

2007-019631

Klamath County, Oregon



00035441200700196310030031

11/19/2007 03:17:10 PM

Fee: \$31.00

After Recording Return to:

DONALD OVERSTREET

3933 Mack Ave

Klamath Falls, OR 97603

Until a change is requested all tax statements

Shall be sent to the following address:

DONALD OVERSTREET

Same as above

PERSONAL REPRESENTATIVE'S DEED

ATC: 65298ms

THIS INDENTURE made this 8th day of November, 2007, by and between PENNEY R. SAMPSON, the duly appointed, qualified and acting personal representative of the ESTATE OF WILMA CORENE EMERT, deceased, hereinafter called the first party, and DONALD OVERSTREET, hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and the second party's heirs, successors and assigns all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situate in the County of KLAMATH, State of Oregon, described as follows, to wit:

See Exhibit A attached hereto and made a part hereof.

To Have and to Hold the same unto the second party, and second party's heirs, successors and assigns forever.

The true and actual consideration for this conveyance is \$85,000.00.

IN WITNESS WHEREOF, the first party has executed this instrument; if first party 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 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 November 8, 2007.

ESTATE OF WILMA CORENE EMERT

Penny R. Sampson
By: PENNY R. SAMPSON, PERSONAL REPRESENTATIVE

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on November 8, 2007 by Penny R. Sampson who is the Personal Representative of the Estate of Wilma Corene Emert, deceased.

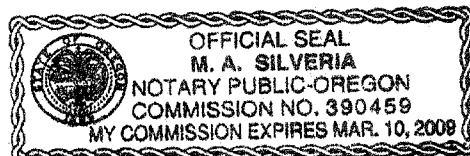
This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00065298

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

Official Seal



\$31-A

Exhibit A

A parcel of land in the S 1/2 of the S 1/2 of the N 1/2 of the SE 1/4 of the SE 1/4 of Section 3, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at a point which lies North 1° 14' West a distance of 680.3 feet and South 89° 26' West a distance of 630 feet from the iron pin which marks the section corner common to Sections 2, 3, 10 and 11, Township 39 South, Range 9 East of the Willamette Meridian, and running thence continuing South 89° 26' West a distance of 100 feet to an iron pin; thence North 1° 14' West a distance of 144 feet to an iron pin; thence North 89° 24' East a distance of 100 feet to an iron pin; thence South 1° 14' East a distance of 144.1 feet, more or less, to the point of beginning.

CODE 041 MAP 3909-003DD TL 04600 KEY #530090

10/24/2007 21:15 FAX 5418848371

Potter and Potter PC

0002

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

420022

ID TAG NO.

094

CERTIFICATE OF DEATH

136

State File Number

PERMANENT
BLACK INK

1. DECEASED'S NAME First Middle Last WILMA Corene EMERT		2. SEX F	3. DATE OF DEATH (Month, Day, Year) February 9, 2005
4. SOCIAL SECURITY NUMBER 443-34-4564	5a. AGE Last Birthday 69	5b. Under 1 Year None	5c. Under 1 Year None
6. BIRTHPLACE (City and State of Birth) Durant, OK		7. DATE OF BIRTH (Month, Day, Year) May 16, 1935	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check one box) <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER <input type="checkbox"/> DECEASED'S HOME <input type="checkbox"/> OTHER (Specify)			
9b. FACILITY NAME (If not an institution, give street and number) 5187 South Etna Street		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life, by and size rated) Stockroom Worker		10b. FIRM OR BUSINESS INDUSTRY Fred Meyer Company	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) Divorced		12. SPOUSE (If Married, Widowed) -	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls	13d. STREET AND NUMBER 5187 South Etna Street
14a. INSIDE CITY LIMITS -	14b. ZIP CODE 97603	14c. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14d. RACE American Indian, Black, White, etc. (Specify) White
15. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12)		16. College (13 or 14) -	
17. FATHER'S NAME First Middle Last Charles Thurman Anderson, Sr.		18. MOTHER'S NAME First Middle Maiden May Norton	
19. INFORMANT'S NAME and relationship to deceased Penny Sampson, daughter		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pyramid Cremations	
21. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		22. NAME, ADDRESS AND ZIP CODE OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. St., Klamath Falls, OR 97603-7194	
23. DATE FILED (Month, Day, Year) FEB 14 2005		24. REGISTRAR'S SIGNATURE <i>Christa Runner</i>	

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH M	28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner must be notified of all injury and poisoning deaths) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. To the best of my knowledge, death occurred at the site, date, place, and due to the cause(s) and manner stated. (Signature) <i>Robert N. Edwards</i>	
30. DATE SIGNED (Month, Day, Year) February 10, 2005	
31. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert N. Edwards, MD, MD, 4509 South Sixth Street, #311, Klamath Falls, OR 97603	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Type or Print) -	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH 1515 P M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) February 9, 2005	31c. TIME 1515P M
32. On the basis of examination and/or investigation, in my opinion death occurred at the site, date, place, and due to the cause(s) and manner stated. (Signature) <i>Robert N. Edwards</i>		
33. DATE SIGNED (Month, Day, Year) February 10, 2005		
34. COUNTY Klamath		

PART I. CAUSE OF DEATH

(a) Undetermined Natural Causes	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.

COPD, Thrombocytopenia

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"/> Homicide <input type="checkbox"/> Legal Intervention	41a. DATE OF INJURY (Month, Day, Year) -	41b. TIME OF INJURY -	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED -
41e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) -				41f. LOCATION (Street and Number or Route Number, City or Town, State) -

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: FEB 14 2005

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Michelle Perry
MICHELLE PERRY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON