

DEED TO TRUST

RECORDATION REQUESTED BY:
 Samuel and Juanita Nelson
 12330 SW 60th
 Portland, Oregon 97219
 AFTER RECORDING RETURN TO:
 Samuel and Juanita Nelson
 12330 SW 60th
 Portland, Oregon 97219

RETURN BY: MAIL (X) PICKUP ()

WARRANTY DEED

This Deed, made this 23rd day of April, 1990, by and between Samuel Sylvester Nelson and Juanita Alberta Nelson, husband and wife, as Joint, whose residence and post office address is 12330 SW 60th, Portland, Oregon 97219, hereinafter called the "Grantor", and Samuel Sylvester Nelson and Juanita Alberta Nelson, Trustee(s), under that unrecorded Living Trust Agreement dated April , 1990, whose residence and post office address is 12330 SW 60th, Portland, Oregon 97219, hereinafter called the "Grantee".

W I T N E S S E T H :

That in consideration of the terms and conditions of the aforesaid Living Trust Agreement, and the powers granted therein, the Grantor does by these presents grant and convey unto Grantee, or Grantee's Successor, In Trust, as Trustee(s), for the uses and purposes and with all of the powers set forth in said trust agreement, including without prejudice to the foregoing, full power and authority to sell, convey, mortgage, exchange, lease, which lease(s) shall be valid throughout their terms, including a term expiring after the trust terminates, pledge or otherwise deal with and dispose of said property according to the sole judgment and discretion of the Trustee(s), in fee simple:

All of that certain real property situated at LaPine, Klamath County, Oregon, being the same premises conveyed to Grantor herein by Deed dated , recorded in the Official Recorder of said County in , more particularly described in Exhibit "A" attached hereto and by this reference made a part hereof, together with the personal property, if any, described in said Exhibit "A", subject, however, to the encumbrances, exceptions, reservations and other matters, if any, set forth herein;

To have and to hold the same, together with the reversions,

90 MAY 7 AM 9 58

remainders, rents, issues and profits thereof and all of the estate, right, title and interest of the Grantor, both at law and in equity, including all buildings, improvements, rights, easements, privileges and appurtenances belonging or appertaining or held and enjoyed therewith, unto the Grantee according to the tenancy above set forth, forever.

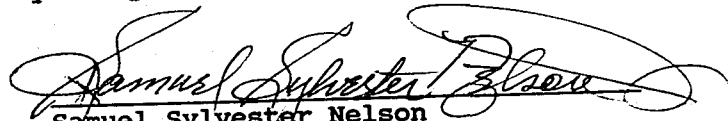
And, in consideration of the premises, the Grantor does hereby covenant with the Grantee that the Grantor is seized of the property herein described in fee simple; that said property is free and clear of and from all liens and encumbrances, except for the lien of real property taxes not yet by law required to be paid, and except as may herein specifically be set forth; that the Grantor has good right to sell and convey said property, as aforesaid; and, that the Grantor will warrant and defend the same unto the Grantee against the lawful claims and demands of all persons, except as aforesaid.

The rights and obligations of the Grantor and the Grantee shall be binding upon and inure to the benefit of their respective estates, heirs, personal representatives, successors, and assigns. All obligations undertaken by two or more persons shall be deemed to be joint and several unless a contrary intention shall be clearly expressed elsewhere herein.

The conveyance herein set forth and the warranties of the Grantor concerning the same are expressly declared to be in favor of the Grantee, Grantee's successors and assigns.

The terms "Grantor", "Grantee" and "Trustee", as and when used herein, or any pronouns used in place thereof, shall mean and include the masculine or feminine, the singular or plural number, individuals or corporations and their and each of their respective successors, heirs, personal representatives and assigns, according to the context thereof. If these presents shall be signed by two or more Grantors or Grantees, all covenants of such parties shall for all purposes be joint and several.

In Witness Whereof, the Grantor and Grantee have executed these presents on the day and year first above written.


Samuel Sylvester Nelson


Juanita Alberta Nelson

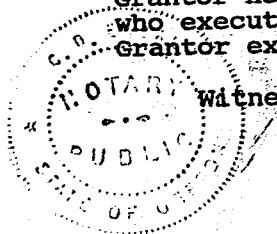
"Grantor"

Samuel Sylvester Nelson
 Samuel Sylvester Nelson, Trustee

Juanita Alberta Nelson
 Juanita Alberta Nelson, Trustee
 "Grantee"

STATE of Oregon)
) SS
 COUNTY of Multnomah)

On this 23rd day of April, 1990, before me personally appeared Samuel Sylvester Nelson and Juanita Alberta Nelson, as Grantor herein, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that Grantor executed the same as Grantor's free act and deed.



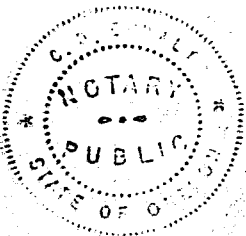
Witness my hand and seal.

C. D. Eudaly
 Notary Public, State of Oregon
 My commission expires: 6/20/92

STATE of Oregon)
) SS
 COUNTY of Multnomah)

On this 23rd day of April, 1990, before me personally appeared Samuel Sylvester Nelson and Juanita Alberta Nelson, Trustee(s), as Grantee herein, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that Grantee executed the same as Grantee's free act and deed.

Witness my hand and seal.



C. D. Eudaly
 Notary Public, State of Oregon
 My commission expires: 6/20/92

EXHIBIT "A"

All that certain property situated at LaPine, Klamath County Oregon, described as follows:

River Pine
Estates 1st Addition
Lot 5 Block 15

Being the same premises conveyed to Samuel Sylvester Nelson and Juanita Alberta Nelson, husband and wife, as Tenants in the Entirety, the Grantor herein, by Deed dated _____, recorded in the Official Recorder of said County in _____.

Together with all built-in furniture, appliances, fixtures, attached carpeting and existing drapes, presently situate in or used in connection with, and being a part of, the herein demised premises.

Subject, however, to all grants, easements, covenants, restrictions, liens and encumbrances of record.

END OF EXHIBIT "A"

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 7th day
of May A.D., 19 90 at 9:58 o'clock AM., and duly recorded in Vol. M90,
of _____ Deeds on Page 8575.

Evelyn Biehn, County Clerk

By Pauline Mullendare

FEE \$43.00

B5409
LD. TAG NO.
153
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEDENT'S NAME First: Thelma Middle: Alfretta Last: HENRY		2. SEX F	3. DATE OF DEATH (Month, Day, Year) April 8, 1990
4. SOCIAL SECURITY NUMBER 543-10-2664	5a. AGE - Last Birthday (Years) 81	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Lebam, WA
7. DATE OF BIRTH (Month, Day, Year) March 28, 1909		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify) _____	
9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/operator		10b. KIND OF BUSINESS/INDUSTRY Dry Cleaning	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Joseph	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1118 Main Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 12		17. INFORMANT - NAME and relationship to deceased Grace Munsell/daughter	
18. FATHER - NAME first middle last Guy - Bilow		19. MOTHER - NAME first middle maiden Grace - Butterfield	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Verlone Jennings</i>		21b. LICENSE NUMBER (Of Licensee) 1257	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Oregon 97601		23. DATE FILED (Month, Day, Year) APR 9 1990	
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 2254	
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>Kenneth K. Magee</i>	
30. DATE SIGNED (Month, Day, Year) 4-9-90		31. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 4-9-90	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, MD 1900 Main Street Klamath Falls, Oregon 97601		33. DATE SIGNED (Month, Day, Year) 4-9-90	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)	
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Recent Coronary Artery Bypass Surgery		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
41f. DESCRIBE HOW INJURY OCCURRED		42. RESERVED FOR REGISTRAR'S USE	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **APR 11 1990**

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Howser & Munsell** the **7th** day
of **May** A.D., 19 **90** at **9:59** o'clock **A** M., and duly recorded in Vol. **M90**
of **Deeds** on Page **8579**

Evelyn Biehn County Clerk

By *Donna A. Verling*

FEE \$8.00

Return: Howser & Munsell

P.O. Box 640, Ashland, Or. 97520