

ESC Lorri Powers,

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



Successor Trustee of THE CAROL RAE HART

SEPARATE PROPERTY TRUST dated Jan, 14, 2003

12085 Sprömborg Canyon
Leavenworth, WA. 98826

Grantor's Name and Address

Lorri Powers, Terry West, Paula Gaughan

12085 Sprömborg Canyon
Leavenworth, WA. 98826

Grantee's Name and Address

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

Lorri Powers, Terry West, Paula Gaughan

12085 Sprömborg Canyon
Leavenworth, WA. 98826

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

Lorri Powers, Terry West, Paula Gaughan

12085 Sprömborg Canyon
Leavenworth, WA. 98826

2008-001944

Klamath County, Oregon



00040143200800019440020021

SPACE RESE
FOR
RECORDER'S I

02/14/2008 03:40:01 PM

Fee: \$26.00

#6970

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that Lorri Powers, Successor Trustee of THE CAROL RAE HART SEPARATE PROPERTY TRUST dated Jan 14, 2003

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Lorri Powers as to an undivided $\frac{1}{3}$ interest, and Terry West as to an undivided $\frac{1}{3}$ interest, and * 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:

Lot 3, BLOCK 35, NIMROD RIVER PARK 4TH ADDITION, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon

Map Tax Lot No.: R-3610-011A0-00600-000* Paula Gaughan as to an undivided $\frac{1}{3}$ interest, all as tenants in common.

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

(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. 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. ① (The sentence between the symbols ①, if not applicable, should be deleted. See ORS 93.030.)

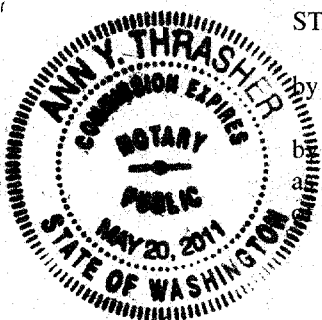
In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on FEBRUARY 4, 2008; 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.

Lorri Powers
Terry West
Paula Gaughan

WASHINGTON
STATE OF OREGON, County of CHELAN) ss.

This instrument was acknowledged before me on FEBRUARY 4, 2008LORRI POWERSThis instrument was acknowledged before me on FEBRUARY 4, 2008TERRY L WEST AND PAULA GAUGHANTENANTS IN COMMONsaid property

Ann Y. Thrasher
Notary Public for Oregon WASHINGTON
My commission expires 5-20-11

#26

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

STATE FILE NUMBER		CERTIFICATE OF DEATH		3200736008883	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
CAROL		RAE		HART	
4. DATE OF BIRTH: mm/dd/yyyy		5. AGE Yrs.		6. UNDER ONE YEAR	
03/25/1936		71		Months Days Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES	
CA		539-32-7362		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH: mm/dd/yyyy		8. HOUR (24 Hours)	
WIDOWED		09/20/2007		1230	
13. EDUCATION - Highest Level (Degree or non-degree) (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE -- Use 1 to 3 (See worksheet on back)	
ASSOCIATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
BARBER		COSMETOLOGY		50	
20. DECEDENT'S RESIDENCE (Street and number or location)		21. CITY		22. COUNTY/PROVINCE	
1010 N. TERRACE #159		SAN BERNARDINO		SAN BERNARDINO	
23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
92410		50		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
LORRI POWERS, NIECE		12085 SPROMBERT CANYON, LEAVENWORTH, WA 98826			
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
CLARENCE		ODELL		MITCHELL	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
WA		GRACE		GALE	
37. LAST (Maiden)		38. BIRTH STATE		39. BIRTH STATE	
GRUVER		WA		WA	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
RES - LORRI POWERS		CR/TR/RES		NOT EMBALMED	
12085 SPROMBERT CANYON, LEAVENWORTH, WA 98826		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
				ARROWHEAD AFTERCARE	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE: mm/dd/yyyy	
FD1552		MARGARET BEED, MD		09/26/2007	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
KAISER FOUNDATION HOSPITAL		<input checked="" type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> EPOR <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SAN BERNARDINO		9961 SIERRA AVENUE		FONTANA	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ACUTE LEUKEMIA		MTHS		MTHS	
110. BIOPSY PERFORMED?		111. AUTOPSY PERFORMED?		112. USED IN DETERMINING CAUSE?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		115. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE		NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NUMBER		118. DATE: mm/dd/yyyy	
CHARLES YANG M.D.		A 96039		09/26/2007	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?		121. INJURY DATE: mm/dd/yyyy	
CHARLES YANG M.D.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 Hours)	
9961 SIERRA AVENUE, FONTANA, CA 92335					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury).		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE: mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	FAX AUTH. #	CENSUS TRACT
15-9-28							

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

DATE ISSUED

Sep 28, 2007
Margaret M Beed MD

ERIC FRYKMAN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE