

M06-12958

Klamath County, Oregon

06/26/2006 09:50:18 AM

Pages 2 Fee: \$26.00

After Recording Return to:

CORRIE L. HALL-CROSBY

32511 Modoc Pt Rd
Chiloquin, OR 97624

Until a change is requested all tax statements

Shall be sent to the following address:

CORRIE L. HALL-CROSBY

Same as above

ASDEN: 63329MS
WARRANTY DEED
(INDIVIDUAL)

MELVIN L. WOOD, herein called grantor, convey(s) to CORRIE L. HALL-CROSBY, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 12, Block 40, Tract No. 1184, OREGON SHORES UNIT #2 FIRST ADDITION, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 138 MAP 3507-018AD TL 01300 KEY #242259

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 \$8,000.00.
(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 June 21, 2006.

Melvin L. Wood
MELVIN L. WOOD

STATE OF ARIZONA County of Maricopa ss.

On June 22, 2006 personally appeared the above named MELVIN L. WOOD and acknowledged the foregoing instrument to be HIS voluntary act and deed.

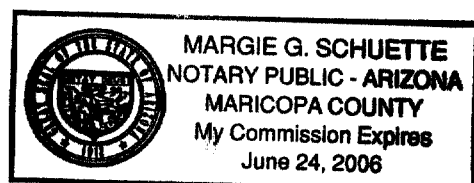
This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00063329

Before me: [Signature]
Notary Public for Arizona
My commission expires: June 24 2007

Official Seal



#26-A

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. **2005-000184**

NAME OF DECEASED WANDA BELL WOOD		SEX FEMALE	DATE OF DEATH JANUARY 4, 2005
RACE (e.g., white, black, American Indian (specify tribe) etc.) White		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) No	
PLACE OF BIRTH Maricopa	TOWN OR CITY Scottsdale	HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) Scottsdale Healthcare/Shea	
DATE OF BIRTH October 19, 1928	AGE (YEARS LAST BIRTHDAY) 76	IF UNDER 1 YEAR Married	SURVIVING SPOUSE Melvin L. Wood
STATE AND CITY OF BIRTH Cedar Gap, Missouri	CITIZEN OF WHAT COUNTRY? U.S.A.	SOCIAL SECURITY NO. 566-22-3733	USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Cafeteria
RESIDENCE California	COUNTY Santa Clara	CITY San Jose	ZIP CODE 95136
STREET ADDRESS OF R.F.D. 151 Mtn. Springs Rd.		INSIDE CITY LIMITS? (SPECIFY Yes or No) Yes	ON RESERVATIONS (SPECIFY Yes or No) No
FATHER'S NAME Ovie R. Odle	MOTHER'S MAIDEN NAME Alice L. Hunsaker	PREVIOUS STATE OF RESIDENCE Missouri	
INFORMANT'S SIGNATURE <i>Duane Moore</i>		RELATIONSHIP TO DECEASED Daughter	ADDRESS 5117 E. Justica Cave Creek, AZ 85331
DATE OF CREMATION 1-7-05	CEMETERY OR CREMATORY - NAME/LOCATION DECA Crematory Phoenix, AZ	EMBALMER'S SIGNATURE <i>Duane Moore</i>	
FUNERAL HOME Desert Hills Mortuary 6500 E. Bell Rd. Scottsdale, AZ 85254		FURNERAL DIRECTOR or person acting as such (SIGNATURE) <i>Duane Moore</i>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: Sadan Patel, M.D.		ON THE BASIS OF EXAMINATION AND INVESTIGATION IN MY OFFICE OR AT THE PLACE OF DEATH, DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED: Arterio-venous malformation in stomach Esophagus	
DATE SIGNED (Mo. Day Year) 1-5-05		HOUR OF DEATH 8:32AM	
NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print): Sadan Patel MD 7400 E. Osborn Rd. Scottsdale, AZ 85251		MEDICAL EXAMINER'S SIGNATURE <i>Virginia Castellano</i>	
DATE REGISTERED JAN 21 2005		REG. FILE NO. 254	
REGISTRAR'S SIGNATURE <i>Virginia Castellano</i>		AUTHORIZED FOR CREMATION (SPECIFY) Yes	
PART I. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Hypertension, upper G.I. bleeding		DATE REC'D IN STATE OFFICE 0706	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Arterio-venous malformation in stomach Esophagus		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YR	
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 51		WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE	
SUPPLEMENTARY ENTRIES 58			

CERTIFIED COPY OF VITAL RECORDS

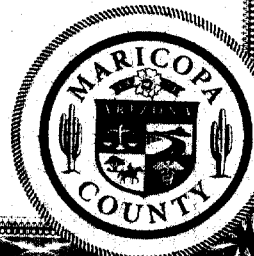
STATE OF ARIZONA
COUNTY OF MARICOPA } SS

DATE ISSUED

January 26, 2005

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Issued under the authority of A.R.S. 36-341, and by direction of:

Sandi Wilson
Sandi Wilson
Local Registrar
Department of Public Health



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

4359389

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.