M06-13517

Klamath County, Oregon 07/03/2006 02:50:32 PM Pages 2 Fee: \$26.00

After Recording Return to:

ASA D. MAIZE

COLUMN AND MAIZE

COLUMN

ASA D. MAIZE Same as above

> TSPEN: 63604 MS WARRANTY DEED (INDIVIDUAL)

VIVREA ALSTON, herein called grantor, convey(s) to ASA D. MAIZE, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 8, VILLA SAINT CLAIR, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 041 MAP 3909-014BB TL 01400 KEY #571900

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 \$100,000.00. (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 29, 2006.

Vivre alst vivre alst

On <u>June</u> 30, 2006 personally appeared the above named VIVREA ALSTON and acknowledged the foregoing instrument to be her voluntary act and deed.

) ss.

This document is filed at the request of:

Aspen TITLE & ESCROW, INC.

STATE OF OREGON, County of

525 Main Street Klamath Falls, OR 97601 Order No.: 00063604 Before me: Delivere
Notary Public for Oregon
My commission expires: 3/10/0 9

Official Seal

OFFICIAL SEAL

M. A. SILVERIA

NOTARY PUBLIC-OREGON
COMMISSION NO 35

MY COMMISSION SET

OFFICIAL SEAL
M. A. SILVERIA
NOTARY PUBLIC-OREGON
COMMISSION NO. 390 459
MY COMMISSION EXPIRES MAR. 10, 2009

SWS Vision Form SDD03OR Rev. 01/23/97

\$ 26-A

## CERTIFICATION OF VITAL RECORD

9795 35 8 Local File Number

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136

State File Number

|   |  | rl   |   |  |  | TON  | M  |  | , 2003  |
|---|--|--|---|--|--|--|--|--|---|
|   | 526-30-664   | _   '^e.   | East Bethdav<br>PS 82 Mi                                    | 5b Under I Year<br>cs Days   | Sc Under 1 Day<br>Hours Mins   |  | City and State or Fo<br>le, Arkenses   |  | ятн <i>моль са, тел</i><br>у 9, 1921  |
| EDENT   | B WAS DECEDENT EVER<br>U.S. ARMED FORCES'  |  |   |  | DOCA DIHER D   |  | Decedents Home [   |  |   |
|   | 96 FACILITY NAME 1700<br>4323 Bartle   |  | •   |  | Kla  | rown caloca<br>math Fal  | ls   |  | So COUNTY OF DEATH Klamath  |
|   | 13a DECEDENT'S USUAL<br>(Give kind of work do<br>Do not use retred   | , OCCUPATION<br>ne during most d   |   | TO KIND OF BUSINE  |  | Nec<br>On  | RITAL STATUS - Mai<br>er-Married Wisched<br>creed   Specify  |  | (If Married, Widowed)   |
|   | Heavy Equi   |  |   | Klamath  |  | '3d S'   | ried<br>REET AND NUMBE   | a  | a Alston  |
|   | LIMITS   | ZIP CODE   | 14 WAS DEC  | Klamath F'<br>CEDENT OF HISPAN<br>Yes - II yes, specify  | HC ORIGIN?   | 432.<br>15 PACE Americ<br>Black White etc  | 3 Bartlett<br>un Indian<br>(Specify)   | 16 DECEDE                                    | NT'S EDUCATION<br>nest grade completed)   |
|   | □ Yes <b>XX</b> *//>   | 7603   | Mexican Pue<br>Scecity                                      | rio Ricani etc.) 🚨 f   | No 🗋 Yes   | White  |  | ementary/S <b>econd</b> ary (                |   |
| ENTS  | 17 FATHER NAME NO<br>Henry   |  | Alston  | 8 MOTHER NAME  | Mary   | Manuel   | Vivare   | ANT - NAME and related Alston-               | Wife  |
| OSITION   | 20a. METHOD OF DISPOS  **Deurial   Cremation    Donation   Other /S  | Removal from   | m State   |  | OSITION (Name of cem-  | al Garder  | ı <b>s</b> Klam  | ath Falls,                                   |   |
| [   | 21a SIGNATURE OF OREC<br>PERSON ACTING AS  | SUCH   | SERVICE LICENSE   | E 09 216   | OREGON LICENSE NO<br>(Of Licensee)   | Eternal  |  | FACILITY<br>neral Home<br>ath Falls,         |   |
| STRAR   | 23. DATE FILED (MIR. C   | ay Year)   | <del>"</del>  | JUL 2 5 2  | 2003   |  | S SIGNATURE  | Robert                                       | 7   |
|   | RESERVED FOR REGISTR   | PAR'S USE  |   | X  | 1  | 1/   | J  | 1000   |   |
| ^   | TO BE C  |  | BY CERTIFY  | ING PHYSICIA   | in \   | TO BE C  |  | ILY BY MEDICA                                | L EXAMINER  (Month. Day, Year, Hou  |
|   | ZV. THAL OF DEATH  |  |   |  |  |  |  |  |   |
|   | 3:40 P.  |  | i □ No  | 444 444  |  | 32. On the basis   | M of examplation and   | /or investigation in                         | my opinion death occi   |
| MEE A   | 3:40 P.  29. To the best of my knighted to the cause(s) and (Signature)  |  | i □ No  | ne, date, place and  |  | 32. On the basis at the time, d  | M at examination and ale, place and due:   | Vor investigation, in<br>to the cause(s) and | my opinion death occumanner stated.   |
| (T)FEER   | 29. To the best of my known due to the cause(s) a  | owledge, death<br>and manner stat  | i □ No  | ne, date, place and  | ·  | (Signature)  | M at examination and ale, place and due  |  | my opinion death occumanner stated.   |
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| ITIONS  | 29. To the best of my knice to the cause(s) a (Signature)  30. DATE SIGNED Model of the cause(s) a (Signature)  34. NAME TITLE ADDITIONAL OF ATTENDITIONS AND A | owiedge, death and manner state of the state | OF CERTIFIER.M., 2614 (                                     | iedical examiner<br>Clover, Kl   | R (Type or Pint)<br>Lamath Falls<br>or Pint)   | 33 DATE SIGNE  | D (Month. Day, Yea   | 0  | COUNTY  |
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| ITIONS ANY H GAVE E TO DIAYE USE NG THE E TO JUSE USE USE USE USE USE USE USE USE USE | 29. To the best of my kindue to the cause(s) a (Signature)  30. DATE SIGNED MIO  34. NAME TITLE. ADDE GEOFFREY M.  35. NAME OF ATTENDED  36. NAME OF ATTENDED  36. NAME OF ATTENDED  10. OR AS A DUE TO, OR AS | ovisage, death and manner state and mann | OF CERTIFIER M  | THE UNDER THE OF YEAR ALL TIME OF YEAR A | R (Type or Print) Lamath Falls or Print)  A A A D or Do not a me se given in PART I. | 37. Did tobacco to the death Yes   | Use contribute Probably Unknown E HOW INJURY OCC   | 38. AUTOPSY 3                                | interval between one and death in determining cause of death? |

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

JUL 2 5 2003 DATE ISSUED:

Michelle Perry MICHELLE PERRY COUNTY REGISTRAR

