

M06-13517

Klamath County, Oregon

07/03/2006 02:50:32 PM

Pages 2 Fee: \$26.00

After Recording Return to:

ASA D. MAIZE

Bartlett 4323 K
Klamath Falls, OR 97601

Until a change is requested all tax statements

Shall be sent to the following address:

ASA D. MAIZE

Same as above

ASPEN: 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)

A.D.M
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.

Vivrea Alston
VIVREA ALSTON

STATE OF OREGON, County of) ss.

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

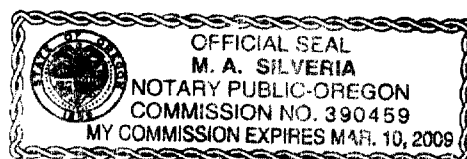
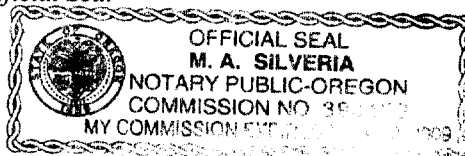
This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00063604

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

Official Seal



CERTIFICATION OF VITAL RECORD

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

399795

ID TAG NO

358

Local File Number

136

State File Number

DECEDENT

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1. DECEDENT'S NAME Earl ALSTON		2. SEX M		3. DATE OF DEATH (Month, Day, Year) July 19, 2003	
4. SOCIAL SECURITY NUMBER 526-30-6645		5a. AGE Last Birthday (Years) 82		5b. UNDER 1 Year MOS _____ Days _____	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. BIRTHPLACE (City and State or Foreign Country) Misselville, Arkansas		8. DATE OF BIRTH (Month, Day, Year) February 9, 1921	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____					
9b. FACILITY NAME (If not institution, give street and number) 4323 Bartlett Ave.			9c. CITY/TOWN OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heavy Equipment Operator		10b. KIND OF BUSINESS/INDUSTRY Klamath County		11. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated) Married	
12. SPOUSE (If Married, Widowed) Vivarea Alston					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY/TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 4323 Bartlett Ave.					
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		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	
15. RACE (American Indian, Black, White, etc. (Specify)) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 7			
17. FATHER - NAME first middle last Henry Alston		18. MOTHER - NAME first middle maiden Mary Manuel		19. INFORMANT - NAME and relationship to decedent Vivarea Alston-Wife	
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) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO (Of Licensee) JUL 25 2003		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy 39, Klamath Falls, OR., 97603	
23. DATE FILED (Month, Day, Year) JUL 25 2003		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

RESERVED FOR REGISTRAR'S USE

CERTIFIER

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27. TIME OF DEATH 3:40 P.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) N	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>				32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) 7/21/03				33. DATE SIGNED (Month, Day, Year) _____ COUNTY _____			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Geoffrey Marx M.D., 2614 Clover, Klamath Falls, Oregon, 97601							
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 include underlying condition, e.g., Diabetes or Respiratory Arrest)						Interval between onset and death	
(a) CHF DUE TO, OR AS A CONSEQUENCE OF:						5 yrs	
(b) ASHD and Aortic Stenosis DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) _____ DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED					

RESERVED FOR REGISTRAR'S USE

ORIGINAL VITAL STATISTICS COPY

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

DATE ISSUED: **JUL 25 2003**

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Michelle Perry
MICHELLE PERRY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

