR 97601-3372					
63. Name and Title of Attending Physician if Other than Certifier -					
64. Title of Certifier M.D.		65. License Number MD23908		66. Date Certified (MON DD YYYY) Jan 10, 2006	
67. Medical Certifier: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>			68. Medical Examiner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>		
69. Record Amendment					

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

ORIGINAL - VITAL RECORDS COPY

45-2 (01)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

JAN 12 2006

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Michelle Perry
MICHELLE PERRY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE