



After recording return to:  
Thompson Family Trust  
4 Grandhill Way  
Pittsford, NY 14534

Until a change is requested all tax statements  
shall be sent to the following address:  
Thompson Family Trust  
4 Grandhill Way  
Pittsford, NY 14534

File No.: 7021-838615 (ALF)  
Date: June 06, 2006

**M06-13497**

Klamath County, Oregon

07/03/2006 12:10:04 PM

Pages 3 Fee: \$31.00

## STATUTORY WARRANTY DEED

**Roberto D. Demetrio**, Grantor, conveys and warrants to **David Robert Thompson and Elizabeth Jane Thompson Trustees of the Thompson Family Trust dated August 16, 2000**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LOT 1 IN BLOCK 4 OREGON SHORES SUBDIVISION-TRACT # 1053, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY, OREGON.**

**This property is free from liens and encumbrances, EXCEPT:**

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$3,500.00**. (Here comply with requirements of ORS 93.030)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. 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 ORS 197.352.

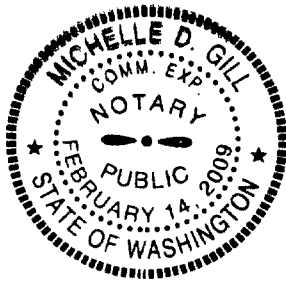
31-F

Dated this 23rd day of June, 2006.

Roberto D. Demetrio  
Roberto D. Demetrio

STATE OF ~~Oregon~~ Washington)  
County of ~~Klamath~~ Snohomish)ss.

This instrument was acknowledged before me on this 23rd day of June, 2006  
by **Roberto D. Demetrio**.



Michelle D. Gill

Notary Public for ~~Oregon~~ Washington  
My commission expires: 2-14-2009

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



146

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME First Middle Last <b>Letigia Legaspi DEMETRIO</b>				2 SEX (M / F) <b>Female</b>		3 DEATH DATE (Mo. Day, Yr) <b>November 4, 1995</b>	
4 AGE LAST BIRTH DAY (Yrs) <b>49</b>		5 UNDER 1 YEAR MOS DAYS HOURS MINS		7 BIRTHDATE (Mo. Day, Yr) <b>Aug. 4, 1946</b>		8 BIRTHPLACE (City, State or Foreign Country) <b>Cavite City, Philippines</b>	
11 CITY TOWN OR LOCATION OF DEATH <b>Stevens Pass Hiway</b>				12 PLACE OF DEATH—NO BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG RM/OUT PTN 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input checked="" type="checkbox"/> OTHER PLACE <b>SR 2, MP 65.27</b>			13 SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>
14 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) <b>Married</b>		15 SURVIVING SPOUSE (If wife, give maiden name) <b>Roberto D. Demetrio</b>		16 SOCIAL SECURITY NO <b>543-70-1790</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>12th 4</b>	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Teacher</b>		19 KIND OF BUSINESS OR INDUSTRY <b>Education - High School</b>		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21 RACE (Specify) <b>Fillipino</b>	
27 RESIDENCE—NUMBER AND STREET <b>19920 Fremont Ave. N.E.</b>		23 CITY/TOWN OR LOCATION <b>Seattle</b>		24 INSIDE CITY LIMITS? (Yes / No) <b>No</b>	25A COUNTY <b>King</b>	25B. LENGTH OF RES IN CO <b>15 yrs.</b>	26 STATE <b>WA</b>
27 ZIP CODE <b>98133</b>		29 FATHER'S NAME—FIRST, MIDDLE, LAST <b>Gaudioso P. Legaspi</b>		29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Virginia C. Macapagal</b>			
30 INFORMANT—NAME <b>Mr. Roberto Demetrio</b>			31 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP <b>19920 Fremont Ave. N.E., Seattle, Washington 98133</b>				
32 BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>		33 DATE (Mo. Day, Yr) <b>Nov. 13, 1995</b>		34 CEMETERY/CREMATORY—NAME <b>Washelli Crematory</b>		35 LOCATION—CITY/TOWN, STATE <b>Seattle, Washington</b>	
36 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>			37 NAME OF FACILITY <b>Evergreen-Washelli Funeral Home</b>		38 ADDRESS OF FACILITY <b>11111 Aurora Ave. Seattle, WA 98133</b>		
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X</b>				43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X</b>			
40 DATE SIGNED (Mo., Day, Yr)		41 HOUR OF DEATH (24 Hrs)		44 DATE SIGNED (Mo., Day, Yr)		45 HOUR OF DEATH (24 Hrs)	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46 PRONOUNCED DEAD (Mo., Day, Yr)		47 HOUR PRONOUNCED DEAD (24 Hrs)	
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)						49 MEDICORONER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Multiple Lethal chest and abdominal injuries</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Brief</b>	
		B. <b>Motor vehicle accident</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Brief</b>	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.						52 AUTOPSY? (Yes / No)	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
54 ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>Accidental</b>		55 INJURY DATE (Mo. Day, Yr) <b>11/4/95</b>		56 HOUR OF INJURY (24 Hrs) <b>1735 (approx)</b>	57 DESCRIBE HOW INJURY OCCURRED. <b>Passenger in a car that slide on snow into on coming traffic. Got hit on right side.</b>		
58 INJURY AT WORK? (Yes / No) <b>No</b>		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) <b>Highway</b>		60 STREET OR RFD NO., CITY/TOWN, STATE <b>SR 2, MP 65.27 - Just East of Stevens Pass</b>			
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			62 REGISTRAR SIGNATURE <i>[Signature]</i>			63 DATE RECEIVED (Mo., Day, Yr.) <b>NOV 07 1995</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/81) (formerly DSHS 6-150)

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DOH 01-003 (5/92)

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