

THIS INDENTURE Made this 28th day of March, 1983, by and between FAITH MAYHEW, 111 South 7th Street, Klamath Falls, OR 97601 the duly appointed, qualified and acting personal representative of the estate of JOHN WRIGHT, SR., deceased, hereinafter called the first party, and MERLE WEST MEDICAL CENTER, INC., hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the said second party and second party's heirs, successors-in-interest and assigns all the estate, right and interest of the said deceased at the time of decedent's death, and all the right, title and interest that the said estate of said deceased by operation of the law or otherwise may have thereafter acquired in that certain real property situate in the County of Klamath, State of Oregon, described as follows, to-wit:

E1/2 E1/2 SE1/4, lying East of Highway 97, Section 16, Township 34, Range 7, East of the Willamette Meridian, County of Klamath, State of Oregon

TO HAVE AND TO HOLD the same unto the said second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 3,400.00.
 However, the actual consideration consists of or includes other property or value given or promised which is part of the consideration (indicate which) the whole.

IN WITNESS WHEREOF, the said first party has executed this instrument; if first party is a corporation, it has caused its corporate name to be signed hereto and its corporate seal affixed by its officers duly authorized thereunto by order of its Board of Directors.

Faith Mayhew
 Faith Mayhew

Personal Representative
 of the Estate of JOHN WRIGHT, SR. Deceased.

(If first party is a corporation, affix corporate seal.)

NOTE—The sentence between the symbols (), if not applicable, should be deleted. See ORS 93.030.

STATE OF OREGON,
 County of Klamath } ss.
March 28, 19 83.

Personally appeared the above named
Faith Mayhew

and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me:
[Signature]
 Notary Public for Oregon
 My commission expires:

Faith Mayhew
111 South 7th Street
Klamath Falls, OR 97601
 GRANTOR'S NAME AND ADDRESS
Merle West Medical Center, Inc.
2865 Daggett Street
Klamath Falls, OR 97601
 GRANTEE'S NAME AND ADDRESS

After recording return to:
Merle West Medical Center, Inc.
2865 Daggett Street
Klamath Falls, OR 97601
 NAME, ADDRESS, ZIP
 Until a change is requested all tax statements shall be sent to the following address.
Merle West Medical Center, Inc.
2865 Daggett Street
Klamath Falls, OR 97601
 NAME, ADDRESS, ZIP

STATE OF OREGON, County of _____) ss.
 Personally appeared _____, 19 _____

each for himself and not one for the other, did say that the former is the _____ who, being duly sworn, president and that the latter is the secretary of _____

and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed.

Before me:
 Notary Public for Oregon
 My commission expires: (OFFICIAL SEAL)

STATE OF OREGON,
 County of Klamath } ss.
 I certify that the within instrument was received for record on the 13th day of May, 1983, at 11:57 o'clock A.M., and recorded in book/reel/volume No. M83 on page 7536 or as document fee file/instrument/microfilm No. 23532.
 Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk
 By [Signature] Deputy

4.00 fee

SPACE RESERVED
 FOR
 RECORDER'S USE

OFFICIAL SEAL

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