

2008-007440

Klamath County, Oregon



00046565200800074400030037

05/21/2008 11:02:43 AM

Fee: \$31.00



THIS SPACE

After recording return to:  
Thompson Family Trust  
PO Box 660626  
Arcadia, CA 91006

Until a change is requested all tax statements  
shall be sent to the following address:  
Thompson Family Trust  
PO Box 660626  
Arcadia, CA 91006

File No.: 7021-1226163 (ALF)  
Date: May 02, 2008

### STATUTORY WARRANTY DEED

**Wilmor R. Young and Barbara A. Young, husband and wife, as tenants by the entirety,**  
Grantor, conveys and warrants to **David Robert Thompson and Elizabeth Jane Thompson**  
**Trustees of the Thompson Family Trust dated August 16, 2000**, Grantee, the following described  
real property free of liens and encumbrances, except as specifically set forth herein:

**BLOCK 27, LOT 41 OF THE 4TH ADDITION TO NIMROD RIVER PARK AS SHOWN ON MAP IN  
OFFICIAL RECORDS OF SAID COUNTY.**

**Subject to:**

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$3,500.00**. (Here comply with requirements of ORS 93.030)

F31-

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195-336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007. 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, 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 195.300, 195.301 AND 195.305 TO 195-336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007.

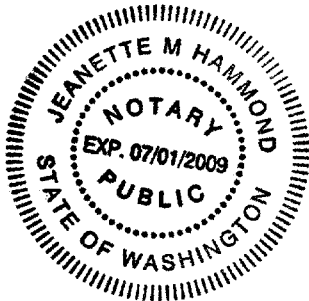
Dated this 13<sup>th</sup> day of May, 2008.

Deceased  
Wilmer R. Young

Barbara A. Young  
Barbara A. Young

STATE OF Washington,  
County of Clallam )ss.  
)

This instrument was acknowledged before me on this 13<sup>th</sup> day of May, 2008  
by ~~Wilmer R. Young~~ and Barbara A. Young.



Jeanette M. Hammond  
Jeanette M. Hammond  
Notary Public for Clallam Co.  
My commission expires: 7-1-2009

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number <b>0503</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>WILMOR RAY YOUNG</b>				2. Death Date <b>8/14/2006</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>78</b>	4b. Under 1 Year Months <b>0</b>	4c. Under 1 Day Hours <b>0</b>	5. Social Security Number <b>452-42-8820</b>	6. County of Death <b>Clallam</b>
7. Birthdate <b>8/13/1928</b>		8a. Birthplace (City, Town, or County) <b>Afton</b>		8b. (State or Foreign Country) <b>TX</b>	
9. Decedent's Education <b>High School Graduate</b>				10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>	
11. Decedent's Race(s) <b>White</b>				12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>46978 Hwy. 112</b>				13b. City or Town <b>Port Angeles</b>	
13c. Residence: County <b>Clallam</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>WA</b>	13f. Zip Code + 4 <b>98363</b>
14. Estimated length of time at residence. <b>5 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Barbara Ritchie</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (no work use none)) <b>Numerical Control Machinist</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Manufacturing</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Johnnie Albert Young</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Ethel Varnell</b>	
21. Informant's Name <b>Barbara Young</b>		22. Relationship to Decedent <b>wife</b>		23. Mailing Address: Number and Street or RFD no. City or Town State Zip <b>46978 Hwy. 112, Port Angeles, WA 98363</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Nursing Home</b>				25. Facility Name (if not a facility, give number & street or location) <b>Port Angeles Care Center</b>	
26. Method of Disposition <b>Burial</b>		27. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Ocean View Cemetery</b>		28. Location-City/Town, and State <b>Port Angeles, WA</b>	
29. Name and Complete Address of Funeral Facility <b>Drennan-Ford Funeral Home-260 Monroe Rd., Port Angeles, WA 98362</b>				30. Date of Disposition <b>8/17/2006</b>	
31. Funeral Director Signature X <b>Steve Ford 1664</b>					
32. Cause of Death (See instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
33. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>ventricular arrhythmias</b> Interval between Onset & Death <b>1 MIN</b>					
34. Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>congestive heart failure</b> Interval between Onset & Death <b>10 WEEKS</b>					
35. <b>pulmonary embolus</b> Interval between Onset & Death <b>10 DAYS</b>					
36. Other significant conditions contributing to death but not resulting in the underlying cause given above					
37. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				38. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending					
40. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
41. Date of Injury (permanently)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Location of Injury: Number & Street City or Town State Zip Code + 4					
45. Describe how injury occurred					
46. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
47a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated				47b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated	
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type and print) <b>Peter Lewis, MD-830 E. 8th St., Port Angeles, WA 98362</b>				49. Hour of Death (24hrs) <b>0448</b>	
50. Name and Title of Attending Physician (if other than Certifier) (Type and print) <b>Michael Ford</b>				51. Date Signed (permanently) <b>8/14/06</b>	
52. Title of Certifier <b>Physician</b>		53. License Number <b>17505</b>		54. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
55. Registrar Signature <b>Michael Ford</b>				56. Date Received (permanently) <b>AUG 15 2006</b>	
57. Amendments					