

2007-019908

Klamath County, Oregon



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11/26/2007 11:50:57 AM

Fee: \$26.00

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Aspen Title & Escrow, Inc.

ATE: 6939

FORM No. 723 - BARGAIN AND SALE DEED (Individual or Corporate).

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FERN H. WILKINSON

P.O. 534

TECOPA, CA 92389-0534

Grantor's Name and Address

CAROLYNE CARR

8700 North West Lane Sp #252

Stockton, CA 95210

Grantee's Name and Address

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

CAROLYNE CARR

8700 North West Lane Sp #252

Stockton, CA 95210

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

CAROLYNE CARR

Same as above

STATE OF OREGON,

County of \_\_\_\_\_ } ss.

I certify that the within instrument was received for record on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded in book/reel/volume No. \_\_\_\_\_ on page \_\_\_\_\_ and/or as fee/file/instrument/microfilm/reception No. \_\_\_\_\_, Records of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By \_\_\_\_\_, Deputy.

## BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that FERN H. WILKINSON

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto

CAROLYNE CARR

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: Map Tax Lot# R-3407-034DD-01600-000

Lot 4, Block 8, of the FIRST ADDITION TO CHILOQUIN, according to the plat of said Addition on file in the office of the County Clerk of Klamath County, Oregon.

SUBJECT TO RESERVATIONS AND RESTRICTIONS OF RECORD, EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE APPARENT ON THE LAND

(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 \$0.00. 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. (The sentence between the symbols ®, 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 11-10-07; 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.

Fern H. Wilkinson

FERN H. WILKINSON

STATE OF OREGON, County of San Joaquin, ss.

This instrument was acknowledged before me on November 10, 2007

by FERN H. WILKINSON

This instrument was acknowledged before me on November 10, 2007

by Fern H. Wilkinson

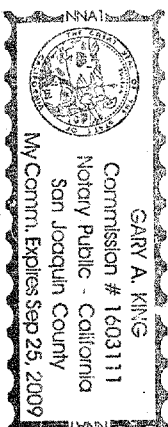
as

of

Notary Public for Oregon

My commission expires

California 12/25/2009





# CERTIFICATION OF VITAL RECORD

## COUNTY OF INYO

### HEALTH & HUMAN SERVICES

P.O. DRAWER "H", INDEPENDENCE, CA 93526

#### CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS. 11 (REV. 7/97)

3-1999-14-000176

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		3-1999-14-000176	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE	
HERSHELL		AMBROSE	
3. LAST (FAMILY)		WILKINSON	
4. DATE OF BIRTH—M/M/D/C.C.Y.Y.		5. AGE YRS.	
07/24/1924		75	
6. SEX		7. DATE OF DEATH—M/M/D/C.C.Y.Y.	
MALE		12/31/1999	
8. HOUR		0500	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
OKLAHOMA		560-20-5324	
11. MILITARY SERVICE		12. MARITAL STATUS	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		MARRIED	
13. EDUCATION—YEARS COMPLETED		10	
14. RACE		15. HISPANIC—SPECIFY	
WHITE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. USUAL EMPLOYER		17. YEARS IN OCCUPATION	
SELF-EMPLOYED		40	
18. KIND OF BUSINESS		19. YEARS IN BUSINESS	
BUSINESS OWNER		VARIOUS	
20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY	
711 BOBWHITE WAY		TECOPA	
22. COUNTY		23. ZIP CODE	
INYO		92389	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY	
20		CALIFORNIA	
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
FERN WILKINSON, WIFE		P.O. BOX 534, TECOPA, CA 92389	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE	
FERN		HARRIS	
30. LAST (MAIDEN NAME)		31. NAME OF FATHER—FIRST	
WILKINSON		JOE	
32. MIDDLE		33. LAST	
HENRY		WILKINSON	
34. BIRTH—STATE		35. NAME OF MOTHER—FIRST	
UNK.		NORA	
36. MIDDLE		37. LAST (MAIDEN)	
LINNIS		LOVETT	
38. BIRTH—STATE		39. DATE M/M/D/C.C.Y.Y.	
UNK.		01/03/2000	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
TECOPA CEMETERY, TECOPA, CALIFORNIA		CR/BU	
42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
NOT EMBALMED		—	
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.	
OWENS VALLEY MORTUARY		FD 1026	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/D/C.C.Y.Y.	
Susan Schley, M.D. / <i>[Signature]</i>		01/03/2000	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:	
RESIDENCE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/>	
103. FACILITY, OTHER THAN HOSPITAL:		104. COUNTY	
CORV <input type="checkbox"/> RES <input type="checkbox"/> CARE <input type="checkbox"/> OTHER <input type="checkbox"/>		INYO	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY	
711 BOBWHITE WAY		TECOPA	
107. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D		108. DEATH REPORTED TO CORONER	
(A) CORONARY THROMBOSIS		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (B) CORONARY ARTERIOSCLEROSIS		REFERRAL NUMBER	
DUE TO (C) GENERALIZED ARTERIOSCLEROSIS		99-085	
DUE TO (D)		109. BIOPSY PERFORMED	
NONE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. AUTOPSY PERFORMED		111. USED IN DETERMINING CAUSE	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE	
NONE		NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST BEEN ALIVE M/M/D/C.C.Y.Y.		115. SIGNATURE AND TITLE OF CERTIFIER	
M/M/D/C.C.Y.Y.		116. LICENSE NO.	
117. DATE M/M/D/C.C.Y.Y.		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP	
01/01/2000		HERB HAWLEY, DEPUTY CORONER	
119. MANNER OF DEATH		120. INJURY AT WORK	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		121. INJURY DATE M/M/D/C.C.Y.Y.	
122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)	
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/D/C.C.Y.Y.	
Herb Hawley		01/01/2000	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. FAX AUTH. #	
HERB HAWLEY, DEPUTY CORONER		CENSUS TRACT	
STATE REGISTRAR		A B C D E F G H	

4822

#### CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss  
COUNTY OF INYO

DATE ISSUED 01/03/2000

This is a true and exact reproduction of the document officially registered and placed on file in the office of the INYO COUNTY HEALTH AND HUMAN SERVICES.

HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying raised seal and signature of County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

