

Fidelity National Title of Oregon

20080010106-02

UNO

Multnomah County Official Records
C Swick, Deputy Clerk

2009-027805

RECORDING REQUESTED BY:
Fidelity National Title Company of Oregon



\$26.00

GRANTOR'S NAME:
Sammy A English
GRANTEE'S NAME:
City of Portland an Oregon Municipal Corporation
SEND TAX STATEMENTS TO:
City of Portland an Oregon Municipal Corporation
1120 SW 5th, Room 1000
Portland, OR 97204 Att Eli
AFTER RECORDING RETURN TO:
City of Portland
1120 SW 5th Room 1000
Portland, Or 97204 Escrow No:
20080010106-FTPOR02

03/04/2009 10:39:06 AM
1R-W DEED Cnt=1 Stn=25 ATLJH
\$10.00 \$11.00 \$5.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Sammy A English, Grantor, conveys and warrants to

City of Portland an Oregon Municipal Corporation, Grantee, the following described real property, free and clear of encumbrances except as specifically set forth below, situated in the County of Multnomah, State of Oregon:

The North one-half of the following described real property situated in Section 22, Township 1 South, Range 2 East of the Willamette Meridian, in the County of Multnomah and State of Oregon, to-wit:

BEGINNING at a point in the line between the Sections 15 and 22, in Township 1 South, Range 2 East of the Willamette Meridian, in the County of Multnomah and State of Oregon, from which the corner of Sections 19, 16, 21 and 22 of said Township and Range bears South 88°17' West 980.51 feet distant; thence South 0°04'50" West 479.85 feet to the Northeast corner and beginning point of the tract herein described and conveyed; running thence South 88°17' West 325.01 feet; thence South 0°04'50" West 137.00 feet; thence North 88°17' East 325.01 feet; thence North 0°04'50" East 137.00 feet to the point of beginning.

EXCEPT the East 25 feet in SE 106th Avenue.

Subject to and excepting:

Rights of the public and government to any portion of the property lying within roadways

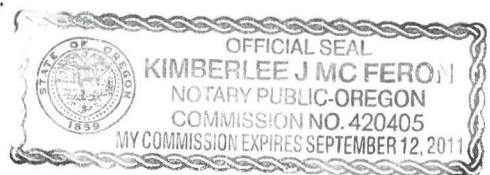
BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS 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.

THE TRUE AND ACTUAL CONSIDERATION FOR THIS CONVEYANCE IS \$300,000.00. (See ORS 93.030)

DATED: 3-3-09

Sammy A. English
Sammy A English

State of OREGON
COUNTY of Multnomah
This instrument was acknowledged before me on 3.3, 2007
by Sammy A English
Kimberlee J McFeron, Notary Public - State of Oregon
My commission expires:



APPROVED AS TO FORM
Inda Meng
CITY ATTORNEY

2

CERTIFICATION OF VITAL RECORD

After recording return to:
Sammylee A. English
35245 SE Cressins Rd
Boring, Oregon 97609

B06 21 0319

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK.

408947

I.D. TAG NO.
000935

Local File Number

CERTIFICATE OF DEATH

136-

State File Number

1.
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1. DECEDENT'S NAME First Middle Last
Richard ENGLISH

2. SEX
Male

3. DATE OF DEATH (Month, Day, Year)
May 11, 2004

4. SOCIAL SECURITY NUMBER
541-62-2550

5a. AGE-Last Birthday (Years)
54

5b. Under 1 Year
Mos. Days Hours Mins.

6. BIRTHPLACE (City and State or Foreign)
Woodburn, OR

7. DATE OF BIRTH (Month, Day, Year)
April 12, 1950

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
 Yes No

9a. PLACE OF DEATH (Check one only.)
 HOSPITAL Inpatient ER/Outpatient DOA OTHER Nursing Home Decedent's Home Other (Specify)

9b. FACILITY NAME (If not an institution, give street and number.)
35245 SE Crescent Rd

9c. CITY, TOWN, OR LOCATION OF DEATH
Boring

9d. COUNTY OF DEATH
Clackamas

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)
Self Employed

10b. KIND OF BUSINESS/INDUSTRY
Rental House's

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify)
Married

12. SPOUSE (If Married, Widowed)
Sammylee Hill

13a. RESIDENCE - STATE
Oregon

13b. COUNTY
Clackamas

13c. CITY, TOWN OR LOCATION
Boring

13d. STREET AND NUMBER
35245 SE Crescent Rd

13e. INSIDE CITY LIMITS?
 Yes No

13f. ZIP CODE
97009

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) If yes, specify Cuban, Mexican, Puerto Rican, etc.
 No Yes

15. RACE American Indian, Black, White, etc. (Specify)
White

16. DECEDENT'S EDUCATION (Specify only highest grade completed.)
Elementary/Secondary (0-12) College (1-4 or 5+)
2

PARENTS

17. FATHER'S NAME First Middle Last
Chester L.N. English

18. MOTHER'S NAME First Middle Maiden
Madonna J Murphy

19. INFORMANT'S NAME and relationship to deceased
Sammylee English, Spouse

DISPOSITION

20a. METHOD OF DISPOSITION
 Burial Cremation Mausoleum Removal from State
 Donation Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.)
Portland Cremation Center

20c. LOCATION (City or Town, State)
Portland Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
Michael Peirce

21b. OREGON LICENSE NO. (Of Licensee)
AF-1848

22. NAME, ADDRESS AND ZIP CODE OF FACILITY
**Aftercare Cremation & Burial Service
4764 SE Milwaukie Ave. Portland, OR 97202**

23. DATE FILED (Month, Day, Year)
MAY 18 2004

24. REGISTRAR'S SIGNATURE
Deborah E. Bell

RESERVED FOR REGISTRAR'S USE

CERTIFIER

27. TIME OF DEATH
3:55 P.

28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.)
 Yes No

31a. TIME OF DEATH
M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M

29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated.
(Signature)
Melissa Thompson

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)
Melissa Thompson

30. DATE SIGNED (Month, Day, Year)
May 14, 2004

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Melissa Thompson, PA-C, 10025 Se 32nd Ave, Milwaukie, Oregon 97222

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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) **renal failure**

Interval between onset and death
#

DUE TO, OR AS A CONSEQUENCE OF:
(b) **DM I**

Interval between onset and death
40 years

DUE TO, OR AS A CONSEQUENCE OF:
(c) OTHER SIGNIFICANT CONDITIONS -
II Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death?
 Yes Probably No Unknown

38. AUTOPSY
 Yes No

39. IF YES, were findings considered in determining cause of death?
 Yes No N/A

CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF GREEN AND PINK COPY.

40. MANNER OF DEATH
 Natural Pending Investigation Accident Undetermined Manner Suicide Homicide Legal Intervention

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY
M

41c. INJURY AT WORK?
 Yes 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 (08/03)

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

MAY 18 2004

Marina T. Stansell

MARINA T. STANSELL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.



Ret: Chicago Title Insurance Co.

45-630309-KE

5-18-04-3