

2007-005926

Klamath County, Oregon

After Recording Return to:

MARK W. PHIPPS

10355 RED SQUARREL
BONANZA, OR 97623Until a change is requested all tax statements
shall be sent to the following address:

MARK W. PHIPPS



00019067200700059260020021

03/30/2007 11:08:03 AM

Fee: \$26.00

ATE: 64510 PS

BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, BARBARA ARNOLD, hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto MARK W. PHIPPS, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of KLAMATH, State of Oregon, described as follows, to-wit:

PARCEL 1:

Lot 8, Block 64, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 3, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 036 MAP 3711-034C0 TL 00600 KEY# 401176

PARCEL 2:

Lot 9, Block 64, KLAMATH FALLS FOREST ESTATES HIGHWAY 66, UNIT, PLAT NO. 3, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 114 MAP 3811-003B0 TL 02700 KEY# 459131

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$TO FULFILL CONTRACT.

(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)).

In Witness Whereof, the grantor has executed this instrument March 6, 2007; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

Barbara Arnold
BARBARA ARNOLD

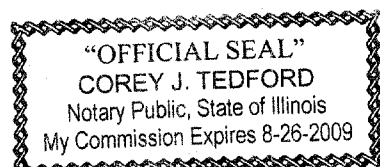
STATE OF IL Gundy County of SS. 13 day of March, 2007, by
The foregoing instrument was acknowledged before me this

BARBARA ARNOLD

[Signature]
Notary Public for Oregon Illinois

My commission expires:

(SEAL)

(If executed by a corporation,
affix corporate seal)

BARGAIN AND SALE DEED
BARBARA ARNOLD, as grantor
and
MARK W. PHIPPS, as grantee

This document is recorded at the request of:
Aspen Title & Escrow, Inc.
525 Main Street
Klamath Falls, OR 97601
Order No.: 00064510

#26-A

CERTIFICATION OF VITAL RECORD

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

460777

I.D. TAG NO.

136-

STATE FILE NUMBER

1. Legal Name (Include AKAs, if any)		First		Middle		Last		Suffix		2. Death Date (MON DD YYYY)	
Wayne		Dallas		Arnold						February 24, 2006	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death					
Male	68	Months	Days	Hours	Minutes	483-38-0470		Klamath			
7. Birthdate (MON DD YYYY)		8a. Birthplace (City/Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education					
May 21, 1937		Council Bluffs		Iowa		Some College, but no degree					
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.)		11. Decedent's Race(s)		12. Was Decedent Ever in U.S. Armed Forces?							
No		White		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8)						14. City/Town					
9646 Parakeet Drive						Bonanza					
15. Residence County		16. State or Foreign Country		17. Zip Code + 4		18. Inside City Limits?					
Klamath		Oregon		97623-8726		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. Marital Status at Time of Death				20. Spouse's Name (if married or widowed, give name prior to first marriage.)							
Married				Barbara Petersen							
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")						22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)					
Independent Truck Driver						Trucking					
23. Father's Name (First, Middle, Last, Suffix)				24. Mother's Name Prior to First Marriage (First, Middle, Last)							
Dallas Arnold				Dora Torenten							
25. Informant's Name		26. Telephone Number		27. Relation to Decedent		28. Mailing Address (Number & Street, City/Town, State, Zip + 4)					
Barbara Arnold		(541) 545-6212		Wife		9646 Parakeet Drive Bonanza OR 97623-8726					
29. Place of Death				30. Facility Name							
Decedent's Residence											
31. Location of Death (Give address.)				32. City/Town or Location of Death				33. State		34. Zip Code + 4	
9646 Parakeet Drive				Bonanza				OR		97623-8726	
35. Method of Disposition		36. Place of Disposition (Name of cemetery, crematory, or other place)		37. Location							
Burial		Eternal Hills Memorial Gardens		Klamath Falls, OR 97603-9613							
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)		40. Funeral Director's Signature				41. OR License Number					
March 2, 2006		Jim Laucas				3224					
42. Registrar's Signature				43. Date Received (MON DD YYYY)				44. Local File Number			
Amy Z Woodcock				MAR 02 2006				198			
45. Record Amendment											
46. Was case referred to Medical Examiner?				47. Autopsy?		48. Were autopsy findings available to complete the cause of death?				49. Time of Death	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				01:59 AM	
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 → a. Bleeding 2° to Lung Cancer Due to (or as a consequence of) → b. Lung Cancer Due to (or as a consequence of) → c. Due to (or as a consequence of) → d.										1 hr 17 min	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:											
52. Manner of Death				53. If Female				54. Did tobacco use contribute to 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				<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				<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)											
Michael Seals F.N.P. 125 N. Lincoln Merrill Oregon 97633											
63. Name and Title of Attending Physician if Other than Certifier											
64. Title of Certifier						65. License Number		66. Date Certified (MON DD YYYY)			
Family Nurse Practitioner						93-000519		02-27-2006			
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											

ORIGINAL - VITAL RECORDS COPY

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

DATE ISSUED:

MAR 02 2006

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

Michelle Perry
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE