

ESC

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



Bernie Simonson
2101 Gary St
Klamath Falls, OR 97603

Grantor's Name and Address

Erin Carter
4865 Hwy 234
White City, OR 97503

Grantee's Name and Address

After recording, return to (Name, Address, Zip):
Bernie Simonson
2101 Gary St
Klamath Falls, OR 97603

Until requested otherwise, send all tax statements to (Name, Address, Zip):
Erin Carter
4865 Hwy 234
White City, OR 97503

2007-007558

Klamath County, Oregon



00021028200700075580020024

SPACE RE

04/27/2007 09:44:40 AM

Fee: \$26.00

ATE: 6768

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that Bernie Simonson JR

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Erin Carter

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 any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit: 2101 Gary St, Klamath Falls, OR 97603

Block 6, Lot 8, Pleasant View Tracts
Code 041 MAP 3909-002 BC TL 00600 KEY #517015

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

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

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

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$10 Convey Title. However, the actual consideration consists of or includes other property or value given or promised which is part of the the whole (indicate which) consideration. (The sentence between the symbols $\text{\textcircled{O}}$, if not applicable, should be deleted. See ORS 93.030.)

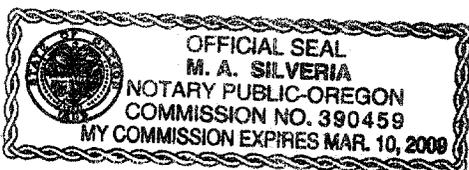
In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on April 27, 2007; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

Bernie Simonson Jr.

STATE OF OREGON, County of Klamath
This instrument was acknowledged before me on April 27, 2007
by Bernie Simonson Jr.
This instrument was acknowledged before me on _____
by _____
as _____
of _____



M. A. Silveria
Notary Public for Oregon
My commission expires 3/10/09

#26-A

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES
HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

382019

I.D. TAG NO

507

Local File Number

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

136-

State File Number

DECEDENT

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1. DECEDENT'S NAME: Donna Rae SIMONSON
 2. SEX: F
 3. DATE OF DEATH: September 28, 2002
 4. SOCIAL SECURITY NUMBER: 540-36-3132
 5a. AGE-Last Birthday (Years): 67
 5b. Under 1 Year: Mos. Days Hours Mins.
 5c. Under 1 Day: Hours Mins.
 6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, Oregon
 7. DATE OF BIRTH (Month, Day, Year): October 27, 1934
 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No
 9a. PLACE OF DEATH (Check only one): HOSPITAL Inpatient EP/Outpatient DOA OTHER Nursing Home Decedent's Home Other (Specify)
 9b. FACILITY NAME (If not institution, give street and number): 2101 Gary Street
 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.): Homemaker
 10b. KIND OF BUSINESS/INDUSTRY: Domestic
 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
 12. SPOUSE (If Married, Widowed): Bernie
 13a. RESIDENCE - STATE: Oregon
 13b. COUNTY: Klamath
 13c. CITY, TOWN OR LOCATION: Klamath Falls
 13d. STREET AND NUMBER: 2101 Gary Street
 13e. INSIDE CITY LIMITS? Yes No
 13f. ZIP CODE: 97603
 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify:
 15. RACE: American Indian, Black, White, etc. (Specify): White
 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5):

PARENTS

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DISPOSITION

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REGISTRAR

17. FATHER - NAME first middle last: Charles Reeves
 18. MOTHER - NAME first middle maiden: Opal White
 19. INFORMANT - NAME and relationship to deceased: Bernie Simonson - husband
 20a. METHOD OF DISPOSITION: Burial Cremation Removal from State
 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
 20c. LOCATION - City or Town, State: Klamath Falls, Oregon
 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]
 21b. OREGON LICENSE NO. (Of Licensee): 1796
 22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Hwy. 39, Klamath Falls, OR. 97603
 23. DATE FILED (Month, Day, Year): OCT 01 2002
 24. REGISTRAR'S SIGNATURE: [Signature]

CERTIFIER

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CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE

STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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27. TIME OF DEATH: 2:00 A M Yes No
 28. WAS MEDICAL EXAMINER NOTIFIED? Yes No
 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [Signature]
 30. DATE SIGNED (Month, Day, Year): 9/30/02
 31a. TIME OF DEATH: M
 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature):
 33. DATE SIGNED (Month, Day, Year): COUNTY:
 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Geoffrey Marx MD., 2614 Clover, Klamath Falls, OR. 97601
 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
 36. 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.)
 PART I (a) Lung Cancer metastatic to Brain
 DUE TO, OR AS A CONSEQUENCE OF:
 (b) DUE TO, OR AS A CONSEQUENCE OF:
 (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
 ASHD, Diabetes, COPD, Carotid Disease
 37. Did tobacco use contribute to the death? Yes Probably No Unknown
 38. AUTOPSY: Yes No
 39. If YES were findings considered in determining cause of death? Yes No N/A
 40. MANNER OF DEATH: Natural Pending Investigation Accident Undetermined Manner Suicide Legal Intervention Homicide Other
 41a. DATE OF INJURY (Month, Day, Year):
 41b. TIME OF INJURY:
 41c. INJURY AT WORK? Yes No
 41d. DESCRIBE HOW INJURY OCCURRED:
 41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

RESERVED FOR REGISTRAR'S USE

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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: OCT 01 2002

ORIGINAL-VITAL STATISTICS COPY

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

