2008-008156
Klamath County, Oregon

00047405200800081560030030

06/04/2008 03:05:21 PM Fee: $31.00

THIS SPACE

After recording return to:
Gene R. Morrissey
11150 NE Oregon St
Portland, OR 97220

Until a change is requested all tax statements shall be sent to the following address:
Gene R. Morrissey
11150 NE Oregon St
Portland, OR 97220

File No.: 7021-1238692 (DMC)
Date: May 28, 2008

STATUTORY WARRANTY DEED

Geraldine L. Tomlinson, Grantor, conveys and warrants to **Gene R. Morrissey** , Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

Lots 10 and 11 in Block 6, Tract 1053 - Oregon Shores Subdivision, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

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 **$21,000.00**. (Here comply with requirements of ORS 93.030)

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 30 day of May, 2008.

Geraldine Tomlinson

Geraldine Tomlinson

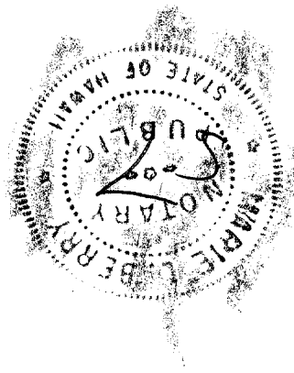
STATE OF Hawaii)
)ss.
County of Honolulu)

This instrument was acknowledged before me on this 30th day of May, 2008 by **Geraldine Tomlinson.**

Marie L B

MARIE L. BERRY

Notary Public for State of Hawaii
My commission expires: 11-19-11



STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH STATUS MONITORING

CERTIFICATE OF DEATH

STATE FILE NO. 151

1. DECEASED — FIRST NAME	MIDDLE NAME	LAST NAME	2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
BOBBIE	EUGENE	TOMLINSON	MALE	DECEMBER 7, 1999

4a. RACE	4b. IS PERSON OF SPANISH ORIGIN?	5a. AGE—LAST BIRTHDAY (Years)	5b. UNDER 1 YR MOS / DAYS	5c. UNDER 1 DAY HOURS / MIN	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7a. COUNTY OF DEATH
Caucasian 01	1 Puerto Rican 2 Mexican 3 Cuban 4 Central-S. American 5 Other & Unknown Spanish Origin NO.6 X	68			July 4, 1931	Honolulu

7a-1. ISLAND OF DEATH	7b. CITY, TOWN OR LOCATION OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY)
Oahu	Waipahu	94-317 Hene Street	–

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
California	U.S.A. 58	Married	Geraldine Lorraine Almeida	Yes

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)	14b. KIND OF BUSINESS OR INDUSTRY	14c. EDUCATION (Specify highest grade completed)
536-26-0593	Building Inspector (Retired) 035	Federal Government 901	12

15a. RESIDENCE-STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	15e. NUMBER, STREET AND ZIP
Hawaii	Honolulu	Waipahu	Yes	94-317 Hene Street, 96797

16. FATHER — FIRST NAME	MIDDLE NAME	LAST NAME	17. MOTHER — FIRST NAME	MIDDLE NAME	MAIDEN NAME
Glenn	Arthur	Tomlinson	Jessie	Berneece	Brown

18a. INFORMANT — NAME	18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP)
Geraldine Lorraine Tomlinson	94-317 Hene Street, Waipahu, Hawaii 96797

19a. BURIAL, CREMATION, REMOVAL (SPECIFY)	19b. CEMETERY OR CREMATORY—NAME	19c. LOCATION CITY OR TOWN	STATE
Burial	Hawaii State Veterans Cemetery	Kaneohe	Hawaii

19d. DATE (MONTH, DAY, YEAR)	19e. PERMIT NUMBER	20a. FUNERAL HOME—NAME	20b. FUNERAL DIRECTOR—SIGNATURE
December 15, 1999	#5808	Mililani Memorial Park & Mortuary	Paul Nicar

To be completed by CERTIFYING PHYSICIAN ONLY

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #27g where applicable)

(Signature and Title) ▶ Clayton V. Chan MD

21b. DATE SIGNED (MO., DAY, YR.)	21c. TIME OF DEATH
12-8-99	6:10 P. M

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

To be completed by MEDICAL EXAMINER or CORONER'S PHYSICIAN ONLY

22a. 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 circumstances stated and described below (Items #22b through #27g where applicable)

(Signature and Title) ▶

22b. DATE SIGNED (MO., DAY, YR.)	22c. TIME OF DEATH
	M

22d. PRONOUNCED DEAD (MO., DAY, YR.)	22e. PRONOUNCED DEAD (TIME)
on	at M

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT)

Clayton V. Chan, M.D., 3288 Moanalua Road, Honolulu, Hawaii 96819

24a. REGISTRAR - SIGNATURE	24b. DATE RECEIVED BY LOCAL REGISTRAR	24c. DATE FILED BY STATE REGISTRAR
S. Fujii	DEC - 8 1999	DEC - 8 1999

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ADVANCED Lung CANCER	
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)

26a. AUTOPSY (YES OR NO)

26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	27b. DATE OF INJURY (MONTH, DAY, YEAR)	27c. TIME OF INJURY	27d. DESCRIBE HOW INJURY OCCURRED

27e. INJURY AT WORK? (SPECIFY YES OR NO)	27f. PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)

27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)