

BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS, That Cameron F. Wogan, hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Cameron F. Wogan and Mary Lou Wogan, Husband and Wife, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Lots 2 and 3, Block 62, BUENA VISTA ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon

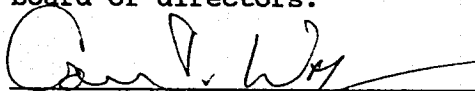
To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$0 money paid.

However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration.

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 30th day of Sept., 1991; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.


CAMERON F. WOGAN

This instrument will not allow use of the property described in this instrument in violation of applicable and 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.

OS 3 16 16 30 30 30

STATE OF OREGON

County of Klamath, 1991.

Personally appeared the above named Cameron F. Wogan and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:

James L. Hall
Notary Public for Oregon

My commission expires: 6-16-92

GRANTOR'S NAME AND ADDRESS:

Cameron F. Wogan
2034 Fremont Street
Klamath Falls, OR 97601

GRANTEE'S NAME AND ADDRESS:

Cameron F. Wogan and Mary Lou Wogan
2034 Fremont
Klamath Falls, Oregon 97601

After Recording Return To:

Cameron F. Wogan, Attorney at Law
439 Pine Street
Klamath Falls, Oregon 97601

Until a change is requested all tax statements shall be sent to the following address:

No change.

STATE OF OREGON,

) ss.

County of Klamath)

I certify that the within instrument was received for record on the 30th day of Sept., 1991, at 3:50 o'clock P.M., and recorded in book M91 on Page 19852 or as file/reel number 35345, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

Recording Officer

By Debbie Millender, Deputy

Fee \$33.00

389
Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

72-017097
State File Number

DECEASED—NAME First Middle Last Tony Polsak		DATE OF DEATH (month, day, year) 2 November 7, 1972	
RACE (specify) White		SEX Male	AGE—Last birthday (years) 68
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 74 Pres. Intercomm. Hospt.	
CITY, TOWN, OR LOCATION OF BIRTH Klamath Falls		DATE OF BIRTH (month, day, year) 4 January 12, 1904	
CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
SOCIAL SECURITY NUMBER 511-10-3188		NAME OF SPOUSE Mary Polsak	
RESIDENCE—STATE Oregon		KIND OF BUSINESS OR INDUSTRY Lumber	
CITY, TOWN, OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D. 4443 Douglas Ave.	
FATHER—NAME first middle last Frank Polsak		MOTHER—Maiden Name first middle last Anna Supancic	
PART I DEATH WAS CAUSED BY: Immediate cause Pulmonary Edema Due to, or as a consequence of: Chronic Due to, or as a consequence of: Cardiomegaly			
PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) 162.1			
ACCIDENT (specify yes or no) 30a	DATE OF INJURY (month, day, year) 20c	HOW INJURY OCCURRED (enter nature of injury on part I or part II, items 1B) 20d	ANTOPSY (yes or no) 19c
SERIOUS AT WORK (specify yes or no) 20a	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20b	LOCATION (street or R.F.D. No., city or town, county, state) 20d	IF YES were findings considered in determining cause of death 19b
CERTIFICATION—PHYSICIAN (specify) I attended the deceased from 10 30 72		And Test 3m. Mon./Her Alive day month year 11-7-72	DEATH OCCURRED (hour) 10:35 AM
PHYSICIAN—SIGNATURE Robert Payne		NAME (Type or print) Robert Payne	DATE SIGNED (month, day, year) 11-9-72
MAILING ADDRESS—PHYSICIAN Medical Dental Bldg., Klamath Falls, Oregon		CITY OR TOWN Klamath Falls, Oregon	STATE 97601
BURIAL, CREMATION, REMOVAL, MAUS (specify) 24a	CEMETERY OR CREMATORY—NAME Klamath Mem. Park	LOCATION (city or town, state, zip) Klamath Falls, Oregon	DATE (mo., day, year) 11-10-72
FURNERAL DIRECTOR—SIGNATURE Mike Blair		FURNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.	DATE RECEIVED BY LOCAL REGISTRAR NOV 9 1972
REGISTRAR—SIGNATURE Marian Schuman		DATE RECEIVED BY STATE REGISTRAR NOV 20 1972	

VS 2 R 69

Return To: Mary Polsak
4443 Douglas Ave., Klamath Falls, Oregon 97601

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 **SEP 23 1991**

EDWARD J JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 30th day of Sept. A.D., 19 91 at 3:59 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 19854.

FEE \$8.00

Evelyn Biehn, County Clerk

By Pauline Mullins