



25379

Aspen
TITLE & ESCROW, INC.

02036017

WARRANTY DEED

Vol. 991 Page 1935AFTER RECORDING RETURN TO:
BILL MIDDLEBROOKS
TRACEY MIDDLEBROOKSP.O. Box 552
Malin, OR 97632UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVEARNOLD E. SCHROCK hereinafter called GRANTOR(S), convey(s) to
BILL MIDDLEBROOKS AND TRACEY MIDDLEBROOKS, HUSBAND AND WIFE
hereinafter called GRANTEE(S), all that real property situated
in the County of KLAMATH, State of Oregon, described as:Lot 51, Block 81, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT,
PLAT NO. 4, in the County of Klamath, State of Oregon.

CODE 36 MAP 3711-23D0 TL 5500

3
11/11
"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 Klamath Falls Forest Estates Highway 66 Unit, Plat No. 4. 2) Subject to rules and regulations of Fire Patrol District. 3) Subject to reservation of all oil and minerals in said land in deed from G. C. Lorenz and Kathryn C. Lorenz to Crater Lake Lumber Company, a corporation, recorded May 25, 1937 in Book 109 at page 541, Deed Records. (Affects various lots). 4) Declaration of Conditions and Restrictions, but omitting any restrictions based on race color, religion or national origin appearing of record: Recorded on July 21, 1965 in Book M-65 at page 165. Said Covenants, Conditions, and Restrictions set forth above contain, amount other things, levies and assessments of highway 66 Unit 4 Road Maintenance Association. 5) The By-Laws, including the terms and provisions thereof: For: Highway 66 Unit 4 Road Maintenance Association recorded on May 22, 1974 in Book M-74 at page 6382. 6) Notice of Road Maintenance Assessment and Dues executed by Klamath Falls Forest Estates Unit 4, Road Maintenance Association, formerly known as Highway 66 Unit 4 Road Maintenance Association: Dated on December 7, 1986 and recorded on December 8, 1986 in Book M-86 at page 22553. which cites in part as follows: "...the Association shall assess annually each lot in Klamath Falls Forest Estates Highway 66 Unit, Plat No. 4 in the County of Klamath, State of Oregon, the sum of \$5.00 Dollars for road maintenance. Said assessment is in addition to the annual membership dues of \$10.00 per lot which are due and payable in advance on November 30 of each year."

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
\$2,000.00.

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 15th day of January, 1991.
ARNOLD E. SCHROCK

Continued on next page

1936

WARRANTY DEED
PAGE 2

STATE OF Washington County of Whatcom) ss.
January 24, 1991



Personally appeared the above named ARNOLD E. SCHROCK and
acknowledged the foregoing instrument to be his voluntary act
and deed.

Before me: Gayle S. Pinker
Notary Public for Oregon Washington
My Commission Expires: 1-11-94

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 31st day
of Jan. A.D., 19 91 at 11:32 o'clock AM., and duly recorded in Vol. M91
of Deeds on Page 1935.

FEE \$33.00

Evelyn Biehn - County Clerk
By Debrae Mulendare

RECEIVED FOR RECORD
CLERK OF COUNTY OF Klamath
JAN 31 1991
11:32 AM

RECORDED
JAN 31 1991
11:32 AM

FILED
JAN 31 1991
11:32 AM

INDEXED
JAN 31 1991
11:32 AM

WIFE & ESCROW INC

Aspen

32213

WARRANTY DEED

1-11-94

APR 1991

1032

CERTIFICATION OF VITAL RECORDS

0 79723
I.D. TAG NO.

348
Local File Number

ASPEN
04036034

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

136-

State File Number

1. DECEDENT'S NAME Donald Eugene COLWELL		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) August 16, 1990
4. SOCIAL SECURITY NUMBER 542-44-3910	5a. AGE - Last Birthday (Years) 77	5b. Under 1 Year Mos. 77 Days 77 Hours 77 Mins. 77	6. BIRTHPLACE (City and State or Foreign Country) Merrill, Oregon
7. DATE OF BIRTH (Month, Day, Year) March 14, 1913		8a. PLACE OF DEATH (Check only one) Klamath Falls	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9b. COUNTY OF DEATH Klamath		10. KIND OF BUSINESS/INDUSTRY Rancher	
10a. PLUM RIDGE CARE CENTER DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) Barbara B. Colwell		13. STREET AND NUMBER Hwy. 39 (P.O. Box 533)	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Merrill		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	
17. FATHER - NAME first middle last Dan - Colwell		18. MOTHER - NAME first middle maiden Gertrude - Anderson	
19. INFORMANT - NAME and relationship to deceased Marylene Campbell Daughter		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>M. D.</i>		21b. LICENSE NUMBER (Of Licensee) 3287	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) AUG 17 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. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 1:00		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated.		30. DATE SIGNED (Month, Day, Year) August 16, 1990	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steven Biddleman M.D. 2680 Urhmann Road Klamath Falls, OR 97601		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) M.D.	
33. DATE SIGNED (Month, Day, Year) August 16, 1990		34. COUNTY Klamath	
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE AND LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
36. IMMEDIATE CAUSE (a) Multifocal Stroke		Interval between onset and death 6 weeks	
(b) Severe Pan-Cerebrovascular Disease		Interval between onset and death 10 years	
(c) Generalized Arteriosclerosis		Interval between onset and death 12 years	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
39. If YES, was it considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" 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 <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED **AUG 17 1990**

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

45-2 REV. 1-89

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 31st day of Jan. A.D., 19 91 at 11:32 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 1937.

Evelyn Biehn County Clerk
By Pauline Muelken

FEE \$8.00

Return: ATC

079702
I.D. TAG NO.185
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First Middle Last Barbara Beverly COLWELL			2. SEX F	3. DATE OF DEATH (Month, Day, Year) May 6, 1990	
4. SOCIAL SECURITY NUMBER 543-10-2849		5a. AGE - Last Birthday (Years) 75	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Grants Pass, Oregon	7. DATE OF BIRTH (Month, Day, Year) December 28, 1914
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Registered Nurse		10b. KIND OF BUSINESS/INDUSTRY Nursing		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Donald E. Colwell					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Merrill	
13d. STREET AND NUMBER Merrill Highway (P.O. Box 533)					
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97633		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 (10-12) College (1-4 or 5+) 3			
17. FATHER - NAME first middle last Harlan - Jenkins			18. MOTHER - NAME first middle maiden Josephine - Dumas		
19. INFORMANT - NAME and relationship to deceased Donald E. Colwell, husband					
20a. METHOD OF DISPOSITION <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) Mt. Calvary Cemetery		
20c. LOCATION - City or Town, State Klamath Falls, Oregon					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Mike Oha</i>			21b. LICENSE NUMBER (Of Licensee) 3287		
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601					
23. DATE FILED (Month, Day, Year) MAY 8 1990			24. REGISTRAR'S SIGNATURE <i>Dan 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		
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 9:30 P.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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>Steven K. Bidleman M.D.</i>					
30. DATE SIGNED (Month, Day, Year) May 7, 1990					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steven K. Bidleman, M.D., 2680 Uhrmann Road, Klamath Falls, Oregon 97601					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)					
33. DATE SIGNED (Month, Day, Year) COUNTY					
PART I 36. 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. (a) Renal Failure (b) Diabetes (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death 2 years Interval between onset and death years Interval between onset and death					
PART II 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" 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"/> Accidental <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE					

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45-2 REV. 1-89

DATE ISSUED MAY 8 1990

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 31st day of Jan. A.D., 19 91 at 11:32 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 1938.

FEE \$8.00

Evelyn Biehn - County Clerk
By *Donna A. Verling*

Return: ATC