



00182181201600014040020029

THIS:

02/12/2016 08:12:52 AM

Fee: \$47.00

After recording return to:
Andréa W. Snyder
Attorney at Law
1607 N.E. 41st Avenue
Portland, OR 97232

Until a change is requested all tax statements shall be
sent to the following address:
Joseph Norby
16833 S.E. Morrison Court
Portland, OR 97233

PERSONAL REPRESENTATIVE'S DEED

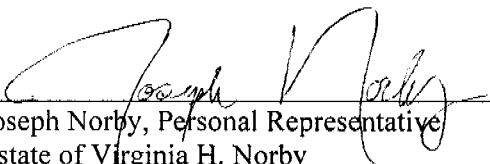
Joseph Norby, the qualified and acting personal representative of the *Estate of Virginia H. Norby*, deceased, conveys to Joseph Norby, all that real property situated in Klamath County, Oregon, described as follows:

Lots 5 and 6 in Block 36 in Crescent, Oregon.

THIS INSTRUMENT WILL 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 APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930.

The true and actual consideration for this transfer is pursuant to a General Judgment of Distribution filed in Multnomah County Circuit Court on January 13, 2016, Case No. 15PB00351.

DATED: January 28, 2016.


Joseph Norby, Personal Representative
Estate of Virginia H. Norby
Deceased

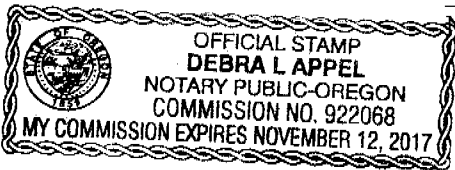
STATE OF OREGON)

: ss.

County of Multnomah)

On the 28th day of January 2016, personally appeared the above-named Joseph Norby and acknowledged the above instrument to be his voluntary act and deed as the personal representative of the estate of Virginia H. Norby.


NOTARY PUBLIC FOR OREGON



CERTIFICATION OF VITAL RECORD

PRINT IN
PERMANENT
BLACK INK

278073

LD TAG NO.

01670

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME Larry I. NOREY		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 26, 1999																																																							
4. SOCIAL SECURITY NUMBER 544-52-0225		5a. AGE-Last Birthday (Years) 52		5b. Under 1 Year Mons. Days Hours Mins.																																																							
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. BIRTHPLACE (City and State or Foreign Country) Vanport, Oregon		7. DATE OF BIRTH (Month, Day, Year) January 30, 1947																																																							
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OGA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9a. FACILITY NAME (If not institution, give street and number) 16833 SE Morrison Court		9b. CITY, TOWN, OR LOCATION OF DEATH Portland																																																							
9c. COUNTY OF DEATH Multnomah		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Production Manager		10b. KIND OF BUSINESS/INDUSTRY Heating																																																							
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) married		12. SPOUSE (If Married, Widowed, Divorced (Specify) Virginia		13a. RESIDENCE - STATE Oregon																																																							
13b. COUNTY Multnomah		13c. CITY, TOWN OR LOCATION Portland		13d. STREET AND NUMBER 16833 SE Morrison Court																																																							
14a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14b. ZIP CODE 97233		14c. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes																																																							
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (13-16) 2		17. FATHER - NAME first middle last Marvin Sylvester Norby																																																							
18. MOTHER - NAME first middle maiden Olive Belle Murphy		19. INFORMANT - NAME and relationship to decedent Virginia Norby - wife		20a. METHOD OF DISPOSITION <input 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) Willamette National Cemetery		20c. LOCATION - City or Town, State Portland, Oregon		21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>																																																							
21b. OREGON LICENSE NO. (Of Licensee) 3075		21c. NAME, ADDRESS AND ZIP OF FACILITY Lincoln Willamette Funeral Directors 9775 SE Mt. Scott, Portland OR 97266		22. DATE FILED (Month, Day, Year) APR 05 1999																																																							
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>		RESERVED FOR REGISTRAR'S USE																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">TO BE COMPLETED BY CERTIFYING PHYSICIAN</td> <td colspan="3">TO BE COMPLETED ONLY BY MEDICAL EXAMINER</td> </tr> <tr> <td colspan="3">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>[Signature]</i></td> <td colspan="3">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) <i>[Signature]</i></td> </tr> <tr> <td colspan="3">30. DATE SIGNED (Month, Day, Year) 3/31/1999</td> <td colspan="3">33. DATE SIGNED (Month, Day, Year) COUNTY</td> </tr> <tr> <td colspan="3">34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Mark Rarick, MD 3600 N. Interstate Ave., Portland OR 97227</td> <td colspan="3">35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</td> </tr> </table>						TO BE COMPLETED BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER			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>[Signature]</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) <i>[Signature]</i>			30. DATE SIGNED (Month, Day, Year) 3/31/1999			33. DATE SIGNED (Month, Day, Year) COUNTY			34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Mark Rarick, MD 3600 N. Interstate Ave., Portland OR 97227			35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)																																
TO BE COMPLETED BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER																																																								
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>[Signature]</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) <i>[Signature]</i>																																																								
30. DATE SIGNED (Month, Day, Year) 3/31/1999			33. DATE SIGNED (Month, Day, Year) COUNTY																																																								
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Mark Rarick, MD 3600 N. Interstate Ave., Portland OR 97227			35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE SETTING OFF CHAIN OF EVENTS LEADING TO DEATH, e.g., Cancer or Absolution, Arrest)</td> <td colspan="2">Interval between onset and death</td> </tr> <tr> <td colspan="4">(a) Cancer of Unknown Primary</td> <td colspan="2">2 months</td> </tr> <tr> <td colspan="4">(b) DUE TO, OR AS A CONSEQUENCE OF</td> <td colspan="2">Interval between onset and death</td> </tr> <tr> <td colspan="4">(c) DUE TO, OR AS A CONSEQUENCE OF</td> <td colspan="2">Interval between onset and death</td> </tr> <tr> <td colspan="4">37. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I.</td> <td colspan="2">38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> <tr> <td colspan="4">39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td colspan="2">39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td colspan="2">40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Workup <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other</td> <td colspan="2">41a. DATE OF INJURY (Month, Day, Year)</td> <td colspan="2">41b. TIME OF INJURY</td> </tr> <tr> <td colspan="2">41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td colspan="2">41d. DESCRIBE HOW INJURY OCCURRED</td> <td colspan="2">41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)</td> </tr> <tr> <td colspan="2">41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)</td> <td colspan="4">RESERVED FOR REGISTRAR'S USE</td> </tr> </table>						36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE SETTING OFF CHAIN OF EVENTS LEADING TO DEATH, e.g., Cancer or Absolution, Arrest)				Interval between onset and death		(a) Cancer of Unknown Primary				2 months		(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		37. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I.				38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		39. 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 type="checkbox"/> N/A		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Workup <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <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		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		RESERVED FOR REGISTRAR'S USE			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE SETTING OFF CHAIN OF EVENTS LEADING TO DEATH, e.g., Cancer or Absolution, Arrest)				Interval between onset and death																																																							
(a) Cancer of Unknown Primary				2 months																																																							
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death																																																							
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death																																																							
37. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I.				38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																																																							
39. 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 type="checkbox"/> N/A																																																							
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Workup <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <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																																																							
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)																																																							
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		RESERVED FOR REGISTRAR'S USE																																																									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5/96

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

DATE ISSUED

APR 05 1999

HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE