

2007-015016

Klamath County, Oregon

After Recording Return to:

MELANIE B. DIEKMANN

P.O. Box 7961
Klamath Falls, Or 97602

Until a change is requested all tax statements

Shall be sent to the following address:

MELANIE B. DIEKMANN

Same as above



00029920200700150160020025

08/24/2007 11:40:06 AM

Fee: \$26.00

WARRANTY DEED

(INDIVIDUAL)

ATS: 65129MS

VELDA L. KESSLER, WHO ~~AC~~QUIRED TITLE AS VELDA L. GUTHRIE, herein called grantor, convey(s) to MELANIE B. DIEKMANN, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as: **AND SUSAN M. DIEKMANN, NOT AS TENANTS IN COMMON BUT WITH FULL RIGHTS OF SURVIVORSHIP

Lot 11, Block 5, Tract No. 1065, IRISH BEND, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 138 MAP 3507-017CD TL 01300 KEY #236113

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 \$12,000.00.
(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 August 21, 2007.

Velda L. Kessler
VELDA L. KESSLER

STATE OF OREGON, County of Klamath) ss.

On August 22, 2007 personally appeared the above named VELDA L. KESSLER and acknowledged the foregoing instrument to be her voluntary act and deed.

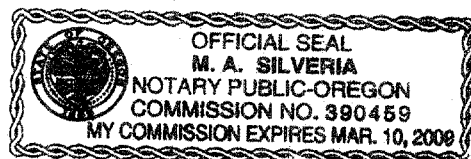
This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00065129

Before me: [Signature]
Notary Public for Oregon
My commission expires: 3/10/09

Official Seal



\$26-A

CERTIFICATION OF VITAL RECORD

201763

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS 136- CERTIFICATE OF DEATH

ID TAG NO
960135

Local File Number

State File Number

DECEDENT

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

1. DECEDENT'S NAME First: George Middle: Francis Last: GUTHRIE			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) January 27, 1996						
4. SOCIAL SECURITY NUMBER 540-22-7268		5a. AGE-Last Birthday (Years) 73		5b. Under 1 Year Mos. Days Hours Mins.		5c. Under 1 Day Mins.		6. BIRTHPLACE (City and State or Foreign Country) Eugene, Oregon		7. DATE OF BIRTH (Month, Day, Year) May 2, 1922	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)								
9b. FACILITY NAME (if not institution, give street and number) 301 Freeman Road #86						9c. CITY, TOWN, OR LOCATION OF DEATH Central Point			9d. COUNTY OF DEATH Jackson		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Manager/Supervisor				10b. KIND OF BUSINESS/INDUSTRY State Parks Department				11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Velda Leota	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Jackson		13c. CITY, TOWN OR LOCATION Central Point				13d. STREET AND NUMBER 301 Freeman Road #86			
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97502		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:				15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12	
17. FATHER - NAME first middle last Brownie Guthrie			18. MOTHER - NAME first middle maiden Mary Gertrude Koverman			19. INFORMANT - NAME and relationship to deceased Velda Guthrie-Wife					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eagle Point National Cemetery						20c. LOCATION - City or Town, State Eagle Point, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>				21b. LICENSE NUMBER (Of Licensee) 3255		22. NAME, ADDRESS AND ZIP OF FACILITY Hillcrest Mortuary 2201 N Phoenix Rd. Medford, OR 97504					
23. DATE FILED (Month, Day, Year) FEB 0 2 1996						24. REGISTRAR'S SIGNATURE <i>[Signature]</i>					
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A						26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
<div style="display: flex; justify-content: space-between;"> <div> <p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>27. TIME OF DEATH 5:15 P M</p> <p>28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i></p> <p>30. DATE SIGNED (Month, Day, Year) 2/2/96</p> <p>34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) R. Daniel Heyerman M.D. 1750 E. Barnett Road Medford, OR 97504</p> <p>35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> </div> <div> <p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>31a. TIME OF DEATH M</p> <p>31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>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)</p> <p>33. DATE SIGNED (Month, Day, Year) COUNTY</p> </div> </div>											
<p>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.)</p> <p>PART I (a) Metastatic Prostate Cancer Interval between onset and death</p> <p>(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death</p> <p>(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death</p> <p>PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p>37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other</p> <p>41a. DATE OF INJURY (Month, Day, Year)</p> <p>41b. TIME OF INJURY M</p> <p>41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>41d. DESCRIBE HOW INJURY OCCURRED</p> <p>41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)</p> <p>41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p>											

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 12/94

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

FEB 0 5 1996

DATE ISSUED:

[Signature]
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE