

ESC

MTC13910-9374

LOUIE E INCHAUST
2640 54TH AVE. S.W.
OLYMPIA WA 98512

Grantor's Name and Address

APRIL C. INCHAUST
2640 54TH AVE S.W.
OLYMPIA WA 98512

Grantee's Name and Address

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

APRIL C. INCHAUST
2640 54TH AVE S.W.
OLYMPIA WA 98512

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

APRIL C INCHAUST
2640 54TH AVE S.W.
OLYMPIA WA.
98512

2008-002574

Klamath County, Oregon



00040933200800025740020029

SPACE RESE
FOR
RECORDER'S

02/29/2008 11:26:31 AM

Fee: \$26.00

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that LOUIE E INCHAUST

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

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:

THE SOUTHERLY 405.34 FEET OF
THE WESTERLY 200 FEET OF BLOCK 31, LOT 1
OF THE 4TH ADDITION TO NIMROD RIVER PARK
AS SHOWN ON MAP IN OFFICIAL RECORDS
OF SAID COUNTY

(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 \$ 2-26-08. ^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 2-26-08; 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.

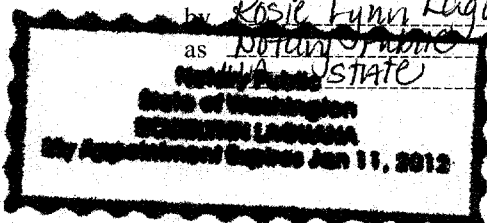
Louie E Inchaust

WA
STATE OF OREGON, County of Thurston

This instrument was acknowledged before me on 02-26-08 ss.
by Louie E. Inchaust

This instrument was acknowledged before me on 02-26-08
by Rosalynn Laguarda

as Notary Public
for the State of Washington



Rosalynn Laguarda
Notary Public for Oregon WA
My commission expires 01-11-12

26 AMT

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

0919
LOCAL FILE NUMBERPLACE
USE
ONLY
TRCT

RES

SPITAL

COURSE

EVIDENCE

ACT

COURATION

PARENTS

DISPOSITION

CERTIFIER

ACC LOC

2 QUERIES

CAUSE OF DEATH

1. NAME First: CHRISTINE Middle: ROSALEE Last: INCHAUSTI				2. SEX (M/F) Female		3. DEATH DATE (Mo, Day, Yr) July 24, 2003					
4. AGE LAST BIRTHDAY (Yrs) 94		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Mar 31, 1909		8. BIRTHPLACE (City, State or Foreign Country) Aberdeen, Wash		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Thurston	
11. CITY, TOWN OR LOCATION OF DEATH Olympia				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME () HOME () IN TRANSPORT () EMERG. RM/OUT PTN () HOSP. () NUR HOME () OTHER PLACE 2716 54th Ave. S.W.				13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO. 568-01-8308		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Accountant		19. KIND OF BUSINESS OR INDUSTRY Accounting		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White					
22. RESIDENCE — NUMBER AND STREET 2716 54th Ave. S.W.		23. CITY/TOWN, OR LOCATION Olympia		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Thurston		25B. LENGTH OF RES. IN CO. 14 yrs		26. STATE Wa	
27. ZIP CODE 98512		28. FATHER'S NAME — FIRST, MIDDLE, LAST Nono Zorich				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Lena (Unknown)					
30. INFORMANT — NAME Louie E. Inchausti		31. MAILING ADDRESS 2640 54th Ave. S.W.		CITY OR TOWN Olympia		STATE Wa		ZIP 98512			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Jul 28, 2003		34. CEMETERY/CREMATORY — NAME Olympic Memorial Gardens		35. LOCATION — CITY/TOWN, STATE Tumwater, Washington					
36. FUNERAL DIRECTOR SIGNATURE 		37. NAME OF FACILITY Mills & Mills Funeral Home		38. ADDRESS OF FACILITY Tumwater, Washington 98512							
39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X M.D.				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X							
40. DATE SIGNED (Mo., Day, Yr) July 25, 2003		41. HOUR OF DEATH (24 Hrs.) 1940		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)					
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)					
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James Edstam, M.D. 700 Lilly Rd. NE N-2 Olympia, Washington				49. ME/CORONER FILE NUMBER 03-0940-07 NJA							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): A. End stage Parkinson's Disease DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF: 51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: 52. AUTOPSY? (Yes / No) No 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes											
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:					
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE							
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE 				63. DATE RECEIVED (Mo., Day, Yr) JUL 28 2003			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.