



AFTER RECORDING RETURN TO:
 RICKIE S. NUNES
 CONNIE NUNES
 3854 REXWOOD CT.
 SAN JOSE, CA. 95121

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

MELVIN W. RAMOS hereinafter called GRANTOR(S), convey(s) to
 RICKIE S. NUNES AND CONNIE NUNES, Husband and Wife hereinafter
 called GRANTEE(S), all that real property situated in the County
 of KLAMATH, State of Oregon, described as: *SEE EXHIBIT "A"*

Lot 2, Block 8, ORIGINAL TRACT, KLAMATH RIVER ACRES OF OREGON,
 LTD., in the County of Klamath, State of Oregon.

CODE 97 MAP 3908-31B0 TL 9700

"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."

and covenant(s) that grantor is the owner of the above described
 property free of all encumbrances except 1) Conditions,
 restrictions as shown on the recorded plat of Original Tract,
 Klamath River Acres of Oregon, Ltd. 2) This property lies
 within and is subject to the levies and assessments of the
 Klamath River Acres Road District.

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
 \$13,000.00.

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 29th day of January 1990.

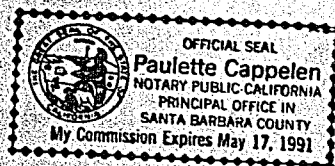
X Melvin W. Ramos
 MELVIN W. RAMOS

STATE OF California, County of Santa Barbara) ss.

DATE February 5, 1990.

Personally appeared the above named MELVIN W. RAMOS and
 acknowledged the foregoing instrument to be his voluntary act
 and deed.

Before me: Paulette Cappelen
 Notary Public for California
 My Commission Expires: May 17, 1991



90 FEB 23 AM 11 15

47C 405034763 EXHIBIT "A"
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

42

3474

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
LAURA		December 31, 1986 0045	
1B. MIDDLE		11C. LAST	
LOIS		RAMOS	
3. SEX		8. DATE OF BIRTH	
Female		September 4, 1935	
4. RACE/ETHNICITY		7. AGE	
White/American		51 YEARS	
5. SPANISH/HISPANIC		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
NO		Euna M. Puffer, LA	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		13. MARITAL STATUS	
OK		Married	
7. NAME AND BIRTHPLACE OF FATHER		14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME	
Jim Crawford, LA		Melvin W. Ramos	
11A. CITIZEN OF WHAT COUNTRY		15. KIND OF INDUSTRY OR BUSINESS	
USA		Real Estate Sales	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		16. CITY OR TOWN	
19 none to 19		Lompoc	
12. SOCIAL SECURITY NUMBER		17. EMPLOYER OF SELF-EMPLOYED, SO STATE	
560-44-5822		Casa Realty	
15. PRIMARY OCCUPATION		18. NUMBER OF YEARS THIS OCCUPATION	
Salesperson		12	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.	
321 North Third Street			
19D. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Santa Barbara		Melvin W. Ramos, husband	
21A. PLACE OF DEATH		321 No. Third Street	
At Home		Lompoc, CA 93436	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
321 North Third Street		Lompoc	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE		NO	
(A) <i>Carcinoma of the breast</i>		25. WAS BLOODS* PERFORMED?	
DUE TO, OR AS A CONSEQUENCE OF		NO	
(B)		26. WAS AUTOPSY PERFORMED?	
DUE TO, OR AS A CONSEQUENCE OF		NO	
(C)			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OF 23? TYPE OF OPERATION	
		27. modified radical mastec. 5/28/86	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
1 ATTENDED DECEDENT SINCE 1 LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		12/31/86 C-34447	
28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
3/30/76 12/25/86		Rollin C. Bailey, M.D., 136 No. Third St., Lompoc	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR 32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Burial		Jan. 3, 1987	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Lompoc Cemetery District, Lompoc, CA		7469 <i>Andy P. [Signature]</i>	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
Starbuck-Lind Mortuary		1244	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
<i>Lorraine H. [Signature]</i>		December 31, 1986	
STATE REGISTRAR			

VB-11 (1-88)

STATE OF OREGON,
 County of Klamath ss.

Filed for record at request of:

Aspen Title Co.

on this 23rd day of Feb. A.D. 19 90
 at 11:15 o'clock A.M. and duly recorded
 in Vol. M90 of Deeds Page 3473

Evelyn Blehn County Clerk

By *Dorise M. [Signature]*

Deputy.

Fee, \$33.00

SANTA BARBARA COUNTY HEALTH DEPARTMENT
 This is to certify that this is a true copy
 of the certificate on file in this office

FEE DEC 31 1986
 PAID

Lorraine H. [Signature]