



After recording return to:  
Brenda Ochoa  
P. O. Box 1140  
Chiloquin, OR 97624

Until a change is requested all tax statements  
shall be sent to the following address:  
Brenda Ochoa  
P. O. Box 1140  
Chiloquin, OR 97624

File No.: 7021-1100949 (DMC)  
Date: August 27, 2007

2007-015309  
Klamath County, Oregon



00030277200700153090040045

08/29/2007 03:07:22 PM

Fee: \$36.00

THIS SPAC

### STATUTORY WARRANTY DEED

**Christina G. Hanan**, Grantor, conveys and warrants to **Brenda Ochoa**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

See Legal Description attached hereto as Exhibit A and by this reference incorporated herein.

**Subject to:**

1. The **2007-2008** Taxes, a lien not yet payable.
2. 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.

The true consideration for this conveyance is **\$75,000.00**. (Here comply with requirements of ORS 93.030)

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.

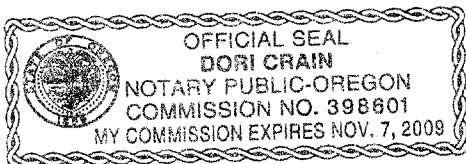
Dated this 28 day of August, 2007.

DECEASED  
William L. Hanan

Christina G. Hanan  
Christina G. Hanan

STATE OF Oregon )  
 )ss.  
County of Klamath )

This instrument was acknowledged before me on this 28 day of August, 2007  
by **William L. Hanan and Christina G. Hanan.**



[Signature]  
Dori Crain  
Notary Public for Oregon  
My commission expires: November 7, 2009

APN: **R204424**

Statutory Warranty Deed  
- continued

File No.: **7021-1100949 (DMC)**  
Date: **08/27/2007**

**EXHIBIT A**

**LEGAL DESCRIPTION:**

All that portion of the SW1/4 of the SE1/4 SE1/4 of Section 34, Township 34 South, Range 7 East of the Willamette Meridian described as follows:

Beginning at a point on the south line of said Section 34, bearing West 680 feet from the Southeast corner thereof, thence North 79.0 feet to the Southerly line of Schonchin Street; thence North 63 degrees 08' West along said Street line 52.4 feet; thence South 26 degrees 52' West 115.0 feet to the Southerly line of said Section 34, thence East 99.3 feet to the point of beginning.

# CERTIFICATION OF VITAL RECORD

## OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

439694  
I.D. TAG NO.

028

### CERTIFICATE OF DEATH

136-

State File Number

#### DECEDENT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### PARENTS

#### DISPOSITION

7. \_\_\_\_\_
8. \_\_\_\_\_

#### REGISTRAR

#### CERTIFIER

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

#### CAUSE OF DEATH

15. \_\_\_\_\_
16. \_\_\_\_\_

CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF GREEN AND NO COPY

1. DECEDENT'S NAME First: William Middle: Ieland Last: HANAN			2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 4, 2005
4. SOCIAL SECURITY NUMBER 540-42-7880	5a. AGE-Last Birthday (Years) 64	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Lakeview, Oregon	7. DATE OF BIRTH (Month, Day, Year) December 23, 1940
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check one only.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____		
9b. FACILITY NAME (If not an institution, give street and number.) Merle West Medical Center		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.) Bus Driver		10b. KIND OF BUSINESS/INDUSTRY County School District		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) Married
12. SPOUSE (If Married, Widowed) Christina Hanan				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Chiloquin		13d. STREET AND NUMBER 419 Walnut
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97624	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		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+) 1				
17. FATHER'S NAME First Middle Last Waymen LaVern Hanan		18. MOTHER'S NAME First Middle Maiden Ruby - Jacklin		19. INFORMANT'S NAME and relationship to deceased Christina Hanan - Wife
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <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.) Eternal Hills Crematory		20c. LOCATION (City or Town, State) Klamath Falls, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 		21b. OREGON LICENSE NO. (Of Licensee) 3705		22. NAME, ADDRESS AND ZIP CODE OF FACILITY Eternal Hills Funeral Home 4711 Hwy 39, Klamath Falls, OR. 97603
23. DATE FILED (Month, Day, Year) JAN 10 2005		24. REGISTRAR'S SIGNATURE 		

RESERVED FOR REGISTRAR'S USE

#### TO BE COMPLETED BY CERTIFYING PHYSICIAN

#### TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27. TIME OF DEATH 2232 M	28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) 01/03/05	
34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Niraj Gupta M.D, 2610 Uhrmann, Klamath Falls, Oregon, 97601	

31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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 _____	

36. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter double hyphens (e.g., Cancer - Secondary - Arrest).				Interval between onset and death ~ 8 months
PART I (a) Acute leukemia				Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:				
(b)				Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:				
(c)				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
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	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
41a. 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

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

DATE ISSUED:

JAN 10 2005

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

Michelle Perry  
MICHELLE PERRY  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

