

M06-03789

Klamath County, Oregon

03/01/2006 11:05:10 AM

Pages 2 Fee: \$26.00

After Recording Return to:

VERONICA VALADEZ

P.O. Box 512

Malin, Or. 97632

Until a change is requested all tax statements

Shall be sent to the following address:

VERONICA VALADEZ

Same as above

WARRANTY DEED

(INDIVIDUAL)

DARLENE F. NELSON, herein called grantor, convey(s) to **VERONICA VALADEZ**, herein called grantee, all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

Lot 3, Block 15, MERRILL ADDITION TO THE CITY OF MERRILL, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 228 MAP 4110-001CC TL 02200 KEY #120498

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is **\$36,800.00**.
(here comply with the requirements of ORS 93.930)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)). THIS INSTRUMENT DOES 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 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)).

Dated February 27, 2006.

DARLENE F. NELSON

Darlene F. Nelson by [Signature]

**BY: RODGER NELSON,
HER ATTORNEY IN FACT**

STATE OF OREGON, County of *Clackamas* ss.

On February 28, 2006 personally appeared the above named **Rodger Nelson** as Attorney in fact for **Darlene F. Nelson** and acknowledged the foregoing instrument to be his voluntary act and deed.

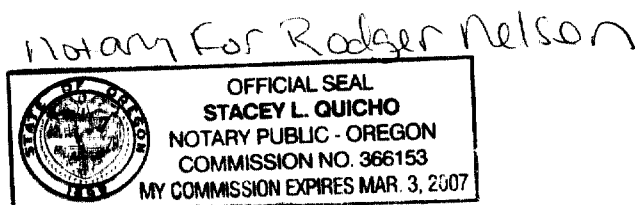
This document is filed at the request of:



**525 Main Street
Klamath Falls, OR 97601
Order No.: 00062883**

Before me: *Stacey L. Quicho*
Notary Public for Oregon
My commission expires: *3/31/07*

Official Seal



\$26.00

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER										STATE FILE NUMBER																																							
	1. Gladwin Dale NELSON										2. January 31, 2005										3a. Clark																													
	CITY, TOWN OR LOCATION OF DEATH										HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)										If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)										SEX																			
	3b. Las Vegas										3c. University Medical Center										3e. Inpatient										4. Male																			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White										6. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.										7a. 83										7b. 7c.										8. Feb 7, 1921									
	9a. Iowa										9b. U.S.A.										10. 12										11. Married										12. Darlene Ferry									
	13. 559-16-2337										14a. Owner / Operator / Retired										14b. Service Station																													
	15a. Nevada										15b. Clark										15c. North Las Vegas										15d. 3949 W. Alexander Rd. #1413										15e. Yes									
PARENTS	16. Edward Nelson										17. Florence Smith																																							
	18a. Darlene Nelson - Wife										18b. 3949 W. Alexander Rd. #1413, North Las Vegas, Nevada 89032																																							
DISPOSITION	19a. Cremation										19b. Palm Crematory										19c. Las Vegas, Nevada																													
	20a. [Signature]										20b. SO										20c. 1325 N. Main St., Las Vegas, Nevada 89101																													
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.										22a. 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.																																							
	21b. 2-3-5										21c. 1:50 PM										22b. [Signature]										22c. [Signature]																			
	21d. [Signature]										21e. [Signature]										22d. ON										22e. AT																			
	21f. [Signature]										21g. [Signature]										22f. ON										22g. AT																			
CAUSE OF DEATH	23a. Muhammad A. Bhatti MD 1815 E. Lake Mead North Las Vegas Nevada										23b. 89030										23c. 8816																													
	24a. [Signature]										24b. FEB 04 2005										24c. YES										24d. NO																			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)										26. No										27. No																													
	25a. Congestive heart failure										25b. Emphysema										25c. Coronary artery disease																													
CAUSE OF DEATH	25d. [Signature]										25e. [Signature]										25f. [Signature]										25g. [Signature]																			
	25h. [Signature]										25i. [Signature]										25j. [Signature]										25k. [Signature]																			
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STATE REGISTRAR

No. 281567

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By:

Date Issued:

FEB 07 2005

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573