

BE

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



Bruce J. McKenzie  
66590 Ocotillo Road  
Desert Hot Springs, CA 92240  
David C. McKenzie  
4063 SE 12th Court, Gresham OR 97080

First Party's Name and Address

Alice L. McKenzie  
1847 Ivory Street  
Klamath Falls, OR 97603

Second Party's Name and Address

After recording, return to (Name, Address, Zip):

Alice L. McKenzie  
1847 Ivory Street  
Klamath Falls, OR 97603

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Alice L. McKenzie  
1847 Ivory Street  
Klamath Falls, OR 97603

2012-000570

Klamath County, Oregon



00112747201200005700030033

SPACE RES

FOR

01/23/2012 01:45:02 PM

Fee: \$47.00

RECORDER'S USE

Witness my hand and seal of County affixed.

NAME

TITLE

By \_\_\_\_\_, Deputy.

## PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE dated January 6, 2012, by and between Bruce J. McKenzie and David C. McKenzie, the duly appointed, qualified and acting personal representative of the estate of Karleen F. Parazoo, deceased, hereinafter called the first party, and Alice L. McKenzie, hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors and assigns all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Chiloquin West, Block 8, Lot 2 & POR VAC ALLEY

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

TO HAVE AND TO HOLD the same unto the second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ all taxes due from 2000 on. However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration. (The sentence between the symbols ®, if not applicable, should be deleted. See ORS 93.030.)

IN WITNESS WHEREOF, the first party has executed this instrument; if first party is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. 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, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

Bruce J. McKenzie  
David C. McKenzie

Personal Representative

STATE OF OREGON, County of Klamath ss.This instrument was acknowledged before me on January 6, 2012 by Bruce J. McKenzie

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_



OFFICIAL SEAL  
EMILY COE  
NOTARY PUBLIC- OREGON  
COMMISSION NO. 426594  
MY COMMISSION EXPIRES APR 21, 2012

Notary Public for Oregon

My commission expires April 21, 2012

## JURAT WITH AFFIANT STATEMENT

State of Oregon }  
County of Multnomah } ss.

- ☐ See Attached Document (Notary to cross out lines 1-7 below)  
☐ See Statement Below (Lines 1-7 to be completed only by document signer[s], *not* Notary)

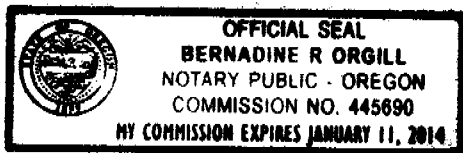
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 *David C McKenzie*  
Signature of Document Signer (Affiant) No. 1

Signature of Document Signer (Affiant) No. 2 (if any)

Subscribed and sworn to (or affirmed) before me

this 17<sup>th</sup> day of January, 2012, by  
Date Month Year

(1) David C McKenzie  
Name of Signer No. 1



Place Notary Seal/Stamp Above

(2) \_\_\_\_\_  
Name of Signer No. 2 (if any)  
Bernadine R Orgill  
Signature of Notary Public  
Clackamas, OR Exp. 1/11/14

Any Other Required Information  
(Residence, Expiration Date, etc.)

### OPTIONAL

Not required by law, this information can be useful to those relying on the document and prevent fraud.

#### Further Description of Any Attached Document

Title or Type of Document: Personal Representative's Deed

Document Date: 1/6/2012 Number of Pages: 1

Signer(s) Other Than Named Above: Bruce J McKenzie

RIGHT THUMBPRINT OF SIGNER #1	RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here	Top of thumb here

# CERTIFICATION OF VITAL RECORD

## HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

317158  
505

Local File Number

136

State File Number

### DECEDENT

1  
2  
3  
4  
5  
6

### PARENTS

### DISPOSITION

7

8

9

### REGISTRAR

10

11

### CERTIFIER

12

13

14

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

### CAUSE OF DEATH

15

16

17

CAUSE OF DEATH  
INSTRUCTIONS  
ON REVERSE SIDE  
OF GREEN AND  
PINK COPY

1. DECEDENT'S NAME <b>Karleen Fay PARAZOO</b>			2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>October 5, 2000</b>
4. SOCIAL SECURITY NUMBER <b>540-42-8363</b>		5a. AGE-Last Birthday (Year) <b>63</b>	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Mins.
6. BIRTHPLACE (City and State or Foreign Country) <b>Klamath Agency, OR</b>			7. DATE OF BIRTH (Month, Day, Year) <b>December 27, 1936</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) <b>5621 Altamont Drive</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
9d. COUNTY OF DEATH <b>Klamath</b>				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Tchinouk Tribal Chairperson</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Native American Affairs</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>
12. SPOUSE (If Married, Widowed) <b>Oscar T. Anderson</b>				
13a. RESIDENCE - STATE <b>Oregon</b>	13b. COUNTY <b>Klamath</b>	13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>	13d. STREET AND NUMBER <b>5621 Altamont Drive</b>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <b>97603</b>	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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) <b>Amr. Indian</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) <b>4</b>				
17. FATHER - NAME first middle last <b>Claude Elliot Parazoo</b>			18. MOTHER - NAME first middle maiden <b>Delphine - Emery</b>	
19. INFORMANT - NAME and relationship to deceased <b>Rena Anderson, daughter</b>				
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) <b>Ft Klamath Cemetery</b>		20c. LOCATION - City or Town, State <b>Ft Klamath, OR 97626</b>
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Sean D. Davenport</i>		21b. OREGON LICENSE NO. (Of Licensee) <b>FS-0124</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>
23. DATE FILED (Month, Day, Year) <b>OCT 09 2000</b>		24. REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>		

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <b>1730 P.M.</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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>Rubina Qamar</i>		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) <b>October 6, 2000</b>		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Rubina Qamar, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601</b>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE OF (a), (b), AND (c) TO DO as complete mode of dying; e.g., Cardiac or Respiratory Arrest.) PART I (a) <b>Metastatic Sarcoma</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I:			Interval between onset and death <b>17 months</b> Interval between onset and death Interval between onset and death
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
41d. DESCRIBE HOW INJURY OCCURRED		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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

**OCT 09 2000**

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

*Evelyn Simonson*  
EVELYN SIMONSON  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

