

UTZ 82741

2008-011632

Klamath County, Oregon

RETURN TO:
Brandsness, Brandsness &
Radd, P.C.
411 Pine Street
Klamath Falls, OR 97601

MAIL TAX STATEMENTS:

Leanne Eaton
326 Kubli Rd.
Grants Pass OR

97527



00051620200800116320020029

08/15/2008 11:29:18 AM

Fee: \$26.00

-BILL OF SALE/DEED-

The undersigned Betty Moore hereinafter called the "Seller", in consideration of the sum of (DISCLOSED IN THE SALES AGREEMENT BETWEEN THE PARTIES HEREIN), to the Seller paid, the receipt whereof is hereby acknowledged, hereby grants, bargains, sells, transfers and delivers unto Walter and Leanne Eaton, hereinafter called the "Buyers", the improvements located in Lot 5 Block T, LAKE OF THE WOODS, Oregon (USDA - Forest Service Holder No. 5231 01), which is located in the County of Klamath, State of Oregon.

TO HAVE AND TO HOLD the same unto said Buyers and Buyers' successors and assigns.

And the Seller hereby covenants and agrees to and with said Buyers and to and with Buyers' successors in interest and assigns that Seller is the owner of the above-described personal property; that the same is free from all encumbrances, except as noted below; that Seller has a good right to sell the same; and that Seller will and Seller's heirs, personal representatives and successors shall warrant and forever defend this sale against the lawful claims and demands of all persons whomsoever.

In construing this Bill of Sale and where the context so requires, the singular includes the plural and generally all grammatical changes shall be made so that this instrument shall apply equally to individuals and to corporations

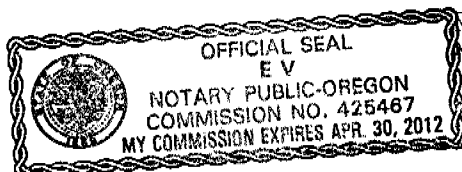
IN WITNESS WHEREOF, the Seller has caused this Bill of Sale to be executed effective as of August 12th 2008

SELLER

Betty Moore
Betty Moore

STATE OF OREGON)
) ss.
County of Klamath)

Personally appeared before me this 12th day of August, 2008, the above-named Betty Moore and acknowledged the foregoing instrument to be her voluntary act.



Notary Public for Oregon
My Commission expires: 4/30/2012

Heinrich

**OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH**

H-79150

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Delbert Middle: G Last: Moore Suffix:		2. Death Date May 17, 2008	
3. Sex Male	4. Age 72 years	5. Social Security Number 541-38-7672	
6. County of Death Jackson		7. Decedent's Education 9th - 12th grade	
7. Birthdate December 14, 1935		8. Birthplace Drew, Oregon	
9. Was Decedent of Hispanic Origin? No		10. Decedent's Race(s) White	
11. Was Decedent Ever in U.S. Armed Forces? No		12. City/Town Eagle Point	
13. Residence: Number and Street 1452 Brownsboro Highway		14. State or Foreign Country Oregon	
15. Residence County Jackson		16. Zip Code + 4 97524	
17. Inside City Limits? No		18. Marital Status at Time of Death Married	
19. Spouse's Name Prior to First Marriage Betty Adams		20. Kind of Business/Industry Trucking	
21. Usual Occupation Truck Driver		22. Mother's Name Prior to First Marriage Elsie Frakes	
23. Father's Name Elmer Moore		24. Mailing Address 1452 Brownsboro Highway, Eagle Point, OR 97524	
25. Informant's Name Betty Moore		26. Telephone Number Not Available	
27. Relationship to Decedent Spouse		28. Facility Name Decedent's Residence	
29. Place of Death Decedent's Residence		30. City/Town or Location of Death Eagle Point	
31. Location of Death 1452 Brownsboro Highway		32. State Oregon	
33. Zip Code + 4 97524		34. Method of Disposition Cremation	
35. Place of Disposition Funeral Alternatives Crematory		36. Location Medford, Oregon	
37. Name and Complete Address of Funeral Facility Rogue Valley Funeral Alternatives 550 Business Park Dr., Medford, Oregon 97504		38. Date of Disposition TBD	
39. Funeral Director's Signature Nicholas W Preboski Electronically Signed		40. OR License Number CO-3316	
41. Registrar's Signature Nedra Cobb		42. Date Received MAY 23 2008	
43. Local File Number		44. Amendment	
45. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		46. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Time of Death 0500AM	
CAUSE OF DEATH			
49. 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.		Approximate Interval: Onset to Death 6 months	
Final disease or condition resulting in death: Sequitally list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		IMMEDIATE CAUSE Acute Myeloid Leukemia	
50. Other significant conditions contributing to death, but not resulting in the underlying cause given above:			
51. 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		52. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
53. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		54. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (mm/yyyy)		56. Time of Injury	
57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)	
59. Describe how injury occurred		60. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
61. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Brett A. Poisson, M.D., 2828 E. Barnett Road, Medford, OR 97504			
62. Name and Title of Attending Physician [Other than Certifier]			
63. Title of Certifier MD		64. License Number MD 23704	
65. Date Signed (mm/yyyy) 05.21.2008		66. 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 stated.	
67. Amendment			

94898

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

5-23-2008 3/

45-2DP (01/06)



THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

MAY 23 2008

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Mark J. Omdoff
Mark J. Omdoff

JACKSON COUNTY, OREGON

