

2006-019520

Klamath County, Oregon



00004940200600195200020022

09/28/2006 11:08:22 AM

Fee: \$26.00

After Recording Return to:

LOURDES C. BROWN and MIRTHA E. PADILLA

2425 White Ave.
Klamath Falls, Or. 97601

Until a change is requested all tax statements

Shall be sent to the following address:

LOURDES C. BROWN and MIRTHA E. PADILLA

Same as above

ASPEN: 63867 MS

WARRANTY DEED
(INDIVIDUAL)

MARY NYE POPE, TRUSTEE OF THE
MARY NYE POPE REVOCABLE LIVING TRUST, herein called grantor, convey(s) to LOURDES C.
BROWN and MIRTHA E. PADILLA, not as tenants in common, but with rights of survivorship, herein called
grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

The Westerly 40 feet of the Easterly 80 feet of Lot 1, Block 5, and the Westerly 80 feet of Lot 2, Block 5,
DIXON SECOND ADDITION TO THE CITY OF KLAMATH FALLS, according to the official plat thereof
on file in the office of the Clerk of Klamath County, Oregon.

CODE 001 MAP 3809-033AB TL 01000 KEY #417374

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 \$74,000.00.
(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 September 19, 2006

POPE (cc)
MARY NYE POE REVOCABLE LIVING TRUST

Mary Nye Pope
MARY NYE POPE, TRUSTEE

STATE OF OREGON, County of Jackson) ss.

On 9/20, 2006 personally appeared the above named MARY NYE POE, TRUSTEE OF THE
MARY NYE POPE REVOCABLE LIVING TRUST and acknowledged the foregoing instrument to be her
voluntary act and deed.

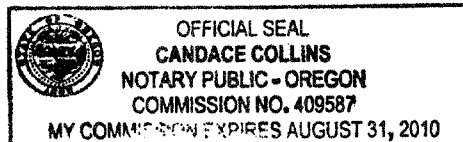
This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00063867

Before me: Candace Collins
Notary Public for Oregon
My commission expires: August 31, 2010

Official Seal



CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

OR
PRINT IN
PERMANENT
BLACK INK

H 70316
I.D. TAG NO.

CERTIFICATE OF DEATH

136-

Local File Number

State File Number

DECEDENT

1.
2.
3.
4.
5.
6.

PARENTS

DISPOSITION

7.
8.
9.

REGISTRAR

CERTIFIER

10.
11.

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

CAUSE OF
DEATH

15.

16.

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

1. DECEDENT'S NAME First Middle Last Russell P. SMITH			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) December 7, 2005
4. SOCIAL SECURITY NUMBER 541-38-3697		5a. AGE-Last Birthday (Years) 73	5b. Under 1 Year Mos. Days 73	5c. Under 1 Day Hours Mins. 73
6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, OR		7. DATE OF BIRTH (Month, Day, Year) November 10, 1932		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check one only) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not an institution, give street and number.) 5626 S. Pacific Hwy		9c. CITY, TOWN, OR LOCATION OF DEATH Phoenix		9d. COUNTY OF DEATH Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer		10b. KIND OF BUSINESS/INDUSTRY Cattle/Hay/Grain		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Divorced
12. SPOUSE (If Married, Widowed) -				
13a. RESIDENCE - STATE Oregon		13b. COUNTY Jackson	13c. CITY, TOWN OR LOCATION Phoenix	
13d. STREET AND NUMBER 5626 S. Pacific Hwy				
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97535		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) <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.) Elementary/Secondary (0-12) College (1-4 or 5+) 4		
17. FATHER'S NAME First Middle Last Richard M. Smith		18. MOTHER'S NAME First Middle Maiden Helen M. MacTaggart		19. INFORMANT'S NAME and relationship to deceased Mary Pope-companion
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.) Funeral Alternatives Crem.		20c. LOCATION (City or Town, State) Medford, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Deborah L. Wolf</i>		21b. OREGON LICENSE NO. (Of Licensee) 0374		22. NAME, ADDRESS AND ZIP CODE OF FACILITY Abbey Funeral 2680 N. Pacific Hwy Medford, OR 97501
23. DATE FILED (Month, Day, Year) DEC 12 2005		24. REGISTRAR'S SIGNATURE <i>Selma Cohen</i>		

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY MEDICAL CERTIFIER

10.

11.

12.

13.

14.

27. TIME OF DEATH 11:00 P M		28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input checked="" type="checkbox"/> Yes <input 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>Steve Joslin</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>Steve Joslin</i>		33. DATE SIGNED (Month, Day, Year) 12-12-05	
30. DATE SIGNED (Month, Day, Year) 12-12-05		34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steve Joslin, FNP; 312 E. Main St. Talent, OR 97540		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 enter mode of dying (e.g., Cardiac or Respiratory Arrest). PART I (a) pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) adenocarcinoma of the lung DUE TO, OR AS A CONSEQUENCE OF: (c) COPD		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 type="checkbox"/> N/A
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Investigation Pending <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		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

ORIGINAL - VITAL STATISTICS' COPY

45-2 (12/04)

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

DATE ISSUED:

DEC 12 2005

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

Henry W. Collins, Jr.
HENRY W. COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE