

2007-019908
Klamath County, Oregon



11/26/2007 11:50:57 AM

Fee: \$26.00

2007-020964
Klamath County, Oregon



12/14/2007 03:41:13 PM

Fee: \$31.00

65418R
ATE: 6939
This document is being recorded as an accommodation only. No information contained herein has been verified.
Aspen Title & Escrow, Inc.

FORM No. 720 - BARGAIN AND SALE DEED (Individual or Corporate).

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ESC NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.	
<p>FERN H. WILKINSON P.O. 534 TECOPA, CA 92389-0534 Grantor's Name and Address</p> <p>CAROLYNE CARR 8700 North West Lane Sp #252 Stockton, CA 95210 Grantee's Name and Address</p> <p>After recording, return to (Name, Address, Zip): CAROLYNE CARR 8700 North West Lane Sp #252 Stockton, CA 95210</p> <p>Until requested otherwise, send all tax statements to (Name, Address, Zip): CAROLYNE CARR Same as above</p>	<p>STATE OF OREGON, } ss. County of _____</p> <p>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.</p> <p>Witness my hand and seal of County affixed.</p> <p>NAME _____ TITLE _____</p> <p>By _____, Deputy.</p>

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

Re-record to include Notary Acknowledgement

(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.

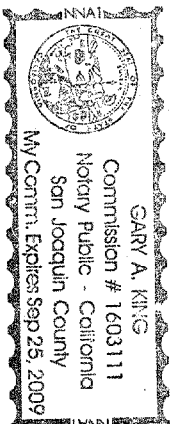
IN WITNESS WHEREOF, the grantor has executed this instrument on 11-10-07; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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

California San Joaquin
STATE OF OREGON, County of _____ 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 California
My commission expires 9/25/2009



431-A
426-A

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
COUNTY OF San Joaquin)

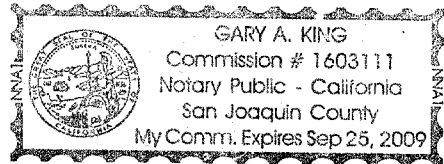
On November 10, 2007 before me, Gary A. King, Notary Public
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC

personally appeared, Gern H. Wilkinson

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature) (SEAL)
NOTARY PUBLIC SIGNATURE



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT Bargain and Sale Deed

DATE OF DOCUMENT 11/10/07 NUMBER OF PAGES 1

SIGNERS(S) OTHER THAN NAMED ABOVE NA

SIGNER'S NAME _____ SIGNER'S NAME _____

RIGHT THUMBPRINT

RIGHT THUMBPRINT

CERTIFICATION OF VITAL RECORD

COUNTY OF INYO

HEALTH & HUMAN SERVICES
P.O. DRAWER "H", INDEPENDENCE, CA 93526

CERTIFICATE OF DEATH

3-1999-14-000176

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS) VS 11 (REV. 7-97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
HERSHELL		AMBROSE		WILKINSON	
4. DATE OF BIRTH M/M/D/C.C.Y.Y.		5. AGE YRS.		6. SEX	
07/24/1924		75		MALE	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
OKLAHOMA		560-20-5324		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
WHITE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		SELF-EMPLOYED	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
BUSINESS OWNER		VARIOUS		40	
20. RESIDENCE—STREET AND NUMBER OR LOCATION					
711 BOBWHITE WAY					
21. CITY		22. COUNTY		23. ZIP CODE	
TECOPA		INYO		92389	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
20		CALIFORNIA			
26. NAME, RELATIONSHIP					
FERN WILKINSON, WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
P.O. BOX 534, TECOPA, CA 92389					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
FERN				HARRIS	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
JOE		HENRY		WILKINSON	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)	
NORA		LINNIS		LOVETT	
39. DATE M/M/D/C.C.Y.Y.		40. PLACE OF FINAL DISPOSITION			
01/03/2000		TECOPA CEMETERY, TECOPA, CALIFORNIA			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NO.	
CR/EU		NOT EMBALMED			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
OWENS VALLEY MORTUARY		FD 1026		Susan Schley, M.D. / <i>[Signature]</i>	
47. DATE M/M/D/C.C.Y.Y.		48. COUNTY		49. CITY	
01/03/2000		INYO		TECOPA	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL	
RESIDENCE		IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/>		CONV <input type="checkbox"/> RES <input type="checkbox"/> CARE <input type="checkbox"/> OTHER <input type="checkbox"/>	
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)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORNER	
IMMEDIATE CAUSE (A) CORONARY THROMBOSIS		DAYS		X YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (B) CORONARY ARTERIOSCLEROSIS		YRS.		X YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (C) GENERALIZED ARTERIOSCLEROSIS		YRS.		X YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (D)				X YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE					
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		116. LICENSE NO.	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		118. INJURY AT WORK		119. INJURY DATE M/M/D/C.C.Y.Y.	
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
120. NATURE OF DEATH		121. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		122. HOUR	
X NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/>					
123. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		124. SIGNATURE OF CORNER OR DEPUTY CORNER		125. DATE M/M/D/C.C.Y.Y.	
		<i>[Signature]</i>		01/03/2000	
126. TYPED NAME, TITLE OF CORNER OR DEPUTY CORNER		127. FAX AUTH.		128. CENSUS TRACT	
HERB HAWLEY, DEPUTY CORNER					

4822

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF INYO } SS

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