

ESC

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



2007-015454

Klamath County, Oregon



00030444200700154540020023

SPACE RES  
FOR  
RECORDEE

08/31/2007 01:17:12 PM

Fee: \$26.00

Grantor's Name and Address

Grantee's Name and Address

After recording, return to (Name, Address, Zip):

Gerald D. Llewellyn  
P.O. Box 172  
Malin, Oregon 97632

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Wilma E. Llewellyn  
2465 Palermo Rd. S. 32  
Palermo, Ca 95968

## BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that Wilma E. Llewellyn

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Wilma E. Llewellyn and Gerald Dean Llewellyn, with the right of survivorship, 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:

Lots 6, 7 and 8 in Block 45 of Supplemental plat of the city of Malin, according to the official plat thereof on file in the office of the county clerk of Klamath County, Oregon

Key # 127243

map # 4112-015CB-04700

(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 \$ none. ① 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. ② (The sentence between the symbols ①, 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 8-31-07; 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.

Wilma E. Llewellyn

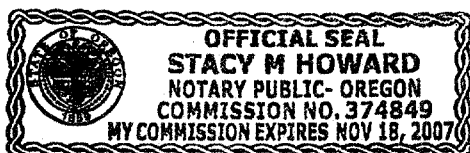
STATE OF OREGON, County of KlamathThis instrument was acknowledged before me on Aug 31, 2007 ss.by Wilma E. Llewellyn

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_



Stacy M. Howard  
Notary Public for Oregon

My commission expires

Nov 18, 2007

# CERTIFICATION OF VITAL RECORD

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

389392  
Local File Number

136-

State File Number

1. DECEDENT'S NAME First: <b>Harley</b> Middle: <b>Gerald</b> Last: <b>LLEWELLYN</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>December 20, 2003</b>
4. SOCIAL SECURITY NUMBER <b>546-52-2721</b>	5a. AGE-Last Birthday (Years) <b>65</b>	5b. Under 1 Year Mos: Days: Hours: Mins:	5c. Under 1 Day Country: <b>Yankton, SD</b>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <b>August 30, 1938</b>	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER-Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):		9. COUNTY OF DEATH <b>Klamath</b>	
10. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		11. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
12. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.) <b>Farmer</b>		13. KIND OF BUSINESS/INDUSTRY <b>Agriculture</b>	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SPOUSE (If Married, Widowed) <b>Wilma</b>	
16. RESIDENCE - STATE <b>Oregon</b>		17. COUNTY <b>Klamath</b>	
18. CITY, TOWN OR LOCATION <b>Malin</b>		19. STREET AND NUMBER <b>P.O. Box 501 2425 Railroad Avenue</b>	
20. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. ZIP CODE <b>97632</b>	
22. 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		23. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+) <b>8</b>			
25. FATHER - NAME first middle last <b>Frank - Llewellyn</b>		26. MOTHER - NAME first middle maiden <b>Bell - Newman</b>	
27. 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):		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Malin Community Cemetery</b>	
29. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michelle Perry</i>		30. OREGON LICENSE NO. (Of Licensee) <b>FS-0124</b>	
31. DATE FILED (Month, Day, Year) <b>DEC 22 2003</b>		32. NAME, ADDRESS AND ZIP OF FACILITY <b>Ovenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>	
33. REGISTRAR'S SIGNATURE <i>Michelle Perry</i>			
RESERVED FOR REGISTRAR'S USE			
10. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>1838 P.M.</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <i>Jeffrey V. Rosenberg</i>			
30. DATE SIGNED (Month, Day, Year) <b>December 21, 2003</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Jeffrey Rosenberg, MD, 2865 Daggett Avenue, Klamath Falls, Oregon 97601</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
11. TO BE COMPLETED BY MEDICAL EXAMINER			
33. TIME OF DEATH <b>M</b>		34. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
35. 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)			
36. DATE SIGNED (Month, Day, Year) COUNTY			
12. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
13. PART I 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.)			
(a) <b>Unknown Natural Causes</b>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		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.		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	
38. 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		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. DATE OF INJURY (Month, Day, Year)		41. TIME OF INJURY <b>M</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		43. DESCRIBE HOW INJURY OCCURRED	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE			

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

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

DATE ISSUED: **DEC 22 2003**

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

*Michelle Perry*  
MICHELLE PERRY  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

