

SEND TAX STATEMENTS TO AND
AFTER RECORDING RETURN TO:
Douglas E. and Cynthia A. Johnson
279 NE 28th Court
Gresham, OR 97030

2012-004470

Klamath County, Oregon



00117371201200044700030034

05/01/2012 08:26:45 AM

Fee: \$47.00

BARGAIN AND SALE DEED

ELIZABETH MARY JOHNSON, Grantor, conveys to DOUGLAS E. JOHNSON and CYNTHIA A. JOHNSON, husband and wife, Grantees, all her right, title and interest in the following described real property situated in Klamath County, Oregon, to wit:

See attached Exhibit "A"

The true consideration for this conveyance is \$00.00. However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration.

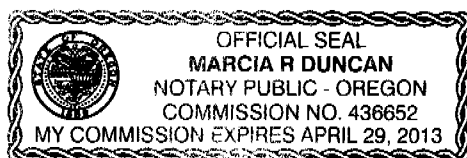
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. THIS INSTRUMENT 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 OF 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.

Dated: April 27, 2012

Elizabeth Mary Johnson
ELIZABETH MARY JOHNSON, Grantor
76 NE 29th Drive
Gresham, OR 97030

STATE OF OREGON, County of Multnomah) ss.

On April 27, 2012 personally appeared the above named ELIZABETH MARY JOHNSON and acknowledged the foregoing instrument to be her voluntary act and deed.



Marcia R. Duncan
Notary Public for Oregon

Exhibit "A"

An undivided one-half interest in the following described property:

SE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 26;

SW $\frac{1}{4}$ NE $\frac{1}{4}$, NW $\frac{1}{4}$ SE $\frac{1}{4}$, E $\frac{1}{2}$ SE $\frac{1}{4}$, and E $\frac{1}{2}$ NE $\frac{1}{4}$ of Section 35;

SW $\frac{1}{4}$ NW $\frac{1}{4}$, and NW $\frac{1}{4}$ SW $\frac{1}{4}$ Section 36

All in Township 37 South, Range 11 $\frac{1}{2}$ E.W.M.

Also, all that portion of the SW $\frac{1}{4}$ SW $\frac{1}{4}$, Section 25

Township 37 South, Range 11 $\frac{1}{2}$ E.W.M.; described as follows:

All of the land lying South and West of the rocky bluff running Northwest and Southeast through said SW $\frac{1}{4}$ SW $\frac{1}{4}$ and further described as beginning on the West line of said SW $\frac{1}{4}$ SW $\frac{1}{4}$ at a point approximately 930 feet North of the Southwest corner of said SW $\frac{1}{4}$ SW $\frac{1}{4}$; thence South and East along the line of said rocky bluff to a point on the South line of said SW $\frac{1}{4}$ SW $\frac{1}{4}$, 225 feet, more or less, Easterly from the Southwest corner of said SW $\frac{1}{4}$ SW $\frac{1}{4}$; thence West along said South line 225, feet more or less, to said Southwest corner; thence North along the West line of said SW $\frac{1}{4}$ SW $\frac{1}{4}$, 930 feet, more or less, to the point of beginning.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

**OFFICE
USE
ONLY**
1. DISTRICT

TYPE OR PRINT IN PERMANENT BLACK INK

1431
LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146 **0 40526**
STATE FILE NUMBER

2 COPIES
6+V
3 HOSPITAL
4 OCCURRENCE
5 RESIDENCE
6 TRACT
7 OCCUPATION

1. NAME GENE EDWARD JOHNSON				2. SEX (M / F) MALE		3. DEATH DATE (Mo., Day, Yr.) 11-19-2000	
4. AGE LAST BIRTHDAY (Yrs.) 78		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo., Day, Yr.) 02-18-1922	
8. BIRTHPLACE (City, State or Foreign Country) EAU CLAIRE, WI		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) YES		10. COUNTY OF DEATH THURSTON			
11. CITY, TOWN OR LOCATION OF DEATH OLYMPIA				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME PROVIDENCE ST. PETER HOSPITAL			
13. SMOKING IN LAST 15 YEARS? (Yes / No) YES							
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (If wife, give maiden name) ELIZABETH MARY NAIL		16. SOCIAL SECURITY NO. 392-14-9188		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5+) 4	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) CIVIL ENGINEER		19. KIND OF BUSINESS OR INDUSTRY ENGINEERING		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) NO		21. RACE (Specify) WHITE	
22. RESIDENCE — NUMBER AND STREET 2120 - 22ND CT. SE		23. CITY/TOWN, OR LOCATION LACEY		24. INSIDE CITY LIMITS? (Yes / No) YES		25. COUNTY THURSTON	
26. FATHER'S NAME — FIRST, MIDDLE, LAST CLARENCE ALVIN JOHNSON		27. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME FANNIE BEATRICE LIDDELL		28. LENGTH OF RES. IN CO. 10		29. STATE WA	
30. INFORMANT — NAME ELIZABETH M. JOHNSON		31. MAILING ADDRESS 2120 - 22ND CT. SE, LACEY, WA. 98503		32. BUREAU OF VITALS OLYMPIA, WA.		33. ZIP CODE 98503	
34. BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION		35. DATE (Mo., Day, Yr.) 11-21-2000		36. CEMETERY/CREMATORY — NAME BLACK HILLS CREMATORY		37. ADDRESS OF FACILITY 5930 MULLEN RD. SE LACEY, WA. 98503	
38. FUNERAL DIRECTOR SIGNATURE <i>Heath E. Hansen</i>		39. NAME OF FACILITY WOODLAWN FUNERAL HOME					
40. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> X				41. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
42. DATE SIGNED (Mo., Day, Yr.) 11-20-2000		43. HOUR OF DEATH (24 Hrs.) 1448		44. DATE SIGNED (Mo., Day, Yr.)		45. HOUR OF DEATH (24 Hrs.)	
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		47. PRONOUNCED DEAD (Mo., Day, Yr.)		48. HOUR PRONOUNCED DEAD (24 Hrs.)		49. ME/CORONER FILE NUMBER	
49. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) JOEL W. BLACK, M.D., 3920 CAPITAL MALL DR SW, OLYMPIA, WA							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death): Gastric Cancer		INTERVAL BETWEEN ONSET AND DEATH					
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		DUE TO, OR AS A CONSEQUENCE OF:					
A.		INTERVAL BETWEEN ONSET AND DEATH					
B.		INTERVAL BETWEEN ONSET AND DEATH					
C.		INTERVAL BETWEEN ONSET AND DEATH					
D.		INTERVAL BETWEEN ONSET AND DEATH					
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Cumulative				52. AUTOPSY? (Yes / No) NO		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) NO	
54. ACC. SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr.)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr.) NOV 20 2000			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (6/10)