

M06-07391

Klamath County, Oregon

04/14/2006 03:36:26 PM

Pages 3 Fee: \$31.00

After Recording Return to:  
**Karen Conaway Doris**  
9384 N. Fowler Ave.  
Clovis, Ca. 93611

Until a change is requested all tax statements  
Shall be sent to the following address:  
**Karen Conaway Doris**  
Same as above

ASPEN: 62914715

**AFFIANT'S DEED**

THIS INDENTURE dated March 03, 2006, by and between **Karen Conaway Doris** the affiant named in the duly filed affidavit concerning the same estate of **Gary Blake Conaway, deceased, (filed February 14, 2002 in the Circuit Court of Klamath County, case #02-00595CV)** hereinafter called the first party, **Karen Conaway Doris, Successor Trustee of the Gary Blake Conaway Trust**, hereinafter called the second party; WITNESSETH;

For value received and the consideration hereinafter stated, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors and assigns all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situated in the County of **KLAMATH**, State of Oregon, described as, to-wit:

See Exhibit A attached hereto and made a part hereof.

TO HAVE AND TO HOLD the same unto the second part, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ convey title only

IN WITNESS WHEREOF, the first party has executed this instrument; if first party 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.

**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 **March 3, 2006**.

  
KAREN CONAWAY DORIS, AFFIANT

STATE OF CALIFORNIA, County of Fresno ss.

This instrument was acknowledged before me this 9<sup>th</sup> day of March, 2006, by KAREN CONAWAY DORIS, Affiant of the Estate of Gary Blake Conaway, deceased.

This document is filed at the request of:

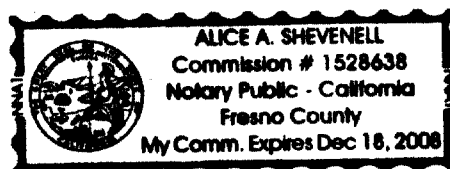


525 Main Street  
Klamath Falls, OR 97601  
Order No.: 00062914

Before me:   
Notary Public for California

My commission expires: Dec 18, 2008

Official Seal



**Exhibit A**

**PARCEL**

**1:**

**The E 1/2 of the SW 1/4 of Section 16, Township 35 South, Range 11 East of the Willamette Meridian, Klamath County, Oregon.**

**PARCEL 2:**

**The N 1/2 of the SE 1/4 and the SW 1/4 of the SE 1/4, Section 16, Township 35 South, Range 11 East of the Willamette Meridian, Klamath County, Oregon.**

**CODE 008 MAP 3511-00000-01200 KEY #275142**

**CODE 008 MAP 3511-00000-01000 KEY #275179**

**CODE 008 MAP 3511-00000-00900 KEY #275151**

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)		2A. DATE OF DEATH—MO., DAY, YR.
GARY		BLAKE	CONAWAY		08/15/1993
4. RACE	5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	2B. HOUR
WHITE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		08/18/1947	45	2330
8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	3. SEX
AR	U.S.A.	WILLIAM CONAWAY		AR	M
11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH			
PAULINE HALFORS		AR			
12. MILITARY SERVICE	13. SOCIAL SECURITY NO.		14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
UNKNOWN	569-66-9503		DIVORCED	NONE	
16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
INVESTOR	REAL ESTATE	SELF-EMPLOYED		15	16
18A. RESIDENCE—STREET AND NUMBER OR LOCATION				18B. CITY	18C. ZIP CODE
1361 NORTH AVENUE 57				LOS ANGELES	90042
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY		
LOS ANGELES		5	CALIFORNIA		
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY		
RESIDENCE			CALIFORNIA		
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER
1361 NORTH AVENUE 57		LOS ANGELES			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				23. WAS BIOPSY PERFORMED	
IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B) LIVER CANCER				24A. WAS AUTOPSY PERFORMED	
DUE TO (C) A.I.D.S.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21				26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.	
None				Liver Biopsy 05/12/1993	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		CA 90211	
10/27/1992		08/05/1993		Robert S. Jenkins/150 N. Robertson Blvd/Beverly Hills	
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
San Francisco					
34A. DISPOSITION	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO., DAY, YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
CR/SEA	3 miles off the coast of SANTA MONICA, CALIFORNIA		08/17/1993	Not Embalmed	None
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE
ABBOTT & HAST		FD1399	Robert C. Haste		AUG 17 1993
A.	B.	C.	D.	E.	F.

(REV. 7-82) 0429

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

01-9-1-7005

