

2019-005923

Klamath County, Oregon



00241155201900059230040041

05/29/2019 09:46:47 AM

Fee: \$97.00

**UNTIL A CHANGE IS REQUESTED,
SEND ALL TAX STATEMENTS TO:**

Douglas E. Young
5170 Gaffin Road SE
Salem, OR 97317

AFTER RECORDING RETURN TO:

Law Office of Eden Rose Brown
1011 Liberty Street SE
Salem, OR 97302

GRANTOR:

Douglas E. Young
5170 Gaffin Road SE
Salem, OR 97317

GRANTEE:

Douglas E. Young, Trustee, or his successors in trust, under the Donna M. Young Family Trust, created under the Richard F. Young and Donna M. Young Living Trust, dated July 16, 2009
5170 Gaffin Road SE
Salem, OR 97317

CONSIDERATION:

The true and actual consideration for this conveyance consists of or includes other property or value given as consideration for estate planning purposes.

QUITCLAIM DEED AND RELEASE

Douglas E. Young, "Grantor," releases and quitclaims to **Douglas E. Young, Trustee, or his successors in trust, under the Donna M. Young Family Trust, created under the Richard F. Young and Donna M. Young Living Trust, dated July 16, 2009**, "Grantee," all right, title and interest in and to the following described real property:

Lot 4 in Block 3 of Crescent Pines, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

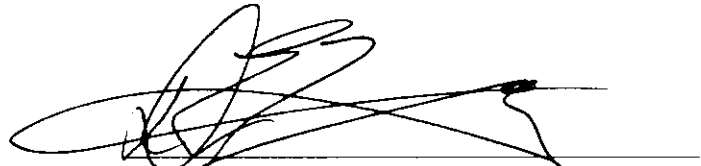
The interest being quitclaimed was previously owned by Donald W. Aitken and Sara F. Aitken. A copy of the death certificate for each is attached hereto as Exhibits "A" (Donald) and "B" (Sara).

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.

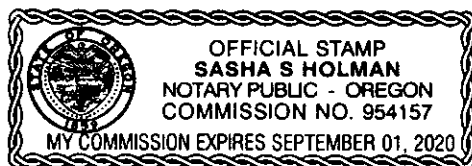
DATED: this 24th day of May, 2019.

GRANTOR:


Douglas E. Young

State of OREGON
County of Marion

This instrument was acknowledged before me on May 24, 2019, by **Douglas E. Young**. Grantor.




Notary Public – State of Oregon

SE685

TYPE OR
PRINT IN
PERMANENT
BLACK INK

179806
ID TAG NO

132
Local File Number

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

State File Number

I hereby certify that this is a
true and correct copy of the original.

Maghan Peterson

1 DECEASED'S NAME First Middle Last Donald Wesley AITKEN		2 SEX M	3 DATE OF DEATH (Month, Day, Year) May 13, 1995
4 SOCIAL SECURITY NUMBER 505-32-5877		5a AGE Last Birthday (Years) 81	5b Under 1 Year Mos Days Hours Mins
6 BIRTHPLACE (City and State or Foreign Country) Friend, Nebraska		7 DATE OF BIRTH (Month, Day, Year) July 31, 1913	
8 WAS DECEASED 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"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) Dallas Care Center		9c CITY, TOWN OR LOCATION OF DEATH Dallas	
9d COUNTY OF DEATH Polk			
10a DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life Do not use retired) Manager		10b KIND OF BUSINESS/INDUSTRY Farm Equipment	
11 MARITAL STATUS Married		12 SPOUSE (If Married, Widowed, Divorced (Specify) Sara	
13a RESIDENCE STATE Oregon		13b COUNTY Marion	
13c CITY, TOWN OR LOCATION Salem		13d STREET AND NUMBER 3873 Meadowlawn Loop SE Apt. #1	
14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15 RACE American Indian, Black, White, etc. (Specify) White	
16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12) College (14 or 5+) 2			
17 FATHER NAME first middle last Alva - Aitken		18 MOTHER NAME first middle maiden Theresa - Cochrane	
19 INFORMANT NAME and relationship to decedent Sara Aitken, Spouse			
20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) Andrews Cemetery	
20c LOCATION City or Town, State Friend, Nebraska			
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Buch S. Snelman</i>		21b LICENSE NUMBER FOR Licensee 0203	
22 NAME ADDRESS AND ZIP OF FACILITY Dallas Mortuary Chapel 287 SW Washington Dallas, Oregon 97138			
23 DATE FILED (Month, Day, Year) MAY 22, 1995		24 REGISTRAR'S SIGNATURE <i>Colleen A. Deel</i>	
25. OLD HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27 TIME OF DEATH 2:00 PM		28 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29 On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>Paul Young</i>			
30 DATE SIGNED (Month, Day, Year) 5/17/95			
31 NAME, TITLE ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Paul Young, DO 2020 Capitol Street N.E. Salem, OR 97303			
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a TIME OF DEATH		31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	
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)			
33 DATE SIGNED (Month, Day, Year) COUNTY			
34 NAME, TITLE ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)			
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
PART I (a) DUE TO OR AS A CONSEQUENCE OF <i>Cerebrovascular thrombosis</i>		Interval between onset and death <i>None</i>	
(b) DUE TO OR AS A CONSEQUENCE OF <i>Cerebrovascular arteriovenous malformation</i>		Interval between onset and death <i>None</i>	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I			
37 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No		38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39 If "E" were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
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 N		41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d PLACE OF INJURY At home, farm, street, factory office building etc. (Specify)		41e LOCATION (Street and Number or Rural Route Number, City or Town, State)	
41f DESCRIBE HOW INJURY OCCURRED			

ORIGINAL VITAL STATISTICS COPY

452 Rev 12/94

STATE OF OREGON
COUNTY OF POLK

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Polk County Public Health Department.

SEAL

DATE 5/22/95

REGISTRAR

Theresa H. Sh...

CERTIFICATION OF VITAL RECORD



330938

LD TAG NO.

290

Local File Number

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

136-

00-023431

State File Number

1. DECEDENT'S NAME First: Sara Middle: Fast Last: AITKEN				2. SEX F	3. DATE OF DEATH (Month, Day, Year) October 28, 2000
4. SOCIAL SECURITY NUMBER 506-18-3894		5a. AGE-Last Birthday (Years) 87	5b. Under 1 Year Mos. 7 Days 2	5c. Under 1 Day Hours 1 Mins. 0	6. BIRTHPLACE (City and State or Foreign Country) Litchfield, NE
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DGA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
8b. FACILITY NAME (If not institution, give street and number) Dallas Retirement Village			8c. CITY, TOWN, OR LOCATION OF DEATH Dallas		8d. COUNTY OF DEATH Polk
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bookkeeper		10b. KIND OF BUSINESS/INDUSTRY Farm Implement Company		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	12. SPOUSE (If Married, Widowed) Donald W.
13a. RESIDENCE - STATE Oregon	13b. COUNTY Polk	13c. CITY, TOWN OR LOCATION Dallas		13d. STREET AND NUMBER 348 W. Ellendale Avenue	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97338	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5+)
17. FATHER - NAME First middle last Peter - Fast		18. MOTHER - NAME First middle maiden Helena - Kroeker		19. INFORMANT - NAME and relationship to deceased Phil A. Aitken, Son	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" 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) Sunset Crematory		20c. LOCATION - City or Town, State Dallas, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael A. Bollman</i>		21b. OREGON LICENSE NO. (Of Licensee) 3498		22. NAME, ADDRESS AND ZIP OF FACILITY Bollman Funeral Home 694 Main Street Dallas, Oregon 97338	
23. DATE FIED (Month, Day, Year) November 1, 2000		24. REGISTRAR'S SIGNATURE <i>Jennifer A. Woodward</i>			

EXHIBIT 2 PAGE 1



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

DEC 11 2017

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

Jennifer A. Woodward
JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE