

**KNOW ALL MEN BY THESE PRESENTS, That**

BRADLEY E. MOORE and ANDREA A. MOORE, husband and wife

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by JAMES C. BOYLE and MYRENE S. BOYLE Not as tenants in common but with right of survivorship, 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:

Lots 1 and 2 in Block 3, and Lots 1 and 2, in Block 4, BAILEY TRACTS NO. 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

*"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 all those of record and those apparent upon the land as of 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 \$ 49,000.00

[illegible]

In Witness Whereof, the grantor has executed this instrument this 6th day of November, 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.

STATE OF OREGON, )  
County of Klamath ) ss.  
November 6, 1991

BRADLEY E. MOORE  
Andrea A.  
ANDREA A. MOORE

Personally appeared the above named BRADLEY E. MOORE and ANDREA A. MOORE

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

Before me: Judith L. Caldwell  
Notary Public for Oregon  
My commission expires: 8-31-95

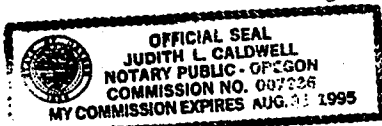
STATE OF OREGON, County of \_\_\_\_\_ ) ss.

*The foregoing instrument was acknowledged before me this*

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

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

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



BRADLEY E. MOORE & ANDREA A. MOORE  
C/O Klamath First Federal

GRANTOR'S NAME AND ADDRESS

JAMES C. BOYLE & MYRENE S. BOYLE  
2515 Homedale Road  
Klamath Falls, Oregon 97603

GRANTEE'S NAME AND ADDRESS

After recording return @1:

Klamath First Federal  
2943 S. 6th St.  
Klamath Falls, Oregon 97603

NAME, ADDRESS, ZIP

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

Klamath First Federal  
2943 S. 6th St.  
Klamath Falls, Oregon 97603

NAME ADDRESS ZIP

*STATE OF OREGON.*

County of     Klamath    

I certify that the within instrument was received for record on the 7th day of Nov., 19 91 at 3:06 o'clock P M., and recorded in book M91 on page 23425 or as file/reel number 37103,  
Record of Deeds of said county.

Witness my hand and seal of County  
affixed.

Evelyn Biehn, County Clerk  
Recording Officer  
By Pauline Munksgaard Deputy

**Fee \$28.00**

E-5422

I.D. TAG NO.

Local File Number

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

138-

State File Number

## DECEDENT

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1. DECEDENT'S NAME First Middle Last Richard Laverne FAIRFIELD			2. SEX M		3. DATE OF DEATH (Month, Day, Year) Feb. 22, 1990	
4. SOCIAL SECURITY NUMBER 476/22/1424		5a. AGE - Last Birthday (Years) 63		5b. Under 1 Year: Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) St. Cloud, Mn.
7. DATE OF BIRTH (Month, Day, Year) Aug. 28, 1926		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <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			9c. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Locomotive Mechanic		10b. KIND OF BUSINESS/INDUSTRY Logging		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Dorothy
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 20546 Highway # 39
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		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 (0-12) College (13-16 or 17+) 12		17. FATHER - NAME first middle last Clarence - Fairfield				
18. MOTHER - NAME first middle maiden Helen - Laughlin		19. INFORMANT - NAME and relationship to deceased Dorothy Fairfield / Wf.				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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 PREPARING AS SUCH <i>Thomas H. Ward</i>		21b. LICENSE NUMBER (Of Licensee) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		
23. DATE FILED (Month, Day, Year) FEB 23 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 type="checkbox"/> NO <input type="checkbox"/> N/A				

## CERTIFIER

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12  
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27. TIME OF DEATH 0128		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
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>Earle M. LeVernois</i>				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)			
30. DATE SIGNED (Month, Day, Year) Feb 22 '90				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Earle M. LeVernois, MD / 2628 Campus Drive / Klamath Falls, Or. / 97601							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
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.) PART I (a) <i>Cardio Resp Arrest</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Prob. Myocardial Infarction</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Sudden Parkinsonism</i>						Interval between onset and death <i>Terminal</i> Interval between onset and death <i>Pre-Terminal</i> Interval between onset and death	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input 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"/> 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. 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 FEB 23 1990

DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dorothy Fairfield the 7th day  
of Nov. A.D., 19 91 at 2:24 o'clock P.M., and duly recorded in Vol. M91  
of Deeds on Page 23424

Evelyn Biehn - County Clerk  
By Donna A. Verling

FEE \$8.00

Return: Dorothy Fairfield  
20546 Hwy 39, Klamath Falls, Or. 97603



7. On November 7, 1991, and more than thirty days prior to the day so fixed for said foreclosure sale, claimant gave this notice by registered or certified mail to the following persons:

a. To the lien debtor at lien debtor's last known address; or if the lien debtor is a corporation, to its said registered agent at its said registered office.

\*\*b. To all persons with a security interest in said chattels who have filed a financing statement perfecting that interest in the office of the Secretary of the State of Oregon or in the office of the appropriate county officer of the county in which the foreclosure sale is to be held.

\*\*c. If the chattel so to be sold is one for which a certificate of title is required by the laws of this state, to all those persons whom the certificate of title indicates have a security interest in or lien upon the chattels.

8. On the date first mentioned in paragraph 7, this notice was posted in a public place at or near the front door of the county courthouse of the county in which the sale is to be held and in a public place where claimant obtained possession of said chattels from the lien debtor in Klamath County, Oregon.

In construing this instrument and where the context so required, words in the singular include the plural; and, generally, all changes shall be made or implied so that this instrument shall be deemed notice both to individuals and to corporations.

Dated 11/7, 1991

Auto Designs By Scotty  
Claimant  
By M.C. Marshall

STATE OF OREGON,

County of Klamath } ss.

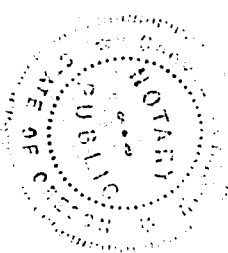
I, M.C. "Scotty" Marshall, doing business as Auto Designs by Scotty, the claimant named in the foregoing instrument, being first duly sworn, say that I know the contents thereof and that the statements and claims made therein are in all respects correct and true, as I verily believe.

M.C. Marshall

Subscribed and sworn to before me this 7th day of November, 1991

Carole Johnson

Notary Public for Oregon. My commission expires 1-15-94



\*\*If there is a security interest in the chattel, notice to the holder of the security interest must be given not later than the 20th day after the date on which the storage charges begin; or, if no storage charges are imposed, notice to the holder of a security interest must be given not later than the 30th day after the date on which the services provided are completed.

IMPORTANT NOTICE: If the chattel has a fair market value of \$1,000 or more, the lien claimant, in addition to the notices set forth in paragraphs 7 and 8 above, shall have a notice of foreclosure sale printed once a week for two successive weeks in a newspaper as required by ORS 87.192(3). Such notice shall contain a particular description of the property to be sold, the name of the owner or reputed owner thereof, the amount due on the lien, the time and place of the sale and the name of the person foreclosing the lien.

Stevens-Ness Form No. 1120 is a warehouseman's possessory lien for storage; Form No. 1121 is a statement of account; Form No. 927 is a warehouseman's non-possessory lien for storage.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of M.C. Marshall the 7th day of Nov. A.D. 19 91 at 2:14 o'clock P.M., and duly recorded in Vol. M91 of Liens Upon Chattels on Page 23422.

Evelyn Biehn, County Clerk

By Carole Johnson

FEE \$10.00/cc \$1.50