

2007-006439

Klamath County, Oregon

After Recording Return to:

MICAH PULLEN and NICOLE PULLEN

P.O. Box 1335

Klamath Falls, Or. 97601

Until a change is requested all tax statements

Shall be sent to the following address:

MICAH PULLEN and NICOLE PULLEN

Same as above



00019668200700064390020027

04/06/2007 02:34:57 PM

Fee: \$26.00

ATE: 64519 MS

WARRANTY DEED
(INDIVIDUAL)

PATRICIA A. WARD, SUCCESSOR TRUSTEE OF THE WILLIAM ARNOLD FARMER TRUST UNDER TRUST INSTRUMENT DATED JULY 19, 2006, herein called grantor, convey(s) to MICAH PULLEN and NICOLE PULLEN, husband and wife, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lot 3, Block 6, Tract No. 1053, OREGON SHORES, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 118 MAP 3507-006BD TL 06000 KEY #227374

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 \$108,150.00.
(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 April 3, 2007.

WILLIAM ARNOLD FARMER TRUST UNDER TRUST INSTRUMENT DATED JULY 19, 2006

Patricia A. Ward Successor Trustee
BY: PATRICIA A. WARD, SUCCESSOR TRUSTEE

STATE OF TEXAS, County of Hale ss.

On April 4th, 2007 personally appeared the above named PATRICIA A. WARD, SUCCESSOR TRUSTEE OF THE WILLIAM ARNOLD FARMER TRUST UNDER TRUST INSTRUMENT DATED JULY 19, 2006 and acknowledged the foregoing instrument to be her voluntary act and deed.

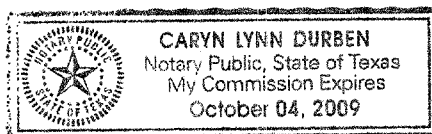
This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00064519

Before me: Caryn Lynn Durben
Notary Public for Texas
My commission expires:

Official Seal



\$26.00

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/04)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) William		3. LAST (Family) Farmer	
2. MIDDLE Arnold		AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)	
3. BIRTH STATE/FOREIGN COUNTRY California		4. DATE OF BIRTH mm/dd/yyyy 06/16/1945	
13. SOCIAL SECURITY NUMBER 566-62-9192		5. AGE Yrs. 61	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Never Married	
13. EDUCATION -- Highest Level/Degree (see worksheet on back) Bachelors		7. DATE OF DEATH mm/dd/yyyy 07/27/2006	
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) 1853	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED Video Producer		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) Caucasian	
20. DECEDENT'S RESIDENCE (Street and number or location) 125 Esperanza Ave. Apartment #6		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Production	
21. CITY Sierra Madre		19. YEARS IN OCCUPATION 8	
22. COUNTY/PROVINCE Los Angeles		23. ZIP CODE 91024	
24. YEARS IN COUNTY 61		25. STATE/FOREIGN COUNTRY California	
28. INFORMANT'S NAME, RELATIONSHIP Patricia Arnold Ward- Sister		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) Star Route Kress, Plainview Texas, 79073	
29. NAME OF SURVIVING SPOUSE -- FIRST Azalea		32. MIDDLE Louise	
31. NAME OF FATHER -- FIRST William		33. LAST (Maiden Name) Arnold	
35. NAME OF MOTHER -- FIRST Azalea		34. BIRTH STATE Minnesota	
36. MIDDLE Louise		35. BIRTH STATE Illinois	
39. DISPOSITION DATE mm/dd/yyyy 08/03/2006		40. PLACE OF FINAL DISPOSITION RES: Patricia Arnold Ward, Star Route Kress, Plainview, Texas, 79073	
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER Jonathan E. Fielding	
44. NAME OF FUNERAL ESTABLISHMENT Chapel of Remembrance Funeral Home		43. LICENSE NUMBER FD 747	
45. LICENSE NUMBER FD 747		46. SIGNATURE OF LOCAL REGISTRAR Jonathan E. Fielding	
101. PLACE OF DEATH Residence		47. DATE mm/dd/yyyy 08/02/2006	
104. COUNTY Los Angeles		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DQA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 125 Esperanza Ave. Apt. # 6		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Melanoma - Upper Chest		108. CITY Sierra Madre	
(A) IMMEDIATE CAUSE (Final disease or condition resulting in death) Melanoma - Upper Chest		(AT) Time Interval Between Death Reported to Coroner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) Secondary, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		(BT) (10) BICOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) (11) AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(11) USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) (12) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 None			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) No		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attended Since mm/dd/yyyy 12/13/2005 Decedent Last Seen Alive mm/dd/yyyy 07/23/2006		115. SIGNATURE AND TITLE OF CERTIFIER Kim Margolin, M.D.	
116. LICENSE NUMBER G048714		117. DATE mm/dd/yyyy 08/02/2006	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Kim Margolin M.D. 1500 E. Duarte Rd., Duarte, CA. 91010			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH. # 545-9387	
A B C D E		CENSUS TRACT	

H004Q2350

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding 016 **AUG 03 2006**
DATE ISSUED

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE