

2008-008475

Klamath County, Oregon



00047781200800084750050051

06/10/2008 11:39:15 AM

Fee: \$41.00



After recording return to:
Charles W Utley and Joseph J Utley

Until a change is requested all tax statements
shall be sent to the following address:
Same As Above

File No.: 7021-1234353 (ALF)
Date: May 28, 2008

THIS SPA

STATUTORY WARRANTY DEED

Paul R Thompson, Grantor, conveys and warrants to **Charles W Utley and Joseph J Utley**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LOT 4 BLOCK 38 KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 2,
ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY
CLERK, 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 **\$to convey title**. (Here comply with requirements of ORS 93.030)

APN:

Statutory Warranty Deed
- continued

File No.: **7021-1234353 (ALF)**
Date: **05/28/2008**

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 4 day of June, 2008.

Paul R Thompson

Paul R Thompson

STATE OF _____)
County of _____) ss.

*See Attached California All-Purpose
Acknowledgement*

This instrument was acknowledged before me on this _____ day of _____, 20____
by **Paul R Thompson**.

Notary Public for _____
My commission expires:

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Orange

On June 4, 2008 before me, Maureen Piimauna, Notary Public,
(Here insert name and title of the officer)

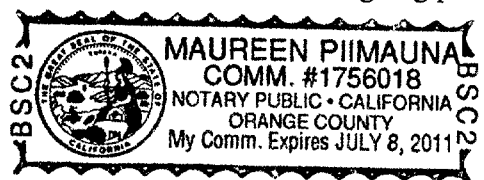
personally appeared Paul R. Thompson

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Maureen Piimauna
Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE
NUMBER

DECEDENT

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR NURSE

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL
EXAMINER EXECUTING
CERTIFICATE MUST
COMPLETE AND SIGN
MEDICAL CERTIFICATION
WITHIN 48 HOURS

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) James Earl Utley		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) November 21, 2005	
4. SOCIAL SECURITY NUMBER (of Decedent) 556-52-9062		5a. AGE LAST BIRTHDAY (Years) 66		5b. UNDER 1 YEAR 5c. UNDER 1 DAY	
6. DATE OF BIRTH (Month, Day, Year) September 28, 1939		7. BIRTHPLACE (City and State or Foreign Country) Kansas City, KS			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Cleveland Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Cleveland		9d. COUNTY OF DEATH Bradley County	
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) Truck Driver		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Transportation Industry	
13a. RESIDENCE STATE CA		13b. COUNTY San Bernardino		13c. CITY, TOWN, OR LOCATION Rialto	
13d. STREET AND NUMBER OR RURAL LOCATION 1770 Gardena Street		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE (American Indian, Black, White, etc.) (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (11-4 or 5+) 10					
17. FATHER'S NAME (First, Middle, Last) Joseph Earl Utley		18. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie May Huffman			
19a. INFORMANT'S NAME (Type/Print) Joseph Utley		19b. RELATIONSHIP TO DECEASED Brother		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11992 9th Ave. Hesperia, CA 92345	
20a. METHOD OF DISPOSITION 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Crematory Chattanooga Funeral Home, & Florist		20c. LOCATION (City or Town, State) Chattanooga, TN	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5282		21c. SIGNATURE OF EMBALMER No Embalming	
21d. LICENSE NUMBER OF EMBALMER n/a		22a. NAME AND ADDRESS OF FUNERAL HOME Chattanooga Funeral Home, Crematory & Florist 7414 Old Lee Highway Chattanooga, TN 37421			
22b. LICENSE NUMBER OF FUNERAL HOME 943					
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>		DATE FILED (Month, Day, Year) December 6, 2005			
24a. PHYSICIAN (To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner as stated.) 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		24b. LICENSE NUMBER TN MD 11116		24c. DATE SIGNED (Month, Day, Year) 11-28-05	
24d. MEDICAL EXAMINER (On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.) 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		24e. LICENSE NUMBER		24f. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)					
28. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Renal Failure</i> DUE TO (OR AS A CONSEQUENCE OF): <i>CCHF</i> DUE TO (OR AS A CONSEQUENCE OF): <i>Pneumonia</i> DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.					
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M <input checked="" type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/>	
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq. Vital Records Act of 1977.



Sharon M. Leinbach
STATE REGISTRAR

Carolyn Kendrick, Local Registrar
Bradley County Health Department

Date Issued

12-6-05



CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) BESSIE MAY UTLEY				2. SEX FFEMALE		3. DATE OF DEATH (Month, Day, Year) JUNE 22, 1996							
4. SOCIAL SECURITY NUMBER (of Decedent) 510-18-7941		5a. AGE - LAST BIRTHDAY (Years) 83		5b. UNDER 1 YEAR MOS		5c. UNDER 1 DAY HOURS MIN		6. DATE OF BIRTH (Month, Day, Year) FEB. 25, 1913		7. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, KANSAS			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)									
9b. FACILITY NAME (If not institution, give street and number) BRADLEY MEMORIAL HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH CLEVELAND				9d. COUNTY OF DEATH BRADLEY					
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) WIDOWED				11. SURVIVING SPOUSE (If wife, give maiden name)				12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) NURSES AID				12b. KIND OF BUSINESS/INDUSTRY NURSING HOME	
13a. RESIDENCE—STATE TN		13b. COUNTY BRADLEY		13c. CITY, TOWN OR LOCATION CLEVELAND				13d. STREET AND NUMBER OR RURAL LOCATION 1725 PEACH ORCHARD HILL ROAD					
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 37323		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes 0 <input checked="" type="checkbox"/> No				15. RACE—American Indian, Black, White, etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10th			
17. FATHER'S NAME (First, Middle, Last) JOHN TISDALE HUFFMAN				18. MOTHER'S NAME (First, Middle, Maiden Surname) LENNETA MAY MITCHELL									
19a. INFORMANT'S NAME (Type/Print) JOSEPH UTLEY				19b. RELATIONSHIP TO DECEASED SON		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9113 BENTEL AVE. ROSEMEAD, CA 91770							
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input checked="" type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MT. HOPE CEMETERY				20c. LOCATION—City or Town, State KANSAS CITY, KANSAS					
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Terry R. Hunt</i>				21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4543		21c. SIGNATURE OF EMBALMER <i>Thomas S. Benson</i>		21d. LICENSE NUMBER OF EMBALMER 3191		22b. LICENSE NUMBER OF FUNERAL HOME 912			
22a. NAME AND ADDRESS OF FUNERAL HOME FIKE FUNERAL HOME 2415 OCOEE STREET, N.W. CLEVELAND, TN 37311													
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>				24. DATE FILED (Month, Day, Year) 7/3/96									
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>				25b. LICENSE NUMBER MD 11770		25c. DATE SIGNED (Month, Day, Year) 7/3/96							
26a. MEDICAL EXAMINER — 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 as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)							
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) David Anderson, M. D. 1860 Executive Park Place NW Cleveland, Tn. 37312													
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF): b. Atherosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death 36 hours													
28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
31a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									

STATE OF TENNESSEE - COUNTY OF BRADLEY

I, Terry R. Hunt, having been duly sworn, make oath that the foregoing is a photocopy of the original certificate of death of the above named BESSIE MAY UTLEY, and that I conducted the burial services. By terms of the Tennessee Code Annotated, Section 56-7-206, this can be furnished to any insurance company as proof of death on any policy of \$2,500.00 or less.

Sworn to and subscribed before me this the 15th day of July, 1996.

[Signature] NOTARY PUBLIC - My commission expires: Oct. 3, 1999

FUNERAL DIRECTOR