

KNOW ALL MEN BY THESE PRESENTS, That
George Michael Redd

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by

Loren W. Lobdell and Reanne L. Lobdell, Husband and Wife, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

The Southwesterly 100 feet of Lot 11 in Block 57 of HOT SPRINGS SECOND ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

MOUNTAIN TITLE COMPANY

"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."

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except as set forth on the reverse of this deed and those apparent upon the land, if any, as of the date of this deed.

grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 31,372.15

~~However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which) (The sentence between the symbols @ if not applicable, should be deleted. See ORS 93.030.)~~

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 28th day of May, 1986; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

(If executed by a corporation, affix corporate seal)

STATE OF OREGON,

County of Klamath

May 28

19 86

Personally appeared the above named
George Michael Redd

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

(OFFICIAL SEAL)

Notary Public for Oregon

My commission expires 7/13/89

STATE OF OREGON, County of) ss.

19

Personally appeared

and

each for himself and not one for the other, did say that the former is the president and that the latter is the secretary of

a corporation, 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:

(OFFICIAL SEAL)

Notary Public for Oregon

My commission expires:

George Michael Redd

5844 Mack Ave.

Klamath Falls, Oregon 97693

GRANTOR'S NAME AND ADDRESS

Loren W. Lobdell and Reanne L. Lobdell

203 Michigan

Klamath Falls, Oregon 97601

GRANTEE'S NAME AND ADDRESS

After recording return to:

Per Grantee

NAME, ADDRESS, ZIP

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

Per Grantee

NAME, ADDRESS, ZIP

STATE OF OREGON,

County of) ss.

I certify that the within instrument was received for record on the day of 19

at o'clock M., and recorded in book on page or as file/reel number

Record of Deeds of said county.

Witness my hand and seal of County affixed.

Recording Officer

By

Deputy

SPACE RESERVED FOR RECORDER'S USE

SUBJECT TO:

9274

1. Trust Deed, including the terms and provisions thereof, given to secure an indebtedness with interest thereon and such future advances as may be provided therein.

Dated: November 19, 1979

Recorded: November 21, 1979

Volume: M79, page 27338, Microfilm Records of Klamath County, Oregon

Amount: \$30,500.00

Grantor: Joseph D. Evans and Barbara A. Evans, husband and wife

Trustee: Transamerica Title Insurance Company

Beneficiary: First National Bank of Oregon

Said deed of trust grantee on the reverse of this deed agrees to assume and pay.

2. A judgment for the amount herein stated and any other amounts due:

Case No.: 85-146TJ

Entered: September 27, 1985

Amount: \$850.80, plus interest, if any

Debtor: Woody Lobdell (aka Loren W. Lobdell)

Creditor: Western Columbia

3. A judgment for the amount herein stated and any other amounts due:

Case No.: 86-26TJ

Entered: January 24, 1986

Amount: \$2,268.49, plus interest, if any

Debtor: Woody W. Lobdell

Creditor: Creditors Protective Association

4. Pending bankruptcy proceedings in the U. S. District Court for the District of Oregon, in the matter of Loren W. Lobdell, a Bankrupt.
Attorney for Bankrupt: Quentin D. Steele.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ 29th day
of _____ May _____ A.D., 19 86 at 1:37 o'clock P _____ M., and duly recorded in Vol. _____ M86
of _____ Deed: _____ on Page 9273

FEE \$14.00

Evelyn Biehn, County Clerk
By _____

07750

ID TAG NO

173

Local File Number

DEPARTMENT OF HUMAN SERVICES Vital Records Unit

CERTIFICATE OF DEATH

State File Number

DECEASED - NAME		First		Last		DATE OF DEATH (month, day, year)	
Charles		Virginia		DOBRY Sr		2 May 7, 1986	
1 RACE (White, Black, American Indian, etc. (specify))		SEX		AGE - Last birthday (years)		DATE OF BIRTH (month, day, year)	
3 White		4 Male		81		8 January 22, 1905	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		IF HOME OR INST. Indicate DOA, OP/Emr. Hm., Inpatient (specify)		COUNTY OF DEATH	
7a Klamath Falls		7b Highland Care Center		7c Inpatient		7d Klamath	
8 STATE OF BIRTH (If not in U.S., name country)		9 CITIZEN OF WHAT COUNTRY		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 Virginia		9 U.S.A.		10 Widowed		12 No	
13 SOCIAL SECURITY NUMBER		14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14b KIND OF BUSINESS OR INDUSTRY			
13 356-14-9810		14a School Teacher		14b Education			
15a RESIDENCE - STATE		15b COUNTY		15c CITY, TOWN OR LOCATION		15d STREET AND NUMBER OR R.F.D. ZIP	
15a Oregon		15b Klamath		15c Malin		15d P.O. Box 141 ZIP 97632	
16 FATHER - NAME first middle last		17 MOTHER - first middle last (Maiden Name)		18 INFORMANT - NAME and relationship to deceased		15e Inside City Limits (specify yes or no)	
16 Matej Dobry		17 Therapie Zyka		18 Dr. Len Dobry, Son		15e Yes	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)		19b CEMETERY OR CREMATORY - NAME		19c LOCATION city or town state			
19a Burial		19b Malin Community Cemetery		19c Malin, Oregon			
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature)		20b NAME AND ADDRESS OF FACILITY		20c			
20a Mike Olson		20b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O		20c			
21a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		21b DATE SIGNED (Mo., Day, Year)		21c HOUR OF DEATH			
21a Blake Berven, M.D., 2616 Clover St., Klamath Falls, Oregon		21b May 7, 1986		21c 4:30 A. M			
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e		21f			
21d		21e		21f			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		22b REGISTRAR (Signature)		22c			
22a May 13, 1986		22b [Signature]		22c			
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		23		Interval between onset and death			
(a) Sepsis		23		24 hours			
(b) Urinary Tract Infection		23		2 months			
(c) Metastatic Prostatic Carcinoma		23		10 years			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		24 AUTOPSY (Specify Yes or No)		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)			
24 Parkinsons Disease		24 No		25 No			
26a ACCIDENT (Specify Yes or No)		26b DATE OF INJURY (Mo., Day, Year)		26c HOUR OF INJURY		26d DESCRIBE HOW INJURY OCCURRED	
26a		26b		26c		26d	
26e INJURY AT WORK (Specify Yes or No)		26f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g LOCATION		26h STREET OR R.F.D. NO. CITY OR TOWN STATE	
26e		26f		26g		26h	
27 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		28 WAS GIFT MADE?		29			
27 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		28 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		29			
29 RESERVED FOR REGISTRAR'S USE		30		31			
29		30		31			

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-85

STATE OF OREGON
County of Klamath

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

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy Registrar

Date May 13, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLANATH CO. DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 29th day of May A.D., 19 86 at 2:19 o'clock P M., and duly recorded in Vol. M86 of _____ on Page 9275.

FEE \$5.00

Evelyn Biehn, County Clerk
By [Signature]