

KNOW ALL MEN BY THESE PRESENTS, That  
WILLIAM H. BLOOM, TRUSTEE and JEANNINE BLOOM, TRUSTEE OF THE WILLIAM H. BLOOM FAMILY TRUST  
 hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by \_\_\_\_\_  
DENNIS A. ZULLO, II and KATY L. ZULLO, husband and wife, hereinafter called  
 the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns,  
 the certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining,  
 situated in the County of KLAMATH and State of Oregon, described as follows, to-wit:

Lot 7, Block 2, TRACT 1046, ROUND LAKE ESTATES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

## MOUNTAIN TITLE COMPANY

*"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."*

*To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.  
And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple and the above granted premises, free from all encumbrances except those of record and those apparent upon the land, if any, as the date of this deed and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.*

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 4,000.00

*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 25th day of October, 19 91; 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.

THE WILLIAM H. BLOOM FAMILY TRUST

STATE OF ~~OREGON~~ ARIZONA )  
County of Maricopa ) ss.  
October 25, 19 91

THE WILLIAM H. BLOOM FAMILY TRUST  
X *William H. Bloom*  
WILLIAM H. BLOOM, TRUSTEE  
X *Jeannine Bloom*  
JEANNINE BLOOM, TRUSTEE

Personally appeared the above named \_\_\_\_\_  
**WILLIAM H. BLOOM, TRUSTEE**  
 \_\_\_\_\_  
**JEANNINE BLOOM, TRUSTEE OF THE**  
 \_\_\_\_\_  
**WILLIAM H. BLOOM FAMILY TRUST**

\_\_\_\_\_ and acknowledged the foregoing instrument  
to be their \_\_\_\_\_ voluntary act and deed.

Before me: Patsia Stang  
Notary Public for Oregon Arizona  
My commission expires: \_\_\_\_\_  
My Commission Expires Sept. 24, 1993

STATE OF OREGON, County of \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, 19\_\_\_\_, by \_\_\_\_\_,  
\_\_\_\_\_, *president*, and by \_\_\_\_\_,  
\_\_\_\_\_, *secretary of*

a \_\_\_\_\_ corporation, on behalf of the corporation.

Notary Public for Oregon \_\_\_\_\_  
My commission expires: \_\_\_\_\_ (SEAL)

THE WILLIAM H. BLOOM FAMILY TRUST  
13926 CASA LINDA  
SUN CITY WEST, AZ 85375

GRANTOR'S NAME AND ADDRESS  
DENNIS A. ZULLO, II and KATY L. ZULLO  
6405 SORREL CT.  
KLAMATH FALLS, OR 97603

GRANTEE'S NAME AND ADDRESS

After recording, please to:

DENNIS A. ZULLO, II and KATY L. ZULLO  
6405 SORREL CT.  
KLAMATH FALLS, OR 97603

NAME ADDRESS ZIP

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

**DENNIS A. ZULLO, II and KATY L. ZULLO**  
**6405 SORREL CT.**  
**KLAMATH FALLS, OR 97603**  
NAME, ADDRESS, ZIP

**STATE OF OREGON,**

County of Klamath  
I certify that the within instrument was  
received for record on the 28th  
day of Oct., 19 91,  
at 3:27 o'clock P M., and recorded  
in book M91 on page 22434 or as  
file/roll number 36588,  
Record of Deeds of said county.

Witness my hand and seal of County  
affixed.

Evelyn Biehn, County Clerk  
Recording Officer  
By Pauline Mueller Deputy

**Fee \$28.00**

22433

1. NAME (Last, First, Middle) <b>MORREY, HERBERT DUANE</b>		2. DEPARTMENT COMPONENT AND BRANCH NAVY - USN		3. SOCIAL SECURITY NO. 518   92   6265	
4.a. GRADE, RATE OR RANK <b>AHBA</b>		4.b. PAY GRADE <b>E1</b>		5. DATE OF BIRTH (YYMMDD) <b>701105</b>	
				6. RESERVE OBLIG TERM DATE Year <b>N/A</b> Month <b>N/A</b> Day <b>N/A</b>	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>ST. LAKE CITY, UT</b>		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>5720 S LONE STAR CIRCLE MAGNA, UT 84044</b>			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>PITRON 215</b>		8.b. STATION WHERE SEPARATED <b>PERSUPDET NAVAL STATION SAN DIEGO, CA</b>			
9. COMMAND TO WHICH TRANSFERRED <b>N/A</b>				10. SGCI COVERAGE Amount: \$ <b>100,000</b> None	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving DD FORMS one or more years.)  <b>XX XX XX XX XX XX XX XX XX XX</b>		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date Entered AD This Period	<b>89</b>	<b>AUG</b>	
		b. Separation Date This Period	<b>91</b>	<b>JUL</b>	
		c. Net Active Service This Period	<b>01</b>	<b>10</b>	
		d. Total Prior Active Service	<b>00</b>	<b>00</b>	
		e. Total Prior Inactive Service	<b>00</b>	<b>00</b>	
		f. Foreign Service	<b>00</b>	<b>00</b>	
		g. Sea Service	<b>00</b>	<b>10</b>	
		h. Effective Date of Pay Grade		<b>90</b>	<b>DEC</b>
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>NATIONAL DEFENSE SERVICE MEDAL</b>  <b>XX XX XX XX XX XX XX XX</b>					
14. MONTHLY RETENTION (Sum of 12 months, weeks, and month and year completed)  <b>XX XX XX XX XX XX XX</b>					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No <input checked="" type="checkbox"/>		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No <input checked="" type="checkbox"/>		16. DAYS ACCRUED LEAVE PAID <b>0</b>	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes <input checked="" type="checkbox"/> No					
18. REMARKS  <b>XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX XX</b>					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>3720 S LONE STAR CIRCLE MAGNA, UT 84044</b>			19.b. NEAREST RELATIVE (Name and address - include Zip Code) <b>MR &amp; MRS MORREY 3720 S LONE STAR CIRCLE, MAGNA, UT 84044</b>		
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS Yes No <input checked="" type="checkbox"/>					
21. SIGNATURE OF MEMBER BEING SEPARATED <b>MEM NOT AVAILABLE FOR SIGNATURE</b>			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>ASST CHIEF ENCL(AN)USN SEPS OFF BY DIR OF OIC</b>		

23. TYPE OF SEPARATION <b>DISCHARGE</b>		24. CHARACTER OF SERVICE (Include upgrades) <b>UNDER HONORABLE CONDITIONS (GENERAL)</b>	
25. SEPARATION AUTHORITY <b>MPM 3630600</b>		26. SEPARATION CODE <b>GKA</b>	27. REENTRY CODE <b>RE-4</b>
28. NARRATIVE REASON FOR SEPARATION <b>MISCONDUCT - PATTERN OF MISCONDUCT</b>			
29. DATES OF TIME LOST DURING THIS PERIOD <b>TL: NONE</b>			30. MEMBER REQUESTS COPY 4 Initials

FEE none