Aspen TITLE & ESCROW, INC. #7525

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#01034387

WARRANTY DEED

AFTER RECORDING RETURN TO:
BERTHA L. SEMPLE and
WILLIAM J. OJEDA
2180 Kiln St.
Klamath Falls, OR 97601

UNTIL A CHANGE IS REQUESTED ALL TAX STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVE

RAPHAEL P. NESS, hereinafter called GRANTOR(S), convey(s) to BERTHA L. SEMPLE and WILLIAN J. OJEDA, as tenants in common hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

Lot 1 in Block 48, BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath, State of Oregon.

Code 1, Map 3809-30AA, TL 5600

"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." B.P.N.

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and covenant(s) that grantor is the owner of the above described property free of all encumbrances except: 1) Regulations, including levies, liens and utility assessments of the City of Klamath Falls. 2) Conditions and Restrictions as shown on the recorded plat of Buena Vista Addition to the City of Klamath Falls. 3) Easement, including the terms and provisions thereof, recorded June 6, 1930, in Book 91, page 336.,

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is $53,000.00.

In construing this deed and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument this 6th day of November, 1989.

Raphael P. Ness
RAPHAEL P. NESS

STATE OF OREGON, County of Klamath)ss.

November 6, 1989.

Personally appeared the above named RAPHAEL P. NESS and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:
Notary Public for Oregon
My Commission Expires: 3-22-93

21484

Keep this for our files forever

STATE OF OREGON – HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 423
State File Number:

DECEASED

1. DECEASED–NAME (first, middle, last): Harold J. Totten
2. DATE OF DEATH (month, day, year): December 22, 1974
3. RACE (White, Negro, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE–Last Birthday (years): 41
5b. Under 1 year (months / days):
5c. Under 1 day (hours / min.):
6. DATE OF BIRTH (month, day, year): December 22, 1933
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION–NAME (If not in either, give street and number): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (if not in U.S.A. name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Sharlene M. Totten
12. SOCIAL SECURITY NUMBER: 544-24-2429
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Disabled
13b. KIND OF BUSINESS OR INDUSTRY: --
14a. RESIDENCE–STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 2180 Kiln St.
15. FATHER–NAME (first, middle, last): Harry Totten
16. MOTHER–Maiden Name (first, middle, last): Vera Fields
17. INFORMANT–NAME and relationship to deceased: Sharlene M. Totten

If residence of deceased was in an institution, give residence before admission.

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) immediate cause	Acute myocardial infarction	minutes
(b) due to, or as a consequence of:	Old inferior myocardial infarction	1970
(c) due to, or as a consequence of:		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): None

19a. AUTOPSY (yes or no): No
19b. If YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFIER

21. CERTIFICATION–PHYSICIAN: I attended the deceased from 12-8-72 to Dec. 22, 1974. And last saw him/her alive on: 5-28-74. I did/did not view the body after death (specify):
DEATH OCCURRED (hour): 12:55 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN–SIGNATURE: [signature]
22b. NAME (type or print): Everett E. Howard, degree or title: M.D.
22c. DATE SIGNED (month, day, year): DEC 2 3 1974
23. MAILING ADDRESS–PHYSICIAN: 2622 Campus Dr., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, OTHER (specify): Burial
24b. CEMETERY OR CREMATORY–NAME: Mt. Calvary Cemetery
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): 12-26-74
25a. FUNERAL DIRECTOR–SIGNATURE: [signature]
25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon 97601
26. REGISTRAR–SIGNATURE: [signature]
27a. DATE RECEIVED BY LOCAL REGISTRAR: [illegible]
27. DATE RECEIVED BY STATE REGISTRAR:

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.

[illegible], M.D., Registrar Vital Statistics

(SEAL)

By [signature], Deputy Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 7th day of Nov. A.D., 19 89 at 11:15 o'clock AM., and duly recorded in Vol. M89 of Deeds on Page 21483.

Evelyn Biehn, County Clerk
By [signature]

FEE $13.00