



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



SPACE RESE 02/14/2008 03:40:01 PM Fee: \$26.00
FOR RECORDER'S I

#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, NIMRDD 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 accomodation 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.

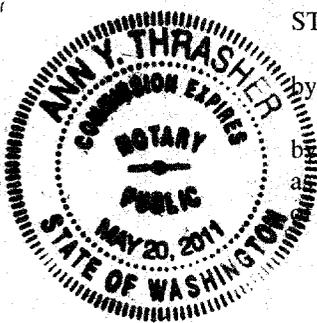
The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0. However, the actual consideration consists of or includes other property or value given or promised which is part of the the whole (indicate which) consideration. (The sentence between the symbols $\text{\textcircled{0}}$, 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, 2008,
LORRI POWERS

This instrument was acknowledged before me on February 4, 2008,
TERRY L WEST AND PAULA GAUGHAN

TENANTS IN COMMON
said 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		STATE OF CALIFORNIA		3200736008883	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
CAROL		RAE		HART	
4. DATE OF BIRTH: mm/dd/yyyy 03/25/1936 5. AGE Yrs. 71 6. UNDER ONE YEAR Months Days 7. UNDER 24 HOURS Hours Minutes 8. SEX F					
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 539-32-7362		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) WIDOWED		13. DATE OF DEATH: mm/dd/yyyy 09/20/2007		14. HOUR (24 Hours) 1230	
15. EDUCATION - Highest Level/Degree (See instructions on back) ASSOCIATE		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. DECEDENT'S RACE -- Use in 3 boxes may be listed (see instruction on back) WHITE	
18. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED BARBER		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COSMETOLOGY		20. YEARS IN OCCUPATION 50	
21. DECEDENT'S RESIDENCE (Street and number or location) 1010 N. TERRACE #159					
22. COUNTY/PROVINCE SAN BERNARDINO		23. ZIP CODE 92410		24. YEARS IN COUNTY 50	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP, AND ADDRESS (Street and number or hotel/other number, city or town, state, ZIP) LORRI POWERS, NIECE 12085 SPROMBERT CANYON, LEAVENWORTH, WA 98826			
27. NAME OF SURVIVING SPOUSE - FIRST		28. MIDDLE		29. LAST (Maiden Name)	
30. NAME OF FATHER - FIRST		31. MIDDLE		32. LAST	
33. NAME OF MOTHER - FIRST		34. MIDDLE		35. LAST (Maiden)	
36. DISPOSITION DATE mm/dd/yyyy 09/27/2007		37. PLACE OF FINAL DISPOSITION RES - LORRI POWERS 12085 SPROMBERT CANYON, LEAVENWORTH, WA 98826			
38. TYPE OF DISPOSITION(S) CR/TR/RES		39. SIGNATURE OF EMBALMER NOT EMBALMED		40. LICENSE NUMBER	
41. NAME OF FUNERAL ESTABLISHMENT ARROWHEAD AFTERCARE		42. LICENSE NUMBER FD1552		43. SIGNATURE OF LOCAL REGISTRAR MARGARET BEED, MD	
44. DATE mm/dd/yyyy 09/26/2007		45. PLACE OF DEATH KAISER FOUNDATION HOSPITAL			
46. CITY FONTANA		47. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 9961 SIERRA AVENUE			
48. CAUSE OF DEATH ACUTE LEUKEMIA		49. CHRONIC LEUKEMIA			
50. IMMEDIATE CAUSE (Final disease or condition resulting in death) MTHS		51. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST			
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NONE			
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent's Attended Since: Dependent Last Seen Alive: 01/29/2007 09/20/2007		55. SIGNATURE AND TITLE OF CERTIFIER CHARLES YANG M.D.		56. LICENSE NUMBER A 96039	
57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CHARLES YANG M.D. 9961 SIERRA AVENUE, FONTANA, CA 92335		58. I CERTIFY THAT BY MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
59. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		60. INJURY DATE mm/dd/yyyy			
61. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		62. HOUR (24 Hours)			
63. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		64. SIGNATURE OF CORONER / DEPUTY CORONER			
65. DATE mm/dd/yyyy		66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR A 15-9-28 B		C		D	
E		FAX AUTH. #		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN BERNARDINO } SS
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
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

