

2006-016436

Klamath County, Oregon



00001262200600164360020020

08/15/2006 02:54:24 PM

Fee: \$26.00

After Recording Return to:

GARY KOTTONG AND

VIRGINIA KOTTONG

P.O. Box 48

Chiloquin, Or. 97624

Until a change is requested all tax statements

Shall be sent to the following address:

SAME AS ABOVE

ASPEN: 63294 PS  
WARRANTY DEED  
(INDIVIDUAL)

VIRGINIA JINES, TRUSTEE FOR THE VIRGINIA JINES TRUST, U/D/T DATED MAY 1997, herein called grantor, convey(s) to GARY KOTTONG and KATHRYN KOTTONG, husband and wife, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

That part of the E 1/2 of Government Lot 3 that lies South of the Sprague River Highway in Section 1, Township 35 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon.

CODE 008 MAP 3508-00100 TL 00300 KEY #251480

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 \$65,000.00.  
(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 August 4th, 2006.

8-14-06  
VIRGINIA JINES TRUST  
Virginia Jines, Trustee  
BY: VIRGINIA JINES, TRUSTEE

STATE OF CALIFORNIA, County of Los Angeles ) ss.

On August 14, 2006 personally appeared the above named VIRGINIA JINES, TRUSTEE and acknowledged the foregoing instrument to be her voluntary act and deed.

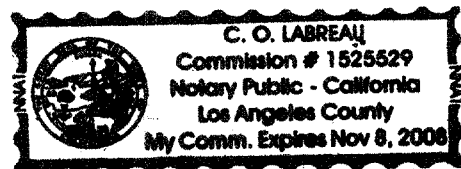
This document is filed at the request of:



525 Main Street  
Klamath Falls, OR 97601  
Order No.: 00063294

Before me: C. O. Labreau  
Notary Public for California  
My commission expires:

Official Seal



\$26.14

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY-NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS 11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN) <b>ELEANOR</b>			2. MIDDLE <b>-</b>			3. LAST (FAMILY) <b>MILNER</b>						
	4. DATE OF BIRTH MM/DD/CCYY <b>04/25/1932</b>		5. AGE YRS. <b>63</b>		IF UNDER 1 YEAR MONTHS    DAYS		IF UNDER 24 HOURS HOURS    MINUTES		6. SEX <b>F</b>	7. DATE OF DEATH MM/DD/CCYY <b>01/31/1996</b>		8. HOUR <b>0630</b>	
	9. STATE OF BIRTH <b>IL</b>		10. SOCIAL SECURITY NO. <b>333-26-5529</b>		11. MILITARY SERVICE 19__ TO 19__ <input type="checkbox"/> NONE		12. MARITAL STATUS <b>Widowed</b>		13. EDUCATION --YEARS COMPLETED <b>12</b>				
	14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>McStarlite Co.</b>								
	17. OCCUPATION <b>Secretary</b>		18. KIND OF BUSINESS <b>Aerospace</b>				19. YEARS IN OCCUPATION <b>26</b>						
<b>USUAL RESIDENCE</b>	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>23208 Doble Avenue</b>												
	21. CITY <b>Torrance</b>			22. COUNTY <b>Los Angeles</b>			23. ZIP CODE <b>90502</b>			24. YRS IN COUNTY <b>63</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>	
<b>INFORMANT</b>	26. NAME, RELATIONSHIP <b>Virginia Jines - Sister</b>						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>19703 Bouma Avenue Cerritos, CA 90703</b>						
	28. NAME OF SURVIVING SPOUSE—FIRST <b>-</b>				29. MIDDLE <b>-</b>				30. LAST (MAIDEN NAME) <b>-</b>				
<b>SPOUSE AND PARENT INFORMATION</b>	31. NAME OF FATHER—FIRST <b>John</b>				32. MIDDLE <b>-</b>				33. LAST <b>Kulisek</b>				34. BIRTH STATE <b>CZ</b>
	35. NAME OF MOTHER—FIRST <b>Elizabeth</b>				36. MIDDLE <b>-</b>				37. LAST (MAIDEN) <b>Cibulka</b>				38. BIRTH STATE <b>CZ</b>
	39. DATE MM/DD/CCYY <b>02/07/1996</b>												
<b>DISPOSITION(S)</b>	40. PLACE OF FINAL DISPOSITION <b>RES. Virginia Jines 19703 Bouma Avenue Cerritos, CA 90703</b>												
	41. TYPE OF DISPOSITION(S) <b>CR/RES</b>				42. SIGNATURE OF EMBALMER <b>▶ Not Embalmed</b>				43. LICENSE NO. <b>-</b>				
	44. NAME OF FUNERAL DIRECTOR <b>CREMATION SOCIETY SO. BAY</b>				45. LICENSE NO. <b>FD-1491</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ [Signature]</b>				47. DATE MM/DD/CCYY <b>02/05/1996</b>		
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>Torrance Memorial Hospital</b>				102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA				103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES <input type="checkbox"/> OTHER				104. COUNTY <b>Los Angeles</b>
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>3330 Lomita Blvd</b>								106. CITY <b>Torrance</b>				
<b>CAUSE OF DEATH</b>	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)								TIME INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		
	IMMEDIATE CAUSE		(A) <b>Metastatic Endometrial Carcinoma</b>								109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	DUE TO		(B)								110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO		(C)								111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		
	DUE TO		(D)										
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>None</b>													
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE <b>Laparotomy 03/11/1995</b>													
<b>PHYSI- CIAN'S CERTIFICA- TION</b>	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY <b>11/09/1995</b>				115. SIGNATURE AND TITLE OF CERTIFIER <b>[Signature]</b>				116. LICENSE NO. <b>G21727</b>		117. DATE MM/DD/CCYY <b>02/02/1996</b>		
	DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>01/23/1996</b>				118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>S. Lemkin, M.D. 3440 Lomita Bl. Torrance, CA 90505</b>								
<b>CORONER'S USE ONLY</b>	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY		
	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)												
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)												
<b>STATE REGISTRAR</b>	126. SIGNATURE OF CORONER OR DEPUTY CORONER <b>▶ [Signature]</b>						127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER				
	A	B	C	D	E	F	G	H	FAX AUTH. # <b>241</b>		CENSUS TRACT		

THIS IS A TRUE CERTIFIED COPY OF THE RECORD  
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT  
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN  
PURPLE INK.



FEB 08 1996

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*[Signature]*