2013-008860

Klamath County, Oregon

08/05/2013 11:08:35 AM Fee: \$52.00



ANST AMERICA

After recording return to: Peter Phillips 1623 Rector Drive La Pine, OR 97739

Until a change is requested all tax statements shall be sent to the following address: Peter Phillips 1623 Rector Drive La Pine, OR 97739

File No.: 7064-2126557 (MG)

Date: July 18, 2013

THIS SPACE RESERVED FOR RECORDER'S USE	
·	
	1

## STATUTORY WARRANTY DEED

Shanon E. Jordan and Brenna R. Stone, Successor Trustees of the Winifred O. Stone and Doyce W. Stone Revocable Living Trust Dated July 18, 1995, Grantor, conveys and warrants to Peter Phillips, 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 7 Block 12 First Addition River Pine Estate, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

### Subject to:

- 1. 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.
- 2. The **2013-2014** Taxes, a lien not yet payable.

The true consideration for this conveyance is \$70,000.00. (Here comply with requirements of ORS 93.030)

52-4

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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. 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, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

Dated this 2 day of Aug	, 20 <u>13</u> .
·	

Shanon E. Jordan, Successor Trustee

Brenna R. Stone, Successor Trustee

Winifred O. Stone and Doyce W. Stone Revocable Living Trust Dated July 18, 1995

STATE OF Oregon ) )ss.
County of Deschutes )

OFFICIAL SEAL
SHARA N BAUMAN
NOTARY PUBLIC-OREGON
COMMISSION NO. 446078
MY COMMISSION EXPIRES JANUARY 25, 2014

Notary Public for Oregon

My commission expires:

522622

# OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

	NATE:	I.D. IAG NO.	· 		RIFICATE	OF DEATH		STATE FILE NUMBER
		1. Legal Name First Win	ifred	Middle · ·	Last Stone		Suffix	2. Death Date
		1 3. Scx	14 3					August 18, 2009
		Female	4. Age 79 yea	5. Social Sec	curily Number	569-36-6649	6. County of C Deschut	
		7. Birthdate August 06, 1930			-		9. Decedent's	Education
		10. Was Decedent of Hispan	ic Origin?	vener, Oklahom	id Decedent's Race(s)	<del> </del>	9th - 12t	th grade /as Decedent Ever in
<b>*</b>	4	No 13, Residence: Number an	-		White			S. Armed Forces? NO
198810		1623 Rector Drive	o Street			14. City/Town La Pine		
98	$\leq$	15. Residence County Klamath		16. State or Foreign	Country	17. Zip Code + 4		18. Inside City Limits?
*		19. Marital Status at Time of	Death	Oregon 20. Spous	e's Name Prior to Fir	97739		No
		Widowed 21. Usual Occupation			ce Wren Stone			
		Bookkeeper/Owner	/Operator			22. Kind of Busine Towing/Auto I	ss/industry Mechanics	
		23. Father's Name George Robert Vari			24	. Mother's Name Prior to Fi	rst Marriage	
		25. Informant's Name	-	26. Telephone Number	27. Relationship t	Audie Frances Lucini o Decedent   28. Mailing Ad	da Barnes	<del></del>
		<ul> <li>Lucinda Ellen Blake</li> <li>29. Place of Death</li> </ul>	more	Not Available	Daughter	P.O. Box 2	111, La Pine	, OR 97739
		Hospice Facility			<ol> <li>Facility Name Hospice Cer</li> </ol>		`	
	Ö	31. Location of Death 2075 NE Wyatt: Cou	irt		32. City/Town or t Bend	ocation of Death	33. State Oregon	34. Zip Code + 4 97701
<u> </u>		35. Method of Disposition	36.	Place of Disposition	<del></del>		37. Location	97701
		Cremation ,  18. Name and Complete Ad	dress of Funera	Central Oregon C	<u>Cremation Cent</u>	er. `	La Pine, Oi	regon
		Baird Memorial Cha	pel, Inc.		16468	Finley Butte Road, it	a Pine, Oreq	on 97739 .
		39. Date of Disposition August 20, 2009	40.	Funeral Director's Si (Brad	gnature Tey Bolt Baird	Electronical	, 41. OR Licens	se Number
		42. Rogistrip's Signature		2/ //		e Received	CO-381	cal File Number
		· Anne &	1307)	Dep. Keg	' Gu	quet 21, 2	1 (2) وهمار	0802
		45. Amendment			·, · /	1.7		
	ESPISISS		<u> </u>		· .			
		46. Was case referred to Me	rdical Examiner	? 47. Autopsy?	48. Were au No death?	topsy findings available to co	implete the cause	,
					CAUSE OF I	DEATH :		3:55AM
		50. Enter the chain of events such as cardiac arrest, r	s - diseases, inji espiratory arres	tries; or complications	<ul> <li>that directly causes on without showing to</li> </ul>	the death. DO NOT-ENTE he eliology. DO NOT ABOR	R TERMINAL EV	ENTS Approximate Interval: Onset to Death
		Final disease or condit	ion / IMMED	IATE CABSE J	mspiraits	10.0		Onset to Death
		resulting In death→ Sequentially list conditions, if	any Dire to (	or as a consequence of)		7 J 11 Miles	11.*) V.	1/4/5
		leading to the cause listed or ENTER THE UNDERLYING		a ns a consequence of	when	/Michnitrone	<u>.                                    </u>	nag-
		CAUSE LAST (disease or inj	י אן עוע	ar as a consequence of	milip	tection		wella
		that initiated the events result death).	ting in Due to (c	HS H consequence of V	used 2	wound Inter	tin	Weeks
		51. Other significant condition	ns contributing	12 déath, but not rasult	ling in the undarlying	cause given above:		7 - 1 - 00000
1		52. Manner of Death	· 00 / 1/	mentia	·			
		(Natural   D Homicid	6 1001 b	ragnant within past year	Not pregnant, but	pregnant 43 days to 1 year befor	e death S4. Did t	tobacco use contribute to death?
i		口 Accident Iコ Undetern Iコ Suicidn IコヘPending	□ Notp	regnant, but pregnant with	in 42 days before death		N."	o Ci Unknown
	ů	55. Date of Injury (MON DE YYY	r) 56. Time	of Injury 57. Place of	of Injury (e.g., Occaden	l's home, construction site, restre	urani, wooded aron)	58. Ihjury at Work?
		59. Location of Injury (Number	& Street or RFD No.,	City/Town, State, Zip + 4)		<del></del>	<del></del>	- 108 CLAO CLONKNOWN
	Ġ.	60. Describe how injury occu	irred	<b>-</b>	`	61	. If transportation  (i) Driver/Operate	
	0	62. Name and Address of Ce	edifier (Number & S	trant or DECIMAL CONTRACT CO			Other (Specify	
		LISA LEWIS	, MD 2	075. NE W	LYATT CT.	BEND, OR 9	17701	
- '		63. Name and Tille of Attend	ing Physician d	Other than Certifier	· i			
\		64. Title of Certifie	· · · · · · · · · · · · · · · · · · ·	11	165	. License Number	66 D	ate Signed (MON DD YYYY)
		67. Medical Cortifior - To the		OF (VIEDI	CINE	MO22810		08/2/12/004
•		place, and due to the captor	and manner sta	uge, usem occurred at the ted.	time, date, and 68.	necurred at the time, date, and p	ans of examination, place, and due to the	and/or investigation, in my opinion, death cause(c) and manner stated.
		69. Amendment	<i></i>			······································	<del></del>	
		, 12				•		
	ŧ	4	<del></del>	· · · · · · · · · · · · · · · · · · ·	·			

45-2DP (01/06)

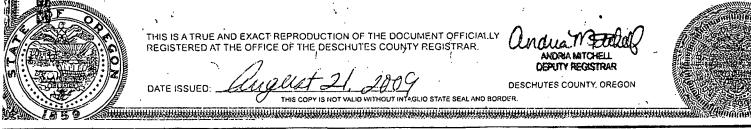
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DESCHUTES COUNTY REGISTRAR.

ANDRIA MITCHELL DEPUTY REGISTRAR

DESCHUTES COUNTY, OREGON

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER



505026

## OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

Legal Name   First   Doyce   Media   Stone   Suffix   Doyce   Suffix   Doyce   Suffix   Doyce   Suffix   Doyce   Suffix   Doyce   Suffix   Doyce   Suffix   Duly 05, 2008
Male 7. February 13, 1931 8. Bentplace 7. February 13, 1931 10. Becodent's Racu(s) 10. Decodent's Racu(s) 11. Decodent's Racu(s) 12. Was Decedent Ever in White 12. Was Decedent Ever in White 13. Residence Number and Street 25. Sep NE Studio Road #322 15. Residence Courty 16. State or Foreign Country 17. Epi Code 4 18. Inside City Limits? 19. Marias Stutus at Time of Orath 19. Time of Orath 19. Facility Atlance 1
7. Bendary 13, 1931   Memphis, Texas   9. Descentris Education   9th - 12th grade   12
Teplurary 1, 1931   Memphris, Texas   11. Decodent's Race(s)   12. Was Decedent Very in No.   12. Decodent's Race(s)   13. Residence: Number and Street   25.99 NE Studio Road #322   14. CityTown   17. Epic Cade + 4   97701   18. Inside City Limits?   19. Marinal Status at Irme of Doath   20. Society Name Prior to First Marriage   19. Marinal Status at Irme of Doath   20. Society Name Prior to First Marriage   21. Usual Occupation   22. Kind of Business/Industry   Yes   23. Fabrican Name Prior to First Marriage   24. Mainta's Name Prior to First Marriage   25. Informatic Name   26. Stone   24. Mainta's Name Prior to First Marriage   27. Relationship to Decodent   28. Mailing Address   29. Place of Doath   25. Informatic Name   27. Relationship to Decodent   28. Mailing Address   29. Place of Doath   29. Place of Doath   21. Studio Road #322, Bend, OR 97. Plot Buttle Rehabilitation Center   23. Location   23. Location   23. Location   23. Location   23. Location   23. Deschutes Name Prior to First Marriage   27. Relationship to Decodent   28. Mailing Address   29. Place of Doath   29.
11. Decader's Race(s)   12. Was Deceded Ever in U.S. Armod Forces? YeS   13. Residence: Number and street   U.S. Armod Forces? YeS   14. City/Town   Bend   U.S. Armod Forces? YeS   15. Residence County   15. State or Foreign Country   17. Zip Code + 4   17. Zip Code + 4   18. Inside City Limits? Deschutes   Deschutes   Deschutes   Deschutes   Deschutes   Deschutes   Proposition   Propositi
11. Residence: Number and Street 2599 NE Studio Road #322 15. Residence County Deschutes Oregon 19. Marriad Stous at Time of Death Married 21. Usual Occupation Owner()Operator 23. Father's Name Ed Stone 24. Mother's Name Prior to First Marriage 25. Informat's Name County ()Operator 26. Telephone Number   Residence
15. Residence County Deschutes Oregon Deschutes Oregon Deschutes Oregon Deschutes Oregon Deschutes Oregon Deschutes Downer/Operator  22. Wanta Status at line of Death Married 23. Usual Occupation Owner/Operator  24. Motiner's Name Deschutes Name Prior to First Marriage Winifred O. Varner  25. Informar's Name Let Stone Let Stone Deschutes Not Available Spouse Spouse Spouse Spouse Spouse Deschutes Name Prior to First Marriage Let Stone Let Stone Deschutes Name Prior to First Marriage Let Matter Swame Prior to Boath Let Matter Swame Prior to First Marriage Let Matter Swame Prior to Boath Let Matt
19   Marina Status at Time of Oasth
Married   Winifred O. Varner   21. Usual Occupation   22. Kind of BusinessIndustry   Automobile Mechanic   23. Father's Name   24. Mother's Name Prior to First Marriage   24. Mother's Name Prior to First Marriage   25. Telephone Number   27. Relationship to Decedent   28. Mailing Address   2599 NE Studio Road #322, Bend, OR 97.   29. Place of Death   30. Facility   30. Facility   31. Location of Death   32. CityTown or Location of Death   33. State   34. Zip Code+4   97701   31. Location of Death   32. CityTown or Location of Death   33. State   34. Zip Code+4   97701   35. Method of Disposition   Deschutes Crematorium   36. Place of Disposition   Deschutes Crematorium   37. Location   Bend, Oregon   37. Location   Deschutes Memorial Chapet   63875 Hwy 97 N, Bend, Oregon   97701   39. Dail of Disposition   40. Funeral Dimotor's Signature   63875 Hwy 97 N, Bend, Oregon   97701   39. Dail of Disposition   40. Funeral Dimotor's Signature   43. State   64. Local File Number   44. Local File Number   45. Aproprimate   47. Autopsy?   48. Were autopsy findings available to complete the cause of   48. Local File Number   44. Local File Number   45. Aproprimate   47. Autopsy?   48. Were autopsy findings available to complete the cause of   48. Local File Number   44. Local File Number   45. Aproprimate interest cardiac arrasts. respiratory arrasts or ventricular file/automate   47. Autopsy?   48. Were autopsy findings available to complete the cause of   48. Local File Number   44. Local File Number   45. Aproprimate interest   47. Autopsy?   48. Were autopsy findings available to complete the cause of   48. Local File Number   48. Local File Number   48. Local File Number   48. Local File Number   49. Number
24. Mother's Name   24. Mother's Name Prior to First Marriage   24. Mother's Name Prior to First Marriage   24. Mother's Name Prior to First Marriage   25. Telephone Number   27. Relationship to Decedent   28. Mailing Address   2599 NE Studio Road #322, Bend, OR 97.   27. Pales of Death   27. Not Available   28. Mailing Address   2599 NE Studio Road #322, Bend, OR 97.   28. Mailing Address   28. M
24. Mother's Name Ed Stone 25. Telephone Number   27. Relationship to Deceden   28. Mailing Address   25.99 NE Studio Road #322, Bend, OR 97.  29. Place of Death   30. Facility Name   30. Facility Name   31. Location of Death   31. Location of Death   37. Location   37. Location   37. Location   38. Mellood of Disposition   Deschutes Crematorium   37. Location   37. Location   38. Mellood of Disposition   Deschutes Crematorium   37. Location   38. Mellood of Disposition   Deschutes Crematorium   37. Location   38. Mellood of Disposition   Deschutes Memorial Chape   63875 Hwy 97 N, Bend, Oregon   97701   39. Date of Disposition   Deschutes Memorial Chape   63875 Hwy 97 N, Bend, Oregon   97701   39. Date of Disposition   Michael R, Garcia   Signal   CO-3136   CO
26. Intermant's Name   26. Telephone Number   27. Relationship to Decedent   28. Mailing Address   2599 NE Studio Road #322, Bend, OR 97.
29. Piace of Death Nursing Facility 31. Location of Death 1876 NE Hwy 20 33. Method of Disposition 1876 NE Hwy 20 34. Piace of Disposition 1876 NE Hwy 20 35. Method of Disposition 1876 NE Hwy 20 36. Piace of Disposition 1876 NE Hwy 20 37. Location of Death 1876 NE Hwy 20 38. Name and Compilets Address of Funeral Facility 1876 Nemoral Compilets Address of Funeral Facility 1870 Nemoral Compilets Address
Pilot Butte Rehabilitation Center   31. Location of Death   32. City/Town or Location of Death   33. State   34. Zip Code + 4   97701   35. Method of Disposition   36. Place of Disposition   Deschutes Crematorium   37. Location   Bend, Oregon   97701   38. Name and Compilete Address of Funeral Facility   Deschutes Memorial Chapel   63875 Hwy 97 N, Bend, Oregon   97701   39. Date of Disposition   40. Funeral Director's Signature   41. OR License Number   CO-3136   CO-313
1876 NE Hwwy 20  35. Method of Disposition 36. Place of Disposition 37. Location 37. Location 38. Name and Complete Address of Funeral Facility 39. Deschutes Memorial Chapel 39. Date Disposition 39. Name and Complete Address of Funeral Facility 39. Date Disposition 30. Funeral Director's Signature 40. Funeral Director's Signature 41. Registror's Signature 42. Registror's Signature 43. Oate Riceived 44. Local File Number 45. Apricoment 46. Was case referred to Medical Examiner? 47. Autopsy? 48. Were autopsy findings available to complete the cause of the Number 45. Apricoment 46. Was case referred to Medical Examiner? 47. Autopsy? 48. Were autopsy findings available to complete the cause of the Number 48. Apricoment 49. Time of Oyath 12:30 PM  50. Enter the chain of events diseases, injuries, or complications that directly caused the death. DO NOT ENTER TERMINAL EVENTS 30. Sequentially list conditions; if any, leading to the cause listed on line, and leadth.  Final disease or condition resulting in death.  Final disease or injury that militated the events resulting in death.  CAUSE OF DEATH  MIMEDIATE CAUSE  Approximate interval in the index of the cause listed on line and the cause of injury that militated the events resulting in death.  Due to (or as a consequence of) 4.  CAUSE LAST (disease or injury that militated the events resulting in death).  51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:  52. Manner of Death  Minutal D Homedon  Divide Graph (Death Death Dea
Cremation   Deschutes Crematorium   Send, Oregon
Describtes Memorial Chape!  39. Date of Disposition  40. Funeral Director's Signature  Michael R. Garcia  Michael R. Michael Mich
39. Date of Disposition TBD  40. Funeral Director's Signature  Michael R. Garcia  Michael R. Were autopsy findings available to complete ino cause of Lagrand Michael R. Michael
46. Was case referred to Medical Examiner?  47. Autopsy?  48. Were autopsy findings available to complete the cause of the
45. Agricpdment  46. Was case referred to Medical Examiner?  47. Autopsy?  48. Were autopsy findings available to complete the cause of death?  Yes Qino  CAUSE OF DEATH  50. Enter the chain of events diseases, injuries, or complications, that directly caused the death. DO NOT ENTER TERMINAL EVENTS Approximate interest of such as cardiac arrest, respiratory arrest or ventricitar fibriliary on without showing the eliology. DO NOT ABBREVIATE  Final disease or conditions, if any, leading to the cause listed on time a, b. Due to (or as a consequence of) CAUSE LAST (disease or injury that initiated the events resulting in death).  51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:  52. Manner of Death  Noticeal — He Number  43. Autopsy?  48. Were autopsy findings available to complete the cause of 49. Time of Oeath  12:30 PM  CAUSE OF DEATH  Approximate interest of Death  Yellow  Onset to Death  Yellow  CAUSE OF DEATH  Approximate interest of Death  Yellow  Sequentially list conditions, if any, leading to the death of the elionogy. DO NOT ABBREVIATE  Onset to Death  Yellow  Sequentially list conditions of the death, but not resulting in the underlying cause given above:  52. Manner of Death  Noticeal — He with the cause of the death of the cause of the cause of the cause of the death of the cause of the death of the cause of the caus
46. Was case referred to Medical Examiner?  47. Autopsy?  48. Were autopsy findings available to complete the cause of death? Time of Oyath death? Tyes QNo  50. Enter the chain of events diseases, injuries, or complications that directly caused the death. DO NOT ENTER TERMINAL EVENTS auch as cardiac arrest, respiratory arrest or ventricular fightilation without showing the elicitogy. DO NOT ABBREVIATE.  Final disease or condition, resulting in death and the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).  51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:  52. Manner of Death  Notice of the cause of the c
The GNo death? Yes GNo 12:30 PM  CAUSE OF DEATH  50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS account to Death of the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS Approximate interest or ventricular fighting on without showing the elicotogy. DO NOT ABBREVIATE.  Final disease or condition. If any, leading to the cause listed on line a. b.  Sequentially list conditions, if any, leading to the cause listed on line a. b.  Due to (or as a consequence of) 4  CAUSE LAST (disease or injury that initiated the events resulting in death).  51. Other significant conditions contributing to death, thut not resulting in the underlying cause given above:  52. Manner of Death Natural Homicide  13. If Fernale  Not pregnent within past year. In the proposal but account the proposal but account to the p
The GNo death? Yes GNo 12:30 PM    Sequential line of events   diseases, injuries, or complications   that directly caused the death. DO NOT ENTER TERMINAL EVENTS   Approximate interest or ventricular lipidiation without showing the elicitogy. DO NOT ABBREVIATE.   Approximate interest or ventricular lipidiation without showing the elicitogy. DO NOT ABBREVIATE.   Approximate interest or ventricular lipidiation without showing the elicitogy. DO NOT ABBREVIATE.   Approximate interest or ventricular lipidiation without showing the elicitogy. DO NOT ABBREVIATE.   Approximate interest or underty lipidiation without showing the elicitogy. DO NOT ABBREVIATE.   Approximate interest on the lipidiation of the cause listed on line a.   But to for as a consequence of the lipidiation of the cause listed on line a.   But to for as a consequence of the lipidiation of the cause listed on line a.   But to for as a consequence of the lipidiation of the cause listed on line a.   But to for as a consequence of the lipidiation of the cause listed on line a.   But to for as a consequence of the lipidiation of the cause listed on line a.   But to for as a consequence of the lipidiation of the cause listed on line a.   But to for as a consequence of the lipidiation of the
50. Enter the chain of events diseases, injuries, or complications that directly caused the death. DO NOT ENTER TERMINAL EVENTS Approximate interest of consention and the death of the chain of events disease or conditions. If any, leading to the cause listed on line a. b. Due to for as a consequence of that initiated the events resulting in death.  51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:  52. Manner of Death Natural Homicide  53. If Fernale Not greenent within past year.
55. Enter the chain of events; diseases; injuries, or complications that directly caused the death. DO NOT ENTER TERMINAL EVENTS  Approximate interest or expiratory arrest or ventricular fightlayon without showing the elicitogy. DO NOT ABBREVIATE.  Final disease or condition.  resulting in death > Sequentially list conditions, if any, leading to the cause listed on line a.  Dive to (or as a consequence of) + C.  CAUSE LAST (disease or injury that initiated the events resulting in death).  51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:  52. Manner of Death   S5. If Fernale   Not preparent within past year.  Notice
Final disease or condition.  resulting in death >
Sequentially list conditions, if any, leading to the cause listed on line a. Enter THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).  51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:  52. Manner of Death  53. If Fernale  Not or granant within east year.
CAUSE LAST (disease or injury that initiated the events resulting in death).  51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:  52. Natural
that initiated the events resulting in death, that not resulting in the underlying cause given above:  51. Other significant conditions contributing to death, that not resulting in the underlying cause given above:  52. Manner of Death  53. If Fernale  Not pregnant within past year.  54. Did tobacco use contribute to death.
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:  52. Manner of Death  53. If Fernate  Not pregnent within past year  Not greened within past year  Not greened within past year  Not greened to death
52. Manner of Death 53. If Fernale 54. Did tobacco use contribute to deat 55. Not pregnent within past year 5. Not pregnent but pregner but pregnent but pregnent but pregnent but pregnent but pregner but pregnent but pregnent but pregnent but pregnent but pregner but pregnent but pregnent but pregnent but pregnent but pregner but preg
Malural D Homicide D Not oreganant within past year C Not grouped but appeared 2 days 2
55. Date of Injury ways promy 56. Time of theiry 57. Place City
59. Location of Injury (Minibol & Sheet or RPO No. Chyrforn, State, 2 p + 4)
60. Describe how injury occurred 61. If transportation injury, specify.
☐ Driver/Operator ☐ Passenger ☐ Pedestri.  62. Name and Address of Certifier (Number & Street or RFD, No., Certifown, Sisia, Zo - 4)
Derek B. Hamblin MD 1501 NF Medical Center Drive Rend OR 07701
63. Name and Title of Attending Physician if Other than Certifier
64. Title of Conflie
67. Medical Confident to military my knowledge death accurred at the time date and 168. Medical to accurred at the time date at the time date and 168. Medical t
place, and dud a place, and judy thought at the time, date, and place, and duc to the cause(s) and menner stated.  68. Medical Examiner - On the basis of examinated, and/or-investigation, in my opinion, occurred at the time, date, and place, and due to the cause(s) and manner stated.
69. Amendment
45-2DP (01

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

DATE ISSUED:

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\*106501

IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER. Kaumun Kuransumun wan mananan mananan mananan mananan mananan mananan mananan manan manan manan manan M

DANIEL W. PEDDYCORD COUNTY REGISTRAR DESCHUTES COUNTY, OREGON