

AFTER RECORDING RETURN TO:

JESSIE STARK
MARI K. PAULUS

636 SE 49th Avenue

Portland, Oregon 97215

Until a change is requested all tax
statements shall be sent to the following
address:

Grantee above

Recorded in MULTNOMAH COUNTY, OREGON
C. Swick, Deputy Clerk

A37 3

ATLJH

Total : 31.00

2004-134282

07/23/2004 08:54:42am

Escrow No: 5500-39546-MLH

Order No: 288218

WARRANTY DEED - STATUTORY FORM
(INDIVIDUAL or CORPORATION)

KAREL MANNING, surviving spouse of James Edwin Manning

Grantor, conveys and warrants to ~~JESSE~~ STARK and MARI K. PAULUS
JESSE

Grantee, the following described real property free of encumbrances except as specifically
set forth herein:

Lot 3, Block 10, MT. TABOR VILLA, in the City of Portland, County of Multnomah and State
of 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.

ENCUMBRANCES:

1. Taxes for the fiscal year 2004-2005, a lien but not yet payable.

The true consideration for this conveyance is \$149,000.00

Dated 7-22-04 ; if a corporate grantor, it has caused its name to
be signed by order of its board of directors.

Karel Manning
KAREL MANNING

STATE OF OREGON, County of Multnomah) ss.

This instrument was acknowledged before me on July 22, 2004,

by Karel Manning

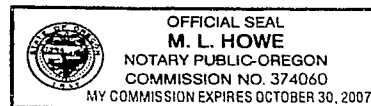
This instrument was acknowledged before me on _____,

by _____ as _____

of _____

Notary Public for Oregon

My commission expires: _____



7-23-04

Order No.: 268218
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AFTER RECORDING RETURN TO:

CERTIFICATE OF HEIRSHIP, INHERITANCE AND OWNERSHIP

In the Matter of the non-probated Estate of James Edwin Manning, deceased,

The undersigned party/parties, being over the age of 18, and having personal knowledge of the deceased, being first duly sworn depose and say:

1. That the following are all the heirs at law of the deceased, and have their residence and domicile as follows:

NAME:
James Manning Jr.

Karel Manning

Ruby Jones

Misty Livingston

Kathy Manning

(deceased)

218 SE 78th Avenue
Portland, Oregon 97214

*3052A Butterfly Peak Rd #250
Mountain Center, CA 92561
760-831-6615

47 Panarama Drive
Desert Shores, CA 92274 760-395-0325

239 Imperial Avenue
*Salt Lake Beach, CA 92074
760-395-0313

2. That the Decedent has no deceased children or children of such children that are not set forth in this affidavit.

3. That Decedent died on August 1, 2003, that at the time of death, the domicile (legal residence) of the decedent was at: 218 SE 78th Avenue, Portland, OR 97215, and that Decedent had resided at such address for years and that within three years prior to death the Decedent was not a resident of another State.

4. That no general assistance has been received from Adult and Family Services on behalf of said Decedent.

5. That at the time of death Decedent owned the following real property in the State of Oregon:

Lot 3, Block 10, MT. TABOR VILLA, in the City of Portland, County of Multnomah and State of Oregon.

6. That there are no debts or encumbrances remaining unpaid which are or may become a lien on said property; all claims against the estate have been paid; a Federal Estate Tax Return has been filed, and if taxes are owing have been paid.

7. A copy of Decedent's will, if any, is attached.

8. That this Affidavit is made for the purpose of inducing CHICAGO TITLE INSURANCE COMPANY to issue its Policy(ies) of Title Insurance on the above described property. In consideration of the issuance of said policy(ies), the undersigned agrees to hold CHICAGO TITLE INSURANCE COMPANY free and clear of all liability and responsibility for any loss, damage or expense that may arise or it may suffer by reason of the issuance of such policy(ies) without requiring a probate of the estate of the Decedent.

Dated this 19th day of July

2004

Karel Manning
Karel Manning

Misty Livingston
Misty Livingston

Ruby Jones
Ruby Jones

Kathy Manning
Kathy Manning

7-23-04

VAY. 24. 2004 11:50AM

NO. 2466 P. 2/5

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

345137

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

10-TAG NO.
003937

136-

State File Number

DECEDENT

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1. DECEDENT'S NAME James Edwin MANNING		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) August 1, 2003	
4. SOCIAL SECURITY NUMBER 515-30-6513		5. AGE (Last birthday) 67		6. BIRTHPLACE (City and State or Foreign Country) Chanute, Kansas	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		8. PLACE OF DEATH (Check only one) ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)		9. COUNTY OF DEATH Multnomah	
10. FACILITY NAME (If not permanent, give street and number) 218 S. E. 78th Avenue		11. CITY, TOWN, OR LOCATION OF DEATH Portland		12. SPOUSE (If married, deceased) Karel Ann (Becker)	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during usual or working life. Do not use retired.) Painter		14. KIND OF BUSINESS/INDUSTRY Commercial		15. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married	
16. RESIDENCE - STATE Oregon		17. COUNTY Multnomah		18. STREET AND NUMBER 218 S. E. 78th Avenue	
19. RESIDE CITY Portland		20. ZIP CODE 97215		21. RACE (Specify) White	
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		23. DECEASED'S EDUCATION (Specify only highest grade completed) 9		24. DECEASED'S EDUCATION (Specify only highest grade completed) College (11-4 or 5+)	
25. FATHER - NAME Joseph Manning		26. MOTHER - NAME Ruby Helen Haynes		27. INFORMANT - NAME and relationship to decedent Karel A. Manning, Wife	
28. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery		30. LOCATION - City or Town, State Portland, OR	
31. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		32. OREGON LICENSE NO. (If Licensed) CD 3552		33. NAME, ADDRESS AND ZIP OF FACILITY Gable Funeral Chapel 225 NE 80th Ave, Portland OR 97213	
34. DATE FILED (Month, Day, Year) AUG 08 2003		35. REGISTRAR'S SIGNATURE <i>[Signature]</i>		36. REGISTRAR'S SIGNATURE	

37. TIME OF DEATH 2330		38. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 8/15/03	
39. DATE SIGNED (Month, Day, Year) 8/15/03		40. DATE SIGNED (Month, Day, Year) 8/15/03	
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Michael Y. C. Tso, MD 10803 S. E. Cherry Blossom Drive Portland, OR 97216		42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
43. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR LINE 43 (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) (a) Renal Cell Carcinoma		44. INTERVAL BETWEEN ONSET AND DEATH Week	
45. DUE TO, OR AS A CONSEQUENCE OF: (b)		46. INTERVAL BETWEEN ONSET AND DEATH	
47. DUE TO, OR AS A CONSEQUENCE OF: (c)		48. INTERVAL BETWEEN ONSET AND DEATH	
49. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		50. Did substance use contribute to the death? ☒ Yes ☐ Probably ☐ Unknown	
51. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accidental ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other		52. AUTOPEY ☒ Yes ☐ No	
53. DATE OF INJURY (Month, Day, Year) 8/15/03		54. TIME OF INJURY 2330	
55. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) At home		56. DESCRIBE HOW INJURY OCCURRED	
57. LOCATION (Street and number or Rural Route Number, City or Town, State)		58. (If YES) were findings suggestive in determining cause of death? ☒ Yes ☐ No ☐ N/A	

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

AUG 08 2003

DATE ISSUED:

[Signature]
LILA WICKHAM, RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

7-23-04