MTC 74363-LW THIS SPACE RI

AmeriTitle
Part Of The JELD-WEN Family

M06-14230
Klamath County, Oregon
07/14/2006 03:30:21 PM
Pages 3 Fee: $31.00

After recording return to:
LARRY O. SOWELL
3886 RIO VISTA
KLAMATH FALLS, OR 97603

Until a change is requested all
tax statements shall be sent to
The following address:

LARRY O. SOWELL
3886 RIO VISTA
KLAMATH FALLS, OR 97603

Escrow No. MT74363-LW
Title No. 0074363

SWD

STATUTORY WARRANTY DEED

CYNTHIA DAANE HARDEN, SUCCESSOR TRUSTEE OF THE LELAND D. HON REVOCABLE LIVING TRUST, Grantor(s) hereby convey and warrant to **~~LARRY~~ **LAWRENCE O. SOWELL,** Grantee(s) the following described real property in the County of **KLAMATH** and State of Oregon free of encumbrances except as specifically set forth herein:

Lot 15 in Block 8 of TRACT NO. 1079, SIXTH ADDITION TO SUNSET VILLAGE, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No: 3909-012CA-03600-000 Key No: 562947

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:
2006-2007 Real Property Taxes a lien not yet due and payable.

The true and actual consideration for this conveyance is **$213,500.00**.

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.

Dated this 5th day of July, 06.

CYNTHIA DAANE HARDEN, SUCCESSOR TRUSTEE OF THE LELAND D. HON REVOCABLE LIVING TRUST

BY: _____
Cynthia Daane Harden, Successor Trustee

State of Oregon
County of KLAMATH

This instrument was acknowledged before me on _____, 2006 by CYNTHIA DAANE HARDEN, SUCCESSOR TRUSTEE OF THE LELAND D. HON REVOCABLE LIVING TRUST.

_____
(Notary Public for Oregon)

My commission expires_____

31.00

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Orange } ss.

On July 5, 2006 (Date) before me, D.A. Gemeinhardt, Notary Public (Name and Title of Officer (e.g. "Jane Doe, Notary Public"))

personally appeared Cynthia Dacane-Harden (Name(s) of Signer(s)),

☒ personally known to me
☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

D. A. GEMEINHARDT
Commission # 1486399
Notary Public - California
Orange County
My Comm. Expires Apr 27, 2008

WITNESS my hand and official seal.

D. Gemeinhardt
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Statutory Warranty Deed

Document Date: July 5th 2006 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer

Signer's Name: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

455341 — State File Number

I.D. TAG NO. 542 — Local File Number

136-

PERMANENT BLACK INK.

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: First: Leland; Middle: Dwight; Last: HON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 16, 2005
4. SOCIAL SECURITY NUMBER: 515-16-4364
5a. AGE-Last Birthday (Years): 79
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Piedmontgreenwood, Kansas
7. DATE OF BIRTH (Month, Day, Year): June 11, 1926
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check one only.): [ ] HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA [ ] OTHER [X] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not an institution, give street and number.): Plum Ridge Care Center
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.): Realtor
10b. KIND OF BUSINESS/INDUSTRY: Real Estate
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify): Widowed
12. SPOUSE (If Married, Widowed): Lillian Hon
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3886 Rio Vista
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) If yes, specify Cuban, Mexican, Puerto Rican, etc.: [X] No [ ] Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed.): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME First Middle Last: Joseph Albert Hon
18. MOTHER'S NAME First Middle Maiden: Flosie Iona Smith
19. INFORMANT'S NAME and relationship to deceased: Dorothy Hogan - Girlfriend

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Mausoleum [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.): Eternal Hills Crematory
20c. LOCATION (City or Town, State): Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Eleanore Tolar
21b. OREGON LICENSE NO. (Of Licensee):
22. NAME, ADDRESS AND ZIP CODE OF FACILITY: Eternal Hills Funeral Home 4711 HWY 39 Klamath Falls, OR 97603
23. DATE FILED (Month, Day, Year): SEP 26 2005
24. REGISTRAR'S SIGNATURE: Terry L Woodfork

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY MEDICAL CERTIFIER

27. TIME OF DEATH: 1600 M
28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) [ ] Yes [X] 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)
30. DATE SIGNED (Month, Day, Year): 9/19/05

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year. Hour): M
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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Marian Pungan MD 2631 Crosby Klamath Falls, OR 97603
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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

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) ASPIRATION PNEUMONIA — Interval between onset and death: 3 weeks.
DUE TO, OR AS A CONSEQUENCE OF
(b) ATRIAL FIBRILLATION — Interval between onset and death: 1 months.
DUE TO, OR AS A CONSEQUENCE OF:
(c) CEREBROVASCULAR ACCIDENT — Interval between onset and death: 3 YEARS

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? [ ] Yes [ ] Probably [X] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. IF YES, were findings considered in determining cause of death? [ ] Yes [ ] No [X] N/A

40. MANNER OF DEATH: [X] Natural [ ] Investigation Pending [ ] Accident [ ] Undetermined Manner [ ] Suicide [ ] Homicide [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? [ ] Yes [ ] 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

CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF GREEN AND PINK COPY

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: SEP 26 2005

Michelle Perry
MICHELLE PERRY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE