

M06-12932

Klamath County, Oregon

06/23/2006 03:11:34 PM

Pages 2 Fee: \$26.00

After Recording Return to:

RICK D. HENRY

323 Front St

K. Falls ORE. 97601

Until a change is requested all tax statements

Shall be sent to the following address:

RICK D. HENRY

Same as above

ASDEN 63383 MS
WARRANTY DEED
(INDIVIDUAL)

WILLIAM GREGORY, herein called grantor, convey(s) to **RICK D. HENRY**, herein called grantee, all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

Lot 1, Block 28, FIFTH ADDITION TO KLAMATH RIVER ACRES, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 021 MAP 4008-006BB TL 01800 KEY #622516

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 **\$232,000.00**.
(here comply with the requirements of ORS 93.930)

RDH
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 **June 23, 2006**.

William Gregory
WILLIAM GREGORY

STATE OF OREGON, County of **Klamath**) ss.

On June 23, 2006 personally appeared the above named **WILLIAM GREGORY** and acknowledged the foregoing instrument to be his voluntary act and deed.

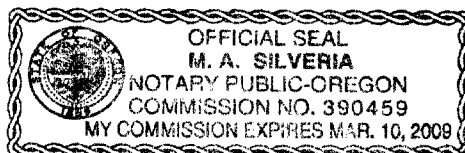
This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00063383

Before me: *M.A. Silveria*
Notary Public for Oregon
My commission expires: *3/10/09*

Official Seal



CERTIFICATION OF VITAL RECORD

10-17-95P02:21 RCVD

Vol. M95 Page 28300

TYPE OR
PRINT IN
PERMANENT
BLACK INK

199974
I.D. TAG NO.
290

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

136-

Local File Number

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First: <u>Cordie</u> Middle: <u>Earlene</u> Last: <u>GREGORY</u>			2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 25, 1995</u>
4. SOCIAL SECURITY NUMBER <u>553-52-0990</u>		5a. AGE-Last Birthday (Years) <u>52</u>	5b. Under 1 Year Mos: <u> </u> Days: <u> </u> Hours: <u> </u> Mins: <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Bakersfield, CA</u>
7. DATE OF BIRTH (Month, Day, Year) <u>March 27, 1943</u>		8. PLACE OF BIRTH (Check only one) <input type="checkbox"/> U.S. Armed Forces? <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9a. FACILITY NAME (If not institution, give street and number) <u>15333 Green Wing Loop</u>			9b. CITY, TOWN, OR LOCATION OF DEATH <u>Keno</u>	
9c. COUNTY OF DEATH <u>Klamath</u>			10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Owner/operator</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Day Care Center</u>			11. MARITAL STATUS: <u>Married</u> Never Married, Widowed, Divorced (Specify)	
12. SPOUSE (If Married, Widowed) <u>William</u>			13a. RESIDENCE - STATE <u>Oregon</u>	
13b. COUNTY <u>Klamath</u>			13c. CITY, TOWN OR LOCATION <u>Keno</u>	
13d. STREET AND NUMBER <u>15333 Green Wing Loop PO Box 557</u>			14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>			16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (5-12) <u>8</u> College (13 or 14 or 15) <u> </u>	
17. FATHER - NAME first middle last <u>Calvin Estel Wyatt</u>			18. MOTHER - NAME first middle maiden <u>Ruth Largent</u>	
19. INFORMANT - NAME and relationship to deceased <u>William Gregory, husband</u>			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) <u>Keno Cemetery</u>			20c. LOCATION - City or Town, State <u>Keno, OR 97627</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u>			21b. LICENSE NUMBER (Of licensee) <u>CO-3104</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>			23. DATE FILED (Month, Day, Year) <u>JUN 26 1995</u>	
24. REGISTRAR'S SIGNATURE <u>Janet Bailey Guber</u>			25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			27. TIME OF DEATH <u>18:44 P M</u>	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Ralph A. Breitenstein</u>	
30. DATE SIGNED (Month, Day, Year) <u>June 26, 1995</u>			31. TIME OF DEATH <u>18:44 P M</u>	
32. DATE SIGNED (Month, Day, Year) <u>June 26, 1995</u>			33. DATE SIGNED (Month, Day, Year) <u>June 26, 1995</u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Ralph A. Breitenstein, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601</u>			35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest) PART I (a) <u>hepatic encephalopathy</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>cirrhosis</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>jejunal-ileal bypass cirrhosis</u> PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			Interval between onset and death <u>1 yr</u> <u>10 yrs</u> <u>20 yrs</u>	
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide	
41a. DATE OF INJURY (Month, Day, Year) <u> </u>			41b. TIME OF INJURY <u> </u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)			41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

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

ORIGINAL-VITAL STATISTICS COPY

JUN 26 1995

DATE ISSUED: 10/17/95

Janet Bailey Guber

JANET BAILEY GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William Gregory the 17th day of October A.D., 19 95 at 2:21 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 28300.

FEE \$10.00

Bernetha G. Letsch, County Clerk

By Annette Mueller

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