

RECORDING REQUESTED BY

1784

BLM Services, Inc.

AND WHEN RECORDED MAIL TO

Name BLM Services, Inc.  
 Street Address 247 E. Tahquitz Way, #25  
 City & State Palm Springs, Calif. 92262

MAIL TAX STATEMENT TO

Name  
 Street Address Same as above  
 City & State

KC#71

Vol. m89 Page 11176

STATE OF OREGON,  
 County of Klamath ss.

Filed for record at request of:

on this 22nd day of June A.D. 19 89  
 at 9:09 o'clock AM and duly recorded  
 in Vol. M89 of Deeds Page 11176  
 Evelyn Biehn County Clerk  
 By Pauline M. Henderson  
 Deputy.  
 Fee, \$8.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Corporation Grant Deed

CAT. NO. NN00578  
 TO 1921 CA (2-83)

THIS FORM FURNISHED BY TICOR TITLE INSURERS

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$0.00

( ) computed on full value of property conveyed, or

( ) computed on full value less value of liens and encumbrances remaining at time of sale.

( ) Unincorporated area: ( ) City of \_\_\_\_\_, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

FN REALTY SERVICES, INC., AS TRUSTEE UNDER TRUST 7461, formerly known as Wells Fargo Realty Services, Inc. hereby GRANTS to

a corporation organized under the laws of the State of California  
 Thomas C. Howser, Successor Trustee

the following described real property in the Oregon:  
 County of Klamath, State of ~~CALIFORNIA~~

Lot 16, Block 9, Klamath Country, in the County of Klamath, State of Oregon,  
 as shown on Map filed in Book 20, Page 6 of Maps, in the office of the County  
 Recorder of said county.

In Witness Whereof, said corporation has caused its corporate name and seal to be affixed hereto and this instrument to be executed by its Senior Vice President and Assistant Secretary  
 thereunto duly authorized.

Dated April 25, 1988

STATE OF CALIFORNIA  
 COUNTY OF Los Angeles

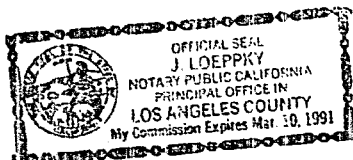
On April 25, 1988, before me, he undersigned, a Notary Public in and for said State, personally appeared CHRISTOPHER D. JONES personally known to me or proved to me on the basis of satisfactory evidence to be the person who executed the within instrument as the Senior Vice President and VER LEE MULLSAP MC CRAW personally known to me or proved to me on the basis of satisfactory evidence to be the person who executed the within instrument as the Assistant Secretary of the Corporation that executed the within instrument and acknowledged to me that such corporation executed the within instrument pursuant to its by-laws or a resolution of its board of directors.

WITNESS my hand and official seal.

Signature J. D. [Signature]

FN REALTY SERVICES, INC., AS TRUSTEE  
 UNDER TRUST 7461, formerly known as Wells  
 Fargo Realty Services, Inc., a Calif. Corp.

By CHRISTOPHER D. JONES President  
 By VER LEE MULLSAP MC CRAW Secretary



(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow or Loan No. 7461 - 00710

MAIL TAX STATEMENTS AS DIRECTED ABOVE

89 JUN 22 AM 9 09

**OREGON STATE HEALTH DIVISION  
VITAL STATISTICS SECTION**

*MTC #21475-P*

09739		STATE OF OREGON OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN SERVICES Vital Records Unit		86-023004	
ID TAG NO <b>492</b>		Local File Number		State File Number	
<b>CERTIFICATE OF DEATH</b>					
DECEASED - NAME <b>MAXINE AGNES CASWELL</b>		AGE - Last birthday (years) <b>65</b>		DATE OF DEATH (month, day, year) <b>December 31, 1986</b>	
SEX <b>Female</b>		Under 1 year MOS days		DATE OF BIRTH (month, day, year) <b>November 21, 1921</b>	
RACE <b>White</b>		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) <b>Ashland Star Route</b>		COUNTY OF DEATH <b>Klamath</b>	
CITY, TOWN OR LOCATION OF DEATH <b>Keno</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES (specify yes or no) <b>No</b>	
STATE OF BIRTH (if not in U.S. give country) <b>Iowa</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		SPOUSE (if married, widowed) <b>Richard B.</b>	
LOCAL SECURITY NUMBER <b>479 - 16 - 5160</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
RESIDENCE - STATE <b>Oregon</b>		CITY, TOWN OR LOCATION <b>Keno</b>		STREET AND NUMBER OR R.F.D. <b>Ashland Star Route</b>	
FATHER - NAME (last, middle, first) <b>Lawrence L. Simon</b>		MOTHER - NAME (last, middle, first) <b>Hazel Kline</b>		INFORMANT - NAME and relationship to decedent <b>Julie Kerns / Daughter</b>	
BURIAL CREMATION (If cremated, specify) <b>Burial</b>		CEMETERY OR CREMATORY - NAME <b>Keno Cemetery</b>		LOCATION City or town <b>Keno, Oregon</b>	
FEDERAL DEPARTMENT OF HEALTH (Signature) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY <b>WARD'S - 1945 Main - Klamath Falls, Or. - 97601</b>			
DATE RECEIVED BY REGISTRAR (MO, Day, Year) <b>January 5, 1987</b>		REGISTRAR 27b (Signature) <i>[Signature]</i>		DATE SIGNED (MO, Day, Year) <b>12/31/86</b>	
IMMEDIATE CAUSE 18a (Type or Print) <b>Advanced metastatic Squamous Cell Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>		HOUR OF DEATH <b>1:30 A.M.</b>	
DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH			
DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH			
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (Type or Print)		AUTOPSY (Specify Yes or No) <b>No</b>		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>Yes</b>	
ACCIDENT (Specify Yes or No) <b>No</b>		DATE OF INJURY (MO, Day, Year) <b>26b</b>		HOUR OF INJURY <b>26c</b>	
INJURY AT WORK (Specify Yes or No) <b>26a</b>		PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>26d</b>		LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE <b>26e</b>	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT? (Specify Yes or No) <b>26f</b>		WAS GIFT MADE? <b>26g</b>			
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

*After recording return to -  
Lawrence Caswell  
c/o 2655 Shasta Way Suite 1  
Klamath Falls OR 97603*

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUL 19 1990

*[Signature]*  
EDWARD J. JOHNSON II  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 22nd day of June A.D., 19 89 at 9:12 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 11177.

Evelyn Biehn, County Clerk

By [Signature]

FEE \$8.00