

2007-012496

Klamath County, Oregon



00026890200700124960020024

07/13/2007 02:27:17 PM

Fee: \$26.00

After Recording Return to:
TROY STORM and SONYA L. STORM
11969 Sprague River Road
Chiloquin, OR 97625
Until a change is requested all tax statements
Shall be sent to the following address:
TROY STORM and SONYA L. STORM
Same as above

ATE: 64807ms

WARRANTY DEED
(INDIVIDUAL)

EDITH M. SELVEY, herein called grantor, convey(s) to **TROY STORM and SONYA L. STORM, husband/**
and wife, herein called grantee, all that real property situated in the County of **KLAMATH**, State of Oregon,
described as:

The East 330 feet of that portion of the NE 1/4 of Section 24, Township 35 South, Range 9 East of the
Willamette Meridian, lying Northerly of the Sprague River Highway, Klamath County, Oregon.

CODE 008 MAP 3509-02400 TL 00100 KEY #251970

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 **\$132,750.00**.
(here comply with the requirements of ORS 93.930)

gto
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 July 6, 2007.

Edith M Selvey
EDITH M. SELVEY

STATE OF OREGON, County of **Klamath**) ss.

On July 06, 2007 personally appeared the above named **EDITH M. SELVEY** and acknowledged
the foregoing instrument to be her voluntary act and deed.

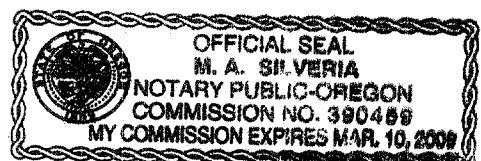
This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00064807

Before me: *M. A. Silveria*
Notary Public for Oregon
My commission expires: 3/10/09

Official Seal



CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES

CENTER FOR HEALTH STATISTICS

136-

497052

I.D. TAG NO.

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name (First, Middle, Last, Suffix) David Franklin Selvey				2. Death Date (MON DD YYYY) April 26, 2007	
3. Sex (M/F) M	4a. Age - Last Birthday 79	4b. Under 1 Year Months: Days: Hours: Minutes:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number 571-32-3175	6. County of Death Klamath
7. Birthdate (MON DD YYYY) March 6, 1928		8a. Birthplace (City/Town, or County) Wildwood		8b. (State or Foreign Country) Georgia	
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No			11. Decedent's Race(s) White		9. Decedent's Education High School Diploma
12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 16969 Sprague River Road				14. City/Town Chiloquin	
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97624-8607	
18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. Marital Status at Time of Death Married			20. Spouse's Name (If married or widowed, give name prior to first marriage.) Edith Mae Studebaker		
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Rancher			22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Agriculture		
23. Father's Name (First, Middle, Last, Suffix) Houston Selvey			24. Mother's Name Prior to First Marriage (First, Middle, Last) Mattie Lou Helmes		
25. Informant's Name Edith Selvey		26. Telephone Number 541-533-3340	27. Relation to Decedent Wife	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 16969 Sprague River Chiloquin, OR 97624-8607	
29. Place of Death Decedent's Residence			30. Facility Name		
31. Location of Death (Give address.) 16969 Sprague River Rd			32. City/Town or Location of Death Chiloquin		33. State OR
					34. Zip Code + 4 97624-8607
35. Method of Disposition Removal from State		36. Place of Disposition (Name of cemetery, crematory, or other place) Elk Creek Cemetery		37. Location Elk Creek, CA	
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) 05/05/2007		40. Funeral Director's Signature <i>Edith Selvey</i>		41. OR License Number 0518	
42. Registrar's Signature <i>James N. Olson</i>		43. Date Received (MON DD YYYY) MAY 01 2007		44. Local File Number 233	
45. Record Amendment					
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
49. Time of Death found 3:00 PM					
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.					
Final disease or condition resulting in death ->		IMMEDIATE CAUSE Probable Atherosclerotic Heart Disease Years			
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓			
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓			
		Due to (or as a consequence of) ↓			
		Due to (or as a consequence of) ↓			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. Manner of 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		53. If Female: <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		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
55. Date of Injury (MON DD YYYY) 4-26-2007		56. Time of Injury 4:30 PM		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, flooded area) Field Adjacent to residence	
58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street, City/Town, State, Zip + 4) 16969 Sprague River Road Chiloquin Oregon		60. Describe how injury occurred: was off tractor on private property near house			
61. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) JAMES N. OLSON M.D. Oregon State Police Central Point Ore		62. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
63. Name and Title of Attending Physician if Other than Certifier		64. Title of Certifier County State M.E.			
		65. License Number MD 10050		66. Date Certified (MON DD YYYY) 4-27-2007	
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

45-2 (05/06)

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

DATE ISSUED:

MAY 01 2007

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

MARILYNN G. SUTHERLAND
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE