

2006-023226

Klamath County, Oregon



00009247200600232260020029

11/20/2006 02:40:05 PM

Fee: \$26.00

After Recording Return to:

ROBIN CREW and MARY CREW

P.O. Box 812  
Keno, OR. 97627

Until a change is requested all tax statements

Shall be sent to the following address:

ROBIN CREW and MARY CREW

SAME AS ABOVE

Aspen: 64091ms

**WARRANTY DEED**

(INDIVIDUAL)

GERALDINE Y. GOODRICH, herein called grantor, convey(s) to ROBIN CREW and MARY CREW, husband and wife, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lots 2 and 3, Block 11, FIRST ADDITION TO KLAMATH RIVER ACRES, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 097 MAP 3907-025CO TL 06800 KEY #487645

CODE 096 MAP 3907-025CO TL 06700 KEY #487654

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 \$205,000.00.  
(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:

11-17-06

*Geraldine Y. Goodrich*  
GERALDINE Y. GOODRICH

STATE OF OREGON, County of Klamath) ss.

On November 17, 2006 personally appeared the above named GERALDINE Y. GOODRICH 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.: 00064091

Before me: *M. A. Silveria*  
Notary Public for Oregon  
My commission expires: 3/10/09

Official Seal



\$26-A

# CERTIFICATION OF VITAL RECORD

## OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

BLACK INK

471148  
I.D. TAG NO.

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

1. Legal Name (First, Middle, Last, Suffix) Jimmie Ray Goodrich					2. Death Date (MON DD YYYY) August 2, 2006	
3. Sex (MF) M	4a. Age - Last Birthday 54	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number 572-82-9520	6. County of Death Klamath	
7. Birthdate (MON DD YYYY) February 2, 1952		8a. Birthplace (City/Town, or County) Oakland		8b. (State or Foreign Country) California		9. Decedent's Education Some college, no degree
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No			11. Decedent's Race(s) Caucasian		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 17007 Camp Day Lane				14. City/Town Keno		
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97627-9040		
19. Marital Status at Time of Death Married			20. Spouse's Name (If married or widowed, give name prior to first marriage.) Geraldine Deien			
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Laborer				22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Agricultural Research		
23. Father's Name (First, Middle, Last, Suffix) William Goodrich				24. Mother's Name Prior to First Marriage (First, Middle, Last) Margaret Griffith		
25. Informant's Name Geraldine Goodrich		26. Telephone Number 541-882-1114		27. Relation to Decedent Wife		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) PO Box 242, Keno, Oregon 97627-9040
29. Place of Death Nursing Home				30. Facility Name Marquis Care at Plum Ridge		
31. Location of Death (Give address) 1401 Bryant Williams Drive				32. City/Town or Location of Death Klamath Falls		33. State OR
35. Method of Disposition Cremation		36. Place of Disposition (Name of cemetery, crematory, or other place) Eternal Hills Crematory		37. Location Klamath Falls, Oregon		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Eternal Hills Funeral Home 4711 HWY 39 Klamath Falls, OR 97603-9613						
39. Date of Disposition (MON DD YYYY) August 4, 2006		40. Funeral Director's Signature 			41. OR License Number 3705	
42. Registrar's Signature 			43. Date Received (MON DD YYYY) AUG 04 2006		44. Local File Number 493	
45. Record Amendment						
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 2230
CAUSE OF DEATH (See instructions and examples.)						
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate Interval: Onset to Death
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓ Renal failure				2 years
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		a. Due to (or as a consequence of) ↓ Diabetes mellitus				15 years
		b. Due to (or as a consequence of) ↓				
		c. Due to (or as a consequence of) ↓				
		d. Due to (or as a consequence of) ↓				
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: osteomyelitis, nephrotic syndrome						
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MON DD YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)						
60. Describe how injury occurred.				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Rand Hale 1000 Pine St, Klamath Falls, OR 97601-5899						
63. Name and Title of Attending Physician if Other than Certifier						
64. Title of Certifier MD		65. License Number 12370		66. Date Certified (MON DD YYYY) August 3, 2006		
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 				68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
69. Record Amendment						

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL RECORDS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED:

AUG 04 2006

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

MARILYNN G. SUTHERLAND  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE