WC 82741

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

MAIL TAX STATEMENTS: Leanne Eaton 326 Kubli Rd. avants PASS OF

2008-011632 Klamath County, Oregon



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 ACREEMENT BETWEEN THE PARITES HEREIN). to the Seller paid, the receipt whereof is hereby acknowledged, herby grants, bargains, sells, transfers and delivers unto Walter Leanne Eaton, hereinafter called the "Buyers", 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 executed effective as of to be executed effective as of

STATE OF OREGON

County of Klamath

SS.

Personally appeared before me this 10 day of 2008, the above-named Betty Moore and acknowledged the regoing

instrument to be her voluntary act

Notary Public for Oregon

Commission expires:

OFFICIAL SEAL EV NOTARY PUBLIC-OREGON COMMISSION NO. 425467 MY COMMISSION EXPIRES APR. 30, 2012

OREGON DEPARTMENT OF HUMAN SERVICES

	OKEGON DELYLLING I LOUBE OF
-79150	CENTER FOR HEALTH STATISTICS
-7.51.50	CERTIFICATE OF DEATH
TAG NÓ.	CEKTIFICATE OF DEATH

				CEL	CHICALL	- 0: 0-7:		Suffix	2 003	th Date
1. Legal Name	Pirst Delbert		Middle G		Moore Moore	W.				May 17, 2008
3. Sex Male	4. Age	. Age 72 years		5. Social Security Number		541-38-	541-38-7672 <sup>)</sup>		6. County of Death  Jackson	
7. Birthdate		, Birthpla	CØ						nt's Education 12th ora	
December 14,			, Orego	)1) 	ecedent's Race	/e\			Was Deci	vient Ever in
10. Was Decedent of F NO	espanic Organ	•		1	White				U.S. Arms	ed Forces? NO
13. Residence: Numb	er and Street					14.	City/Town Eagle Poin	ıt		
1452 Brownsbi 15. Residence County		3 <b>y</b>	8. State o	r Foreign C	country		Code # 4			ide City Limits?
Jackson			Oreg	on			7524		N	<u> </u>
19. Marital Status at T Married	ime of Death		2		's Name Prior Id Aciams					
21. Usual Occupation Truck Driver					4.	Tru	Kind of Busine ( <b>cking</b> )	-		
23. Father's Name		-				24. Mother's N Elsie Frai		irst Marriage		i
Elmer Moore 25. Informant's Name		la:	t Tolomber	ne Number	27. Relations	hip to Decedent	28, Maiiling A	ddress		
Betty Moore		Ñ	ot Avai	lable	Spouse		1452 Brow	msboro Hi	ghway, E	agle Point, OR 97524
29. Place of Death Decedent's Res	cidence			13	30. Facility Nam	ne				
31, Location of Death					32. City/Town	or Location of D	eath	33. State Oregon	34. Zi	97524
1452 Brownsb	oro Highw	ay .	Place of D	lana ellan	Eagle Pol	RIL		27. Lecet		
35. Method of Disposi Cremation		Fu	ineral A	itemativ	res Cremato	ху		Medfor	d, Oregoi	1
38. Name and Comple	ete Address of	Funeral F	acility		550	) Business Pa	ark Dr., Mex	fford. Ore	gön 9750	14
Rogue Valley F		40. Ft	eneral Dir	ector's Sig	mature		Electronica	n. 41. OR L	icense Numi	)er
TBD		•		Nichol	las W Prebo		Signed	<u> </u>	3316 4. Local File	Mumber
42. Registrar's Signa	uture / /	, ,	100	2070	43.	Date Received	AY 2 3	2008	7. LDCan ( No	110110704
► 45. Amendment	Dell	<u>w</u>				<u></u>	<del></del>			
46. Was case referred	to Madical Ex	rambar?	147	Autopsy?	48. Wen	autopsy Anding	s available to c	omplete the	ause of	49. Time of Death
46. Was case regular. □ Yes ,2100	) ID MIBUIGO C	10011367034 1		□ You □ D	dest	h? ☐ Yes ☐	No			0500AM
50. Enter the chain of					CAUSE	OF DEATH	DO NOT ENT	R TERMINA	LEVENTS	Approximate interval:
<ol> <li>Enter the chain of such as cardiac a</li> </ol>	'events - disex rrest, respirato	ısas, injur ev arrest :	es, or con or ventricu	iar (byillalic	on without show	ing the eticlogy.	DO NOT ABB	REVIATE		Onset to Death
Final disease or						72				
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GO N

DATE ISSUED:

TO BE COMPLETED BY MEDICAL CERTIFIER

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MAY 2 3 2008

Ment L Omdoff

45-2DP (01/06)

JACKSON COUNTY, OREGON

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AND THE RESIDENCE OF THE CENTRE OF THE CENTR