

WTC 84136-LW

THIS SPACE RES

2009-003437

Klamath County, Oregon



00062174200900034370020029

After recording return to:

GLEN A. CUTHILL

~~26949 DREWS RANCH ROAD~~ *PO Box 99*
SPRAGUE RIVER, OR 97639

03/10/2009 10:02:37 AM

Fee: \$26.00

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

GLEN A. CUTHILL

~~26949 DREWS RANCH ROAD~~ *PO Box 99*
SPRAGUE RIVER, OR 97639

Escrow No. MT84136-LW

Title No. 0084136

SWD

STATUTORY WARRANTY DEED

CAROL ANN PEDDICORD, TRUSTEE OF THE VIVIAN C CHURCHILL REVOCABLE LIVING TRUST, Grantor(s) hereby convey and warrant to GLENN A. CUTHILL, Grantee(s) the following described real property in the County of KLAMATH and State of Oregon free of encumbrances except as specifically set forth herein:

Lot 11, Block 2, FIRST ADDITION TO NIMROD RIVER PARK, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

The true and actual consideration for this conveyance is **\$169,500.00**.

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, 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, CHAPTER 424, OREGON LAWS 2007.

Dated this 5TH day of March, 2009

TRUSTEE OF THE VIVIAN C CHURCHILL REVOCABLE LIVING TRUST

BY: *Carol Ann Peddicord*
CAROL ANN PEDDICORD, TRUSTEE

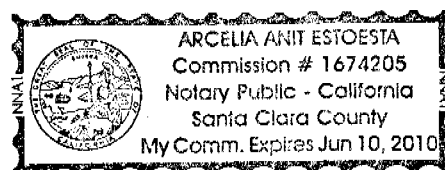
STATE OF CALIFORNIA

COUNTY OF Santa Clara

On 03/10, 2009 before me, ARCELIA ANIT ESTOESTA personally appeared CAROL ANN PEDDICORD, TRUSTEE OF THE VIVIAN C CHURCHILL REVOCABLE LIVING TRUST ~~personally known to me~~ (or 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 SHE executed the same in her authorized capacity(ies), and that by her signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Arceia Anit Estoesta



26Amt

CERTIFICATE OF VITAL RECORD

094359
I.D. TAG NO.

243

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS 136-

CERTIFICATE OF DEATH

State File Number

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1. DECEDENT'S NAME J. Vincent CHURCHILL | | 2. SEX Male | 3. DATE OF DEATH (Month, Day, Year) May 20, 1993 |
| 4. SOCIAL SECURITY NUMBER 564-24-1860 | 5a. AGE Last Birthday (Years) 72 | 5b. Under 1 Year Mos. Days Hours Mins | 6. BIRTHPLACE (City and State or Foreign Country) Coon River, IA |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 7. DATE OF BIRTH (Month, Day, Year) August 30, 1920 | |
| 9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | |
| 9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center | | 9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | 9d. COUNTY OF DEATH Klamath |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Mail Carrier | | 10b. KIND OF BUSINESS/INDUSTRY U.S. Postal Service | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married |
| 12. SPOUSE (If Married, Widowed) Vivian Churchill | | | |
| 13a. RESIDENCE - STATE Oregon | 13b. COUNTY Klamath | 13c. CITY, TOWN OR LOCATION Sprague River | 13d. STREET AND NUMBER P.O. Box 95 |
| 13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 13f. ZIP CODE 97639 | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 15. RACE American Indian, Black, White, etc. (Specify) White |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12 | | | |
| 17. FATHER NAME first middle last Harry - Churchill | | 18. MOTHER NAME first middle maiden Alphie - Blanchard | |
| 19. INFORMANT NAME and relationship to deceased Vivian Churchill Spouse | | | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James D. Rigg</i> | | 21b. LICENSE NUMBER (Of Licensee) 52-0297 | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601 | | | |
| 23. DATE FILED (Month, Day, Year) MAY 25 1993 | | 24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i> | |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | 26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | TO BE COMPLETED ONLY BY MEDICAL EXAMINER | |
| 27. TIME OF DEATH 5:23 A.M. | 28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 31a. TIME OF DEATH M | 31b. DATE PROHIBITED DEAD (Month, Day, Year, Hour) M |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>F. Geoffrey Marx</i> M.D. | | 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) | |
| 30. DATE SIGNED (Month, Day, Year) 5/23/93 | | 33. DATE SIGNED (Month, Day, Year) COUNTY | |
| 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx M.D. 2614 Clover Street Klamath Falls, Oregon 97601 | | | |
| 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) | | Interval between onset and death |
| (a) Respiratory Failure | | 2 ds |
| (b) Congestive Heart Failure | | Interval between onset and death 4 mo |
| (c) ASHD | | Interval between onset and death 10 yrs |
| 37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. CVA | | 38. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 39. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 40. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide | 41a. DATE OF INJURY (Month, Day, Year) | 41b. TIME OF INJURY |
| 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 41d. DESCRIBE HOW INJURY OCCURRED | |
| 41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |

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

DATE ISSUED:

MAY 25 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

