

2013-008740

Klamath County, Oregon



08/01/2013 02:46:07 PM

Fee: \$47.00

After recording please return to:
Smile4u Inc
PO Box 888
Lynden, WA 98264
APN: R-3510-015B0-01800
Mail Tax Statements to Above

STATUTORY WARRANTY DEED

For and in consideration paid, the undersigned, **Patricia A. Dalen, as Trustee, in trust, U/D/T, dated April 11th, 1994 F/B/O the Donald L. Dalen Living Trust**, hereinafter referred to as Grantor, hereby conveys all rights and warrants the title in the following described real estate to **Smile4u Inc., a Washington Corporation**, hereinafter referred to as Grantee, legally described as:

LEGAL DESCRIPTION: Lot 27, Block 1, Klamath Forest Estates

Situate in the County of **Klamath** in the state of **Oregon**

The Grantee accepts the real estate in "as is" condition and where presently located including any improvements, structures, easements, or encumbrances. The Grantor makes no representation about the suitability of the real estate for a particular purpose or the conditions therein. The Grantee has had an opportunity for due diligence and is purchasing this property based on Grantee's judgment and inquiry.

If a court of competent jurisdiction finds any provision, clause, or section of this document to be illegal, invalid, or unenforceable as to any circumstance, that finding shall not make the offending provision, clause, or section illegal, invalid, or unenforceable as to any other circumstance. If feasible the offending provision, clause, or section shall be considered modified so that it shall become legal, valid, and enforceable. If the offending provision, clause, or section cannot be so modified, it shall be considered deleted from this document. Unless otherwise required by law, the illegality, invalidity, or unenforceability of any provision, clause, or section this document shall not affect the legality, validity, or enforceability of any other provision, clause, or section of this document.

This executory contract represents the final agreement between the parties and may not be contradicted by evidence of prior, contemporaneous, or subsequent oral agreements of the Parties. There are no unwritten oral agreements between the Parties.

JURISDICTION AND VENUE

If litigation is necessary to enforce this agreement, the jurisdiction shall be a court of proper jurisdiction in Whatcom County pursuant to the laws of Washington in force on the date of signing. The prevailing party shall be entitled to all legal costs, including but not limited to; court costs, attorney's fees, service fees, filing fees and all other costs associated with litigation.

APPLICABLE LAW

This Agreement and the rights and obligations of the parties hereunder shall be governed by and interpreted, construed and enforced in accordance with the laws of the State of Washington (regardless of the choice of law principles of Washington or of any other jurisdiction).

Dated this 27th day of JUNE, 2013.

X Patricia A. Dalen
Patricia A. Dalen, Trustee, of Donald L. Dalen Living Trust Dated April 11th, 1994

STATE OF OREGON

} ss.

(INDIVIDUAL ACKNOWLEDGEMENT)

County of Marion

I certify that I know or have satisfactory evidence that Patricia A. Dalen is the person who appeared before me, and said person acknowledged that She signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 27th day of June, 2013.



[Signature]
Notary Signature

Print Name Heather L. Lyon
Notary Public in and for the State of Oregon
My appointment expires: October 25, 2015

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

3 051996 132056

CERTIFICATE OF DEATH

39637011771

STATE FILE NUMBER 0962		USE BLACK INK ONLY/NO BLANKETS, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/83)		LOCAL REGISTRATION NUMBER 39637011771	
1. NAME OF DECEDENT—FIRST (GIVEN) DONALD		2. MIDDLE LEONARD		3. LAST (FAMILY) DALEN	
4. DATE OF BIRTH MM/DD/CCYY 06/26/1922		5. AGE YRS. 74		6. SEX MALE	
7. DATE OF DEATH MM/DD/CCYY 08/10/1996		8. HOUR 1145		9. STATE OF BIRTH MN	
10. SOCIAL SECURITY NO. 475-16-2132		11. MILITARY SERVICE 19 TO 19		12. MARITAL STATUS WIDOWED	
13. EDUCATION—YEARS COMPLETED 13		14. RACE WHITE		15. HISPANIC—SPECIFY NO	
16. USUAL EMPLOYER SELF		17. OCCUPATION MUSICIAN		18. KIND OF BUSINESS MUSIC	
19. YEARS IN OCCUPATION 15		20. RESIDENCE—STREET AND NUMBER OR LOCATION 8214 PHYLLIS PLACE		21. CITY SAN DIEGO	
22. COUNTY SAN DIEGO		23. ZIP CODE 92123		24. YRS IN COUNTY 20	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP PATRICIA A. DALEN, SISTER		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1780 CHURCH ST. S.E., SALEM, OR 97302-3015	
28. NAME OF SURVIVING SPOUSE—FIRST AGNES		29. MIDDLE R.		30. LAST (MAIDEN NAME) OLSON	
31. NAME OF FATHER—FIRST SELMER		32. MIDDLE O.		33. LAST DALEN	
34. NAME OF MOTHER—FIRST AGNES		35. MIDDLE R.		36. LAST OLSON	
37. DATE MM/DD/CCYY 08/19/1996		38. PLACE OF FINAL DISPOSITION BELCREST CEMETERY, SALEM, OREGON		39. TYPE OF DISPOSITION CR/TR/BU	
40. SIGNATURE OF EMBALMER NOT EMBALMED		41. LICENSE NO. FD 1461		42. DATE MM/DD/CCYY 08/15/1996	
43. NAME OF FUNERAL DIRECTOR SAN DIEGO CREMATION SERVICE		44. PLACE OF DEATH Found, home		45. COUNTY San Diego	
46. STREET ADDRESS—STREET AND NUMBER OR LOCATION 8214 Phyllis Place		47. CITY San Diego		48. DEATH REPORTED TO CORONER YES	
49. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D (A) Arteriosclerotic cardiovascular disease		50. YEARS 95-1592		51. DEATH REPORTED TO CORONER YES	
52. IMMEDIATE CAUSE (B)		53. YEARS 95-1592		54. DEATH REPORTED TO CORONER YES	
55. IMMEDIATE CAUSE (C)		56. YEARS 95-1592		57. DEATH REPORTED TO CORONER YES	
58. IMMEDIATE CAUSE (D)		59. YEARS 95-1592		60. DEATH REPORTED TO CORONER YES	
61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None		62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE No		63. SIGNATURE AND TITLE OF CORONER Terri L. Haddix, M.D., D.M.E.	
64. SIGNATURE OF PHYSICIAN Terri L. Haddix, M.D.		65. DATE MM/DD/CCYY 08/11/1996		66. LICENSE NO. 08/15/1996	
67. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Terri L. Haddix, M.D., D.M.E.		68. MANNER OF DEATH NATURAL		69. PLACE OF BIRTH San Diego	
70. MANNER OF DEATH NATURAL		71. MANNER OF DEATH NATURAL		72. MANNER OF DEATH NATURAL	
73. MANNER OF DEATH NATURAL		74. MANNER OF DEATH NATURAL		75. MANNER OF DEATH NATURAL	
76. MANNER OF DEATH NATURAL		77. MANNER OF DEATH NATURAL		78. MANNER OF DEATH NATURAL	
79. MANNER OF DEATH NATURAL		80. MANNER OF DEATH NATURAL		81. MANNER OF DEATH NATURAL	
82. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) 8214 Phyllis Place, San Diego, CA 92123		83. SIGNATURE OF CORONER OR DEPUTY CORONER Terri L. Haddix, M.D.		84. DATE MM/DD/CCYY 08/11/1996	
85. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Terri L. Haddix, M.D., D.M.E.		86. STATE AUTH. # 8		87. GENESE TRACT X	

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

JUL 11 2013



003762891

TONY AGURTO, MPA
STATE REGISTRAR OF VITAL RECORDS

This copy not valid unless prepared on engraved border displaying seal and signature of the State Registrar.
(Rev. 07/12)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE