

2006-022511

Klamath County, Oregon



00008426200600225110030037

11/13/2006 09:54:10 AM

Fee: \$31.00



THIS SPACE RESERVED FOR RECORDERS USE

After recording return to:
Laura Ann Luna
1518 Crescent
Klamath Falls, OR 97601

Until a change is requested all tax statements
shall be sent to the following address:
Laura Ann Luna
1518 Crescent
Klamath Falls, OR 97601

File No.: 7021-398623 ()
Date: October 17, 2006

ASPERU: 6962

STATUTORY QUITCLAIM DEED

Agnes M. Keck, Grantor, releases and quitclaims to **Laura Ann Luna**, all rights and interest in and to the following described real property:

The Easterly 128 feet of Lot 5 in Block 32 of HILLSIDE ADDITION to the City of Klamath Falls, Oregon. ALSO beginning at the Southwest corner of Lot 6 in Block 32 of Hillside Addition to the City of Klamath Falls, Oregon, thence Easterly along the Southerly line of said Lot 6, 50 feet to the true point of beginning; thence Easterly along the Southerly line of said Lot 6, 10 feet; thence Northerly parallel with Crescent Avenue 50 feet; thence Westerly and parallel to Fulton Street (formerly Albertson Street) 10 feet; thence Southerly and parallel to Crescent Avenue 50 feet to the point of beginning.

The true consideration for this conveyance is **\$correction of legal description**. (Here comply with requirements of ORS 93.030)

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.

This document is being recorded as an
accommodation only. No information
contained herein has been verified.
Aspen Title & Escrow, Inc.

Page 1 of 2

\$31-A

Dated this 20 day of October, 20 06.

Agnes M. Keck
Agnes M. Keck

STATE OF Arizona)
County of Cochise)ss.
)

This instrument was acknowledged before me on this 20 day of October, 20 06
by .



[Signature]

Notary Public for Arizona
My commission expires: Aug. 5, 2008

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL
STATE
COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO.
D-102 2006 - 003866

NAME OF DECEASED 1. ALVIN FRANKLIN KECK			SEX 2. MALE	DATE OF DEATH 3. JANUARY 30, 2006		
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. WHITE			WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. NO			
PLACE OF DEATH 6. PIMA GREEN VALLEY			6C. HOSPITAL OR INSTITUTION LA POSADA HEALTHCARE			
DATE OF BIRTH 7. SEPTEMBER 9, 1923			AGE (YEARS, MONTHS, DAYS) 8A. 82			
STATE AND CITY OF BIRTH 11. ND., WASHBURN			CITIZEN OF WHAT COUNTRY? 12. USA			
USUAL RESIDENCE 15. ARIZONA COCHISE PEARCE			15D. ZIP CODE 85625			
STREET ADDRESS OF R.F.D. 15C. 906 E. CHRISTMAS TREE LANE			15F. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
FATHER'S NAME 19. FREDRICK KECK			MOTHER'S MAIDEN NAME 20. ALVENA SCHACHER			
INFORMANT'S SIGNATURE 21. AGNES KECK			RELATIONSHIP TO DECEASED 22. WIFE			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. REM/CREM.			DATE 25. 2/2/06			
FUNERAL HOME 26. WESTLAWN CHAPEL & MORTUARY, 105 S. ARIZONA, WILL COX, AZ. 85643			CITY AND STATE PEARCE, AZ. 85625			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 30. SIGNATURE AND TITLE [Signature]			ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE AND TITLE [Signature]			
DATE SIGNED (Mo., Day, Year) 31. 1/31/06			HOUR OF DEATH 32. 0600			
NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print) 33.			DATE SIGNED (Mo., Day, Year) 35.			
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 36. JOHN SCHMALING, NP, 2312 N. ROSEMONT, TUCSON, AZ. 85712			MEDICAL EXAMINER'S SIGNATURE 41. [Signature]			
DATE RECEIVED 42. FEB 10 2006			REG. DISTRICT 45. 1004			
47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Coronary Heart Failure			47B. DUE TO OR AS A CONSEQUENCE OF: Cardiomyopathy			
47C. DUE TO OR AS A CONSEQUENCE OF:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			AUTOPSY (Specify Yes or No) 49. NO			
MANNER OF DEATH 48. <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED			WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. YES FOR CREMATION			
DATE OF INJURY 52. MO DAY YR			INJURY AT WORK? (Specify Yes or No) 54.			
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56.			WHERE LOCATED? 57.			
SUPPLEMENTARY ENTRIES 58.						

DATE ISSUED: 2/15/2006

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT