### 2010-007988 Klamath County, Oregon

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After recording return to: Keith Michael Thompson PO Box 661496 Arcadia, CA 91066

Until a change is requested all tax statements shall be sent to the following address: Keith Michael Thompson PO Box 661496 Arcadia, CA 91066

File No.: 7021-1494445 (ALF) November 04, 2009 Date:

06/30/2010 03:34:23 PM

Fee: \$52.00

### STATUTORY WARRANTY DEED

THIS SPACE F

Harriett Meininger, Grantor, conveys and warrants to Keith Michael Thompson and David Robert Thompson and Elizabeth Jane Thompson, not as tenants in common but with full rights of survivorship, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LEGAL DESCRIPTION:** Real property in the County of Klamath, State of Oregon, described as follows:

LOT 2 IN BLOCK 95 OF KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 4 AS RECORDED IN KLAMATH COUNTY, OREGON.

### Subject to:

1st 1494445

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 \$1,500.00. (Here comply with requirements of ORS 93.030)

File No.: **7021-1494445 (ALF)**Date: **11/04/2009** 

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 15 day of June	, 20 <i>/ O</i> .
Harriett Meininger  Harriett Meininger	
STATE OF -Oregon MUSSIUM )	
STATE OF -Oregon MUSOUM ) )ss. County of -Klamath Jarry )	15 Aina 10
This instrument was acknowledged before m by Harriett Meininger.	ne on this 10 day of 400 m, 2010
A DAN MEXPIR NOTARY PUBLIC NOTARY SEAL COMMISSION 206416256	Notary Public for Oregon  My commission expires:

# For Use by Funeral Honse Only

## STATE OF OKLAHOMA CERTIFICATE OF DEATH

LOCAL FILE NUMBER										<del> </del>	
1. DECEDENT'S LEGAL NAM	AE (First, Middle	e, Last, Su	ıffix)			2. SEX	3. SOCIAL SEC	DRITY NUMB	ER 4.EVEF		
CLAYTON	Edward	3	MEININ	IGER.		. М	565 84	8388		XYes	No
5a AGE- Last Birthday (years)	7		. Under 1 Day	6. DATE 0	OF BIRTH	7. BIRTHPL	ACE (City, and	State, or Fore	eign Country)		
58	Months Da	ays Ho	ours Minutes	8-7-	- 195Mb/Day/Yr	l Cha	rlotte	Nort	h Car	olina	
	la la	Bh RESID	ENCE-County	1	8c. RESIDENC	E-City or Town	8d. RESIDENC	E-Zip Code	8e. RESIDE	NCE-Inside Cit	ty Limits
8a RESIDENCE-State OKI a noma	ľ		timer		Talih	ina	7457	1		Yes X	No
8f. RESIDENCE-Street and No	umber			^-					8g. RESIDE	NCE-Apartmen	t Number
9 MARITAL STATUS AT TIM	End	<u>af</u>	Hwy 6	- 3 A		10. SURVIVII	NG SPOUSE'S N	IAME (If wife.	give name r	rior to first mar	riage)
Married Never Marrie	d Widowed	d 🔯 Divor	rced Marrie	ed, but separa	ated Unknow	Non	e		. •		•
Married Never Marrie		T				12. MOTHER	S NAME PRIOF	TO FIRST N	ARRIAGE (	First, Middle. L	ast)
THE THE TOTAL OF THE STATE OF T	R	ona:	<u>ld Mei</u>	ninge	er	Har	riett	Griff	ith	1.00	
13. DECEDENT OF HISPANI			14, DEC	EDENT'S RA	CE (Check one o	r more races to	indicate what the	15. DECE		JCATION (Che	
(Check the box that best d	escribes whether	er the	dece	dent conside	red himself or her	seif to be)		that best o		highest degree e time of death	
decedent is Spanish/Hisps box if the decedent is not to	inic/Latino, Che Spanish/Hispan	ic/Latino)	Marinet 1	vnite lack or Africa	n American				inploted at the		,
		·	wers.		an or Alaska Nativ			79.288	rade or less		4.5
No, not Spanish/His	ipanic/Launo		l learned	sian Indian	•		t or principal tribe)	1 🖳	2th grade, no		
Yes, Mexican, Mexi	can American, (	Chicano	,	hinese				<u> </u>	-	ate or GED cor	
			F	ilipino				1 14	e college crec ciate degree	lit, but no degre (e.a. AA AS)	ee.
Yes, Puerto Rican			1 1	apanese	•			1 🛏 .		(e.g. BA, AB, BS)	,
Yes, Cuban			K	órean						g, MEd, MA, ME	
<b>3</b>	tiliie/I etino		البروسيا	letnamese				Docto	rate or Profe	ssional Degree	
Yes, other Spanish/		,	l	ther Asian (s				(9.7.	PhD, EdD or M	D, JD, etc.)	
(specify)			— I 🖂		er (specify)			- ]			
				ther (specify		PETIPED	17 KIND OF	BUSINESS/	INDUSTRY		
16. DECEDENT'S USUAL OC	CUPATION (Inc		- h - v - v				1 ~~	noral	1.3.00	rer	
18a, INFORMANTS NAME			186	RELATIONS	HIP TO DECEDE	IT 118c, MAIL	ING ADDRESS	(Street and N	umber, City,	State, Zip Code	e) 656
				other		47 W	Jinterg	reen	Drive	Rine	EVE
Kevin Mein 19. METHOD OF DISPOSITION	<u>inger</u>	· · · ·	12	O PLACE C	F DISPOSITION	(Name of ceme	tery, crematory,	other place)	21. LOCATIO	N- City, Town	and State
Burial Cremation	Donation	Entor			Black&					ıla Ok	
Removal From State	Other (spec	cify)		Crema	torv						
22. NAME AND COMPLETE				<u> </u>	23. SIGI	NATURE OF FU	INFRAL HOME	DIRECTOR	R FAMILY N	MEMBER ACTI	NG AS SU
TAlihina F	uneral	Hor									
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			ina Ok	OF DEATH (	Check only one; s	ee instructions)	NT GGENSE #	1273	<del></del>		<u> </u>
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PERMANENT BLACK INK.	124 -															
FOR	1. DECEDENT'S NAME (First, Mi	IDEN	2. \$EX				3. DATE OF DEATH (Month, Day, Year)									
INSTRUCTIONS SEE OTHER SIDE	RONALD MEI		MALE				MAY 13, 2002									
AND HANDBOOK	4. SOCIAL SECURITY NO.	1 DAY	6. DA	E OF BIRTH (A					or Foreign C	Country)						
DECEDENT	539-18-8605	Birth	nday (Years) MC	ONTHS DAYS	HOURS	MINUTES	$\neg$	PRIL 4	, 192	6	TACO	COMA, WASHINGTON				
JEGESEN!	8. WAS DECEDENT EVER IN 98. PLACE OF DEATH (Check only one; see instructions on other side)															
		HOSPITAL	L: 🗆 Inj	□ DO/	□ DOA OTHER: □ Nursing Home □ Residence □ Other (Specify)											
	9b. FACILITY NAME (If not institu	tion, give stre	eet and number)	gc. CITY, TOWN, C					LOCATION OF DEATH					9d. COUNTY OF DEATH		
/5 300	47 WINTERGREE	N DRI	(VE		BLUE EYE									STONE	··	
40 580-2211 (11-97) SOLUTION	10. MARITAL STATUS - Married, Married, Widowed, Divorced, (S	POUSE'S NAME Taiden name) TGRIFI	work done during n				most of working life. Do not use retired.)				OF BUSINES	S OR INDUSTRY				
OR MSTITUT	13a. RESIDENCE - STATE		b. COUNTY					Y, TOWN, OR L			13d. ZIP CODE					
CINA	MISSOURI		S	TONE		BLUE EYE							65611			
PHYS	13e. STREET AND NUMBER	L				•••	1	3f. INSIDE CIT	IDE CITY LIMITS 13g. YEARS AT PRESENT ADDRESS							
FOR USE BY	47 WINTERGRE	EN DR	₹					1 Yes	X №	40 Under 5 5-9 X 10-19			20 or more			
	14. WAS DECEDENT OF HISPAN (Specify No or Yes - If yes, sp		15. RACE - American Ir (Specify)		dian, Black, V	White, etc.		16. DECEDE		IT'S EDUCATION est grade completed)						
NAME OF DECEDENT	0 ⊠No ∐Yes	Specify:						WH]	TTE		Elem	entary/Secor	dary (0-12)	College (1-4 or 5+)		
	17. FATHER'S NAME (First, Midd				<del></del>		18. MOTHER'S NAME (First, Middle, Malden Surname)						L			
PARENTS	JACOB MEI	JACOB MEININGER							HELEN	MUNTZ						
	19a. INFORMANT'S NAME (Type/				19b. MAILING AL	DDRESS (S	Street and	Number or Rura	l Route Num	ber, City or Tox	vn, State, Zip	Code)				
INFORMANT	HARRIETT MEIN	NTERG	ERGREEN DRIVE BLUE EYE, MISSOURI 65611													
(	20a. BURIAL, CREMATION, 20b. DATE OF DISPOSITION 20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or 20d. LOCATION - City or Town, State															
DISPOSITION	BURIAL MAY 17, 2002 WHITE CHAPEL MEMORIAL GARDENS SPRINGFIELD, MISSOURI															
į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH CREEK OF FACILITY 708 STATE HIGHWAY 248  228. NAME AND ADDRESS OF FACILITY 708 STATE HIGHWAY 248  229. FUNERAL ESTABLISHMENT LICENSE NUMBER 1904															
,	23. PART I. Enter the discretes, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.										Approximate Interval Between					
SEE	List only one chaise on IMMEDIATE CAUSE	each line. a.	1				j	lear t	Fo	ri/u	re		J I	et and Death		
INSTRUCTIONS ON OTHER SIDE	(Final disease or condition resulting in death)		E TO (OR AS A C	CONSEQUENCE	OF);				5/ <del>/</del> [		<del></del>		1			
	Sequentially list DUE TO (OR AS A CONSEQUENCE OF):									<u> </u>						
	leading to immediate cause. Enter c.									<u>;                                    </u>						
CAUSE OF DEATH	UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST d.									! !						
	PART II. Other signiffrant condit	ans contribu	ting to death/but a	not resulting in th	e underlying caus	e given in P	art I.	24. IF DECE	ASED WAS	. 1		N AUTOPSY		RE AUTOPSY FINDIN	GS	
	PART II. Other significant condit		FEMALÉ 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS?							NILABLE PRIOR TO MPLETION OF CAUS	E OF					
<i>'</i>	Col			90 DAYS	2	□ Unk.	1 ☐ Yes	2 X No	] 1	Yes N	lo					
	26. MANNER OF DEATH		TE OF INJURY	27b. TIME OF	27c. WAS INJU			i. INJURY AT V		27e. DESCR						
-	X Natural  Pending	(Month, E	Day, Year)	INJURY	RELATED decedent.	? (Not timited	d to			'						
	Investigatio	n		М	Yes 🗆	No 🗀 t	Unk.	Yes No	□ Unk.							
	Suicide Could not be 271. PLACE OF INJURY - At home, farm street, factory, office building, etc. (specify)															
	☐ Homicide Determined															
(	28a. (Specify) 28b. To the best of my knowledge, death occurred at the time							late and place and due to the cause(s) stated.			28c. DATE SIGNED 28d. TIME ( (Month, Day, Year)			Bd. TIME OF DEATH		
							It Planted a			, aud. 5/15/02				8:37 P	. М	
	MEDICAL EXAMINER/CORO		Sugn			CAPE BE	3/02	4EDICAL EV								
ERTIFIER	298. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)  DR. ROBERT SAYLOR MD SPRINGFIELD, MO. 65804 MDR4J58															
	DR. ROBERT SAYLOR MD SPRINGFTELD, MO. 65804 MDR4J58 Yes 45 No.  31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 32. REGISTRAR'S AGNATURE / 33. DATE RECEIVED BY LOCAL REGISTRAR															
	(Type or Print)    Drenda Anithson   (Month, Da)									6-02	<u></u>					
,			THI	SISACF	RTIFIED C	OPY O	F AN C	RIGINA	DOCUM	ÆNT.				·		
					ephotograp						}					
TUE DEN	RODUCTION OF THIS	DOCUM	AENT IS DE	OUIDITE	T BY LAW.	lear 4	03 745	103 255	£ 102-1	315 PCM	1004\					
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STATE OF MISSOURI

County of Stone

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of Seal of the Missouri Department of Health this d