

MTC 76445-LW

THIS SPACE RESERVED FOR RECORDER'S USE



2006-016941

Klamath County, Oregon



08/22/2006 03:04:04 PM

Fee: \$26.00

After recording return to:

MICHAEL V. GERMOLUS

7433 MINA BIRD DR.

Bonanza, OR 97623

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

MICHAEL V. GERMOLUS

7433 MINA BIRD DR.

Bonanza, OR 97623

Escrow No. MT76445-LW

Title No. 0076445

SWD

### STATUTORY WARRANTY DEED

**WALTER A. FIRESTONE, TRUSTEE UNDER THE FIRESTONE LOVING TRUST DATED JULY 31, 1990**, Grantor(s) hereby convey and warrant to **MICHAEL V. GERMOLUS and CHRISTINE E. GERMOLUS, as tenants by the entirety**, 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 2, Block 35, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No: 3811-009A0-04800-000

Key No: 462458

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 **\$15,000.00**.

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.

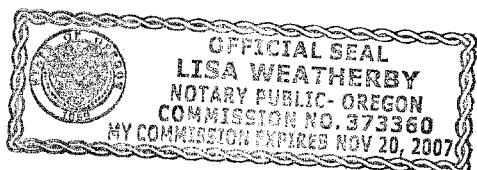
Dated this 22<sup>nd</sup> day of August, 2006

WALTER A. FIRESTONE, TRUSTEE UNDER THE FIRESTONE LOVING TRUST DATED JULY 31, 1990

BY: Walter A. Firestone  
WALTER A. FIRESTONE, TRUSTEE

State of Oregon  
County of KLAMATH

This instrument was acknowledged before me on August 22, 2006 by WALTER A. FIRESTONE, TRUSTEE UNDER THE FIRESTONE LOVING TRUST DATED JULY 31, 1990.



Lisa Weatherby  
(Notary Public for Oregon)

My commission expires 11/20/07

26.00

# CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS

H-58557

I.D. TAG NO.

375

Local File Number

## CERTIFICATE OF DEATH

136-

State File Number

### DECEDENT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

1. DECEDENT'S NAME First: Janice Middle: May Last: FIRESTONE			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 1, 2005
4. SOCIAL SECURITY NUMBER 285-22-3132	5a. AGE-Last Birthday (Years) 95	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Dayton, Ohio
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check one only) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____		
9b. FACILITY NAME (If not an institution, give street and number.) Klamath Regional Rehabilitation 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.) Secretary		10b. KIND OF BUSINESS/INDUSTRY Civil Service		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) Married
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls	13d. STREET AND NUMBER 4751 Bellm Drive / Space 100
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) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify Cuban, Mexican, Puerto Rican, etc.		15. RACE American Indian, Black, White, etc. (Specify) White
17. FATHER'S NAME First: Charles Lambert Middle: Berry Last: Berry		18. MOTHER'S NAME First: Blanche Mabel Middle: Peters Last: Peters		19. INFORMANT'S NAME and relationship to deceased Walter Firestone / Husband
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <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.) Pyramid Cremations		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) 3678		22. NAME, ADDRESS AND ZIP CODE OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year) JUL 0 5 2005		24. REGISTRAR'S SIGNATURE <i>Christa Kurneb</i>		

### PARENTS

### DISPOSITION

7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

### REGISTRAR

### CERTIFIER

10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_

DESIGNATE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE SPECIFIC REASON.

### CAUSE OF DEATH

15. \_\_\_\_\_
16. \_\_\_\_\_

TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 0815 M		28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
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>W.C. Heidinger MD</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) _____			
30. DATE SIGNED (Month, Day, Year) 7/1/05				33. DATE SIGNED (Month, Day, Year) _____ COUNTY _____			
34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Wendell C. Heidinger, MD / 2300 Clairmont Drive / Klamath Falls, OR 97601							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____							
PART I (a) Failure to Thrive DUE TO, OR AS A CONSEQUENCE OF: (b) CAD, MI, HTN, Pneumonia, COPD DUE TO, OR AS A CONSEQUENCE OF: (c) _____						Interval between onset and death Interval between onset and death Interval between onset and death	
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? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

JUL 0 8 2005

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

*Michelle Perry*  
MICHELLE PERRY  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

