

2009-013993

Klamath County, Oregon



00074697200900139930030039

10/29/2009 11:41:02 AM

Fee: \$47.00

After Recording Return to:

WILLIAM E. RAY JR.

36563 Agency Lake Rd

Chiloquin, OR 97624

Until a change is requested all tax statements

Shall be sent to the following address:

SAME AS ABOVE

ATE 67178

WARRANTY DEED

(INDIVIDUAL)

FULLFILLMENT DEED

DYRKE J. MEYERS, PERSONAL REPRESENTATIVE of the ESTATE OF CAROL-ANN MEYERS, herein called grantor, convey(s) to WILLIAM E. RAY JR., herein called grantee, all that real property situated in the County of KLAMATH COUNTY, State of Oregon, described as:

See Exhibit A attached hereto and made a part hereof..

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$181,000.00.
(here comply with the requirements of ORS 93.930)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER SECTIONS 2, 3 AND 5 TO 22 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, 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 SECTIONS 2, 3 AND 5 TO 22 OF CHAPTER 424, OREGON LAWS 2007.

Dated October 19, 2009.

10/21/2009

ESTATE OF CAROL-ANN MEYERS

BY: DYRKE J. MEYERS, PERSONAL REPRESENTATIVE

STATE OF Texas, County of Harris) ss.

On October 21, 2009 personally appeared the above named DYRKE J. MEYERS, PERSONAL REPRESENTATIVE of the ESTATE OF CAROL-ANN MEYERS and acknowledged the foregoing instrument to be [* his/her/their] voluntary act and deed.

This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 67178PS

Before me: Debbie Gustin
Notary Public for Texas
My commission expires: 3-17-2012

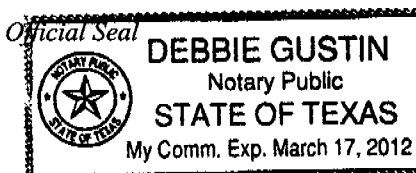


Exhibit A

PARCEL 1:

A parcel of land situated in Lot 9 of Section 7, Township 35 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at a coast geodetic survey pin in the Northeast corner of Lot 9, Section 7, said Township and Range; thence South 382.14 feet to a steel pin; thence West 361 feet to a point; thence North 382.14 feet to a point; thence East 361 feet, more or less, to the point of beginning.

CODE 138 MAP 3507-007BD TL 00100 KEY #229425

PARCEL 2:

A parcel of land situated in Lot 9 of Section 7, Township 35 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at a coast geodetic survey pin in the Northeast corner of Lot 9, Section 7, said Township and Range; thence West 361 feet to the true point of beginning; thence continuing West 208.5 feet; thence South 173.4 feet; thence East 208.5 feet; thence North 173.4 feet to the point of beginning.

CODE 118 MAP 3507-007BD TL 00200 KEY #229443

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES

CENTER FOR HEALTH STATISTICS

136-

509230

I.D. TAG NO.

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name (Include AKA's, if any) Carol Ann Meyers				2. Death Date (MON DD YYYY) December 14, 2007	
3. Sex (M/F) Female	4a. Age -- Last Birthday 62	4b. Under 1 Year Months 0 Days 0	4c. Under 1 Day Hours 0 Minutes 0	5. Social Security Number 567-70-2982	6. County of Death Klamath
7. Birthdate (MON DD YYYY) April 3, 1945		8a. Birthplace (City/Town, or County) Long Beach		8b. (State or Foreign Country) California	
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No			11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) 36443 Modoc Pt. Rd.				14. City/Town Chiloquin	
15. Residence County Klamath		16. State or Foreign Country Oregon		17. Zip Code + 4 97624	
19. Marital Status at Time of Death Divorced			20. Spouse's Name (If married or widowed, give name prior to first marriage.) -		
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Caregiver				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Eldercare	
23. Father's Name (First, Middle, Last, Suffix) Harold Allen Speer Jr.			24. Mother's Name Prior to First Marriage (First, Middle, Last) Eleanor Ruth Cotton		
25. Informant's Name Dyrke Meyers		26. Telephone Number 832-865-0149		27. Relation to Decedent Son	
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 1807 Brickarbor Rd, Katy Texas 77449					
29. Place of Death Hospital - Inpatient			30. Facility Name Sky Lakes Medical Center		
31. Location of Death (Give address.) 2865 Daggett Ave			32. City/Town or Location of Death Klamath Falls		33. State OR
					34. Zip Code + 4 97601-7151
35. Method of Disposition Cremation		36. Place of Disposition (Name of cemetery, crematory, or other place) Eternal Hills Crematory		37. Location Klamath Falls, OR 97603-9613	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR 97603-9613					
39. Date of Disposition (MON DD YYYY) December 20, 2007		40. Funeral Director's Signature <i>Jim Lawcast</i>		41. OR License Number 3224	
42. Registrar's Signature <i>James J. Woodfork</i>		43. Date Received (MON DD YYYY) DEC 24 2007		44. Local File Number 674	
45. Record Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death 1800					
CAUSE OF DEATH (See instructions and examples.)					
50. 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	
Final disease or condition resulting in death →		IMMEDIATE CAUSE a. ADULT RESPIRATORY DISTRESS SYNDROME		7 WEEKS	
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓ b. PNEUMONIA		8 WEEKS	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓ c.			
		Due to (or as a consequence of) ↓ d.			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: EMPHYSEMA, TYPE 2 DIABETES, HYPERTENSION					
52. 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		53. If Female <input checked="" 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 past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MON DD YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
				58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)					
60. Describe how injury occurred.				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Lawrence Cohen 2800 Daggett Klamath Falls, OR 97601-1107					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier MD		65. License Number M D 18099		66. Date Certified (MON DD YYYY) Dec 18, 2007	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>Lawrence Cohen</i> 12/16/07				68. 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.	
69. Record Amendment					

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

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

DEC 24 2007

DATE ISSUED:

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

Lisa C. Avila
LISA C. AVILA
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

