

2007-003582

Klamath County, Oregon



THIS SP/



03/02/2007 11:42:28 AM

Fee: \$31.00

After recording return to:  
Darryl D. Mooneyham and Evelyn  
Mooneyham  
36070 Saddle Mountain Road  
Chiloquin, OR 97624

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

Darryl D. Mooneyham and Evelyn  
Mooneyham  
36070 Saddle Mountain Road  
Chiloquin, OR 97624

File No.: 7021-972777 (DMC)

Date: February 08, 2007

### STATUTORY WARRANTY DEED

**Gary Eugene Gale**, Grantor, conveys and warrants to **Darryl D. Mooneyham and Evelyn Mooneyham as tenants by the entirety**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LOT 6 IN BLOCK 200 OF MILLS SECOND ADDITION TO THE CITY OF KLAMATH FALLS,  
ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY  
CLERK OF KLAMATH COUNTY, OREGON.**

**Subject to:**

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$95,000.00**. (Here comply with requirements of ORS 93.030)

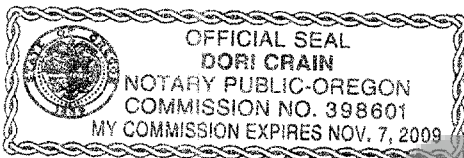
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING 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, 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 1 day of March, 2007.

Gary Eugene Gale  
Gary Eugene Gale

STATE OF Oregon )  
 )ss.  
County of Klamath )

This instrument was acknowledged before me on this 1st day of March, 2007  
by **Gary Eugene Gale**.



Dori Crain  
Notary Public for Oregon  
My commission expires: November 7, 2009

# CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES

## Vital Records Unit CERTIFICATE OF DEATH

A 1357  
I.D. TAG NO.

9  
Local File Number

136-

State File Number

### DECEDENT

1  
2  
3  
4  
5  
6

1. DECEDENT'S NAME First: Nathan Middle: Blanchard Last: GALE			2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 4, 1988	
4. SOCIAL SECURITY NUMBER 700-10-1164		5a. AGE - Last Birthday (Years) 87	5b. UNDER 1 YEAR Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Buffalo, New York	
7. DATE OF BIRTH (Month, Day, Year) April 24, 1900					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <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 Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) Mt. View Care 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.) Conductor		10b. KIND OF BUSINESS/INDUSTRY Railroad		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Mary E. Gale					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 2024 Reclamation Ave.					
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <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+) 11th Grade			

### PARENTS

### DISPOSITION

### CERTIFIER

### CAUSE OF DEATH

### REGISTRAR

### CAUSE OF DEATH

### CAUSE OF DEATH

### CAUSE OF DEATH

### CAUSE OF DEATH

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### CAUSE OF DEATH

17. FATHER - NAME first middle last Henry - Gale		18. MOTHER - NAME first middle maiden Mary Elizabeth Blanchard		19. INFORMANT - NAME and relationship to deceased. Mary E. Gale, Wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <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) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Ore.	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Mervil Reid</i>		21b. LICENSE NUMBER (Of Licensee) #3329		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601	

23. TIME OF DEATH 12:50 P. M		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27a. TIME OF DEATH M		27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>Blake Berven</i>				28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)			
26. DATE SIGNED (Month, Day, Year) January 5, 1988				29. DATE SIGNED (Month, Day, Year) COUNTY			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake Berven, M.D., 2616 Clover St., Klamath Falls, Ore. 97601							
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							

32. 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.)		Interval between onset and death	
(a) Pneumonia		24 hrs.	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) COPD		10 years	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)		Interval between onset and death	
PART II ASHD		33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. IF YES were findings considered in determining cause of death?			

35. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide		36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY M		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36d. DESCRIBE HOW INJURY OCCURRED	
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
37. REGISTRAR'S SIGNATURE <i>Michelle Badoff</i>				38. DATE FILED (Month, Day, Year) JAN 06 1988					
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A				40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A					

RESERVED FOR REGISTRAR'S USE

## ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-88

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

DATE ISSUED JAN 06 1988

*Marian Ackerman*  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

