2007-002767
Klamath County, Oregon

[redacted]

00015355200700027670020021

02/16/2007 11:12:39 AM Fee: $26.00

THIS SPA

2007-012349
Klamath County, Oregon

00026715200700123490040042

07/11/2007 02:24:40 PM Fee: $36.00

After recording return to:
FIRST AMERICAN TITLE
404 MAIN STREET SUITE 1
KLAMATH FALLS, OR 97601

Until a change is requested all tax statements shall be sent to the following address:
RAYMOND & RUTH JACOBSON
2959 SUMMERS LANE
KLAMATH FALLS, OR 97603

File No.: 07-064
Date: JANUARY 8, 2002

6156

BEING RE-RECORDED TO ADD RESUBDIVISION AND COPY OF DEATH CERTIFICATE

SEE EXHIBIT 'A'

STATUTORY WARRANTY DEED

FAYE WOOD, Grantor, conveys and warrants to **RAYMOND JACOBSON AND RUTH JACOBSON**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

of the resubdivision of Lot 5 Block 1 Washburn Park

LOTS 4 & 5, BLOCK 1 OF WASHBURN PARK/ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY, OREGON.

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.

THIS INSTRUMENT WILL 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.

The true consideration for this conveyance is **$70,000.00**. (Here comply with requirements of ORS 93.030)

Dated this 12 day of February, 2007.

F-30

Faye Wood

FAYE WOOD

STATE OF Oregon)
)ss.
County of Linn)

This instrument was acknowledged before me on this 12 day of February, 2007 by **FAYE WOOD**.

Carol J. Perrien

OFFICIAL SEAL
CAROL J PERRIEN
NOTARY PUBLIC - OREGON
COMMISSION NO. 398943
MY COMMISSION EXPIRES NOVEMBER 29, 2009

Notary Public for Oregon
My commission expires: 11-29-09

EXHIBIT "A"
LEGAL DESCRIPTION

PARCEL 1
Lot 4 in Block 1 of TRACT 1239, RE-SUBDIVISION OF LOT 5, BLOCK 1, WASHBURN PARK, TRACT 1080, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

413628 I.D. TAG NO.

146 Local File Number

CERTIFICATE OF DEATH

136 State File Number

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Arthur	Norman	WOOD	Male	February 21, 2004

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year Mos.	Days	5c. Under 1 Day Hours	Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
544-24-1730	75					Klamath Falls, OR	February 21, 1929

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

9a. PLACE OF DEATH (Check one only) ☐ HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA ☐ NURSING ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not an institution, give street and number) Samaritan Albany General Hospital

9c. CITY, TOWN, OR LOCATION OF DEATH Albany

9d. COUNTY OF DEATH Linn

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify)	12. SPOUSE (If Married, Widowed)
Owner	Battery Store	Married	Faye Wood

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Linn	Albany	3838 Willamette Ave. SE

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) If yes, specify Cuban, Mexican, Puerto Rican, etc.	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed.) Elementary/Secondary (0-12)	College (1-4 or 5+)
☒ Yes ☐ No	97322	☒ No ☐ Yes	White		1

FAMILY

17. FATHER'S NAME First Middle Last: Arthur E. Wood

18. MOTHER'S NAME First Middle Maiden: Delana Clowers

19. INFORMANT'S NAME and relationship to deceased: Faye Wood, Wife

DISPOSITION

20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette Memorial Park

20c. LOCATION (City or Town, State) Albany, Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Lisa A. Peterson

21b. OREGON LICENSE NO. (Of Licensee) CO-3289

22. NAME, ADDRESS AND ZIP CODE OF FACILITY: Fisher Funeral Home, Inc., PO Box 156, 306 Washington SW, Albany, OR 97321

23. DATE FILED (Month, Day, Year): February 24, 2004

24. REGISTRAR'S SIGNATURE: Rebecca Mendoza

RESERVED FOR REGISTRAR'S USE

VOID

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:13 Am

28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) ☒ 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)

30. DATE SIGNED (Month, Day, Year): 2/25/04

TO BE COMPLETED BY MEDICAL EXAMINER

31a. TIME OF DEATH

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 CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jeffrey Robinson, MD; 1705 Waverly Drive SE, Albany, OR 97321

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

DESIGNATE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

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) Acute Myocardial Infarction — Interval between onset and death: 1 day
DUE TO, OR AS A CONSEQUENCE OF:
(b) Coronary Atherosclerosis — Interval between onset and death: est 8 yr
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.: Hypertension / Diabetes Type II

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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK? ☐ Yes ☐ No	41d. DESCRIBE HOW INJURY OCCURRED
	M		

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)

CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF ORIGIN AND PINK COPY.

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 (06/03)

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

DATE ISSUED: FEB 26 2004

Susan Newcomb

SUSAN NEWCOMB, M.D.
COUNTY REGISTRAR
LINN COUNTY, OREGON

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