

When recorded mail to:
 Carl Rogers
 P. O. Box 2488
 Mesa, Arizona 85214

NOTICE OF INTEREST IN REAL PROPERTY

The Rogers Family Limited Partnership, an Arizona limited partnership, hereby place all parties on notice that it claims an interest in real property which property, titled in the name of John Mosby and Marilyn Mosby, is described on Exhibit A attached hereto and incorporated herein by this reference. The interest claimed by The Rogers Family Limited Partnership is pursuant to the terms and conditions of the agreement dated July 7, 1991, a copy of which is attached hereto as Exhibit B and incorporated herein by this reference.

DATED this 8 day of November, 1991.

The Rogers Family Limited Partnership

By: Carl Rogers

Carl Rogers

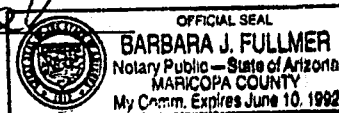
Its: General Partner

STATE OF ARIZONA)
) ss.
 County of Maricopa)

On November 8, 1991, before me, the undersigned, a Notary Public in and for said State, personally appeared Carl Rogers, personally known to me or proved to me on the basis of satisfactory evidence, to be the person who executed the within instrument as General Partner of The Rogers Family Limited Partnership, and acknowledged that he executed same for and on behalf of The Rogers Family Limited Partnership for the purposes set forth above.

Barbara J. Fullmer
 Notary Public

My Commission Expires: June 10, 1992



E 5278
I.D. TAG NO.

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Mary Middle: Anne Last: JOHNSON		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) November 5, 1991
4. SOCIAL SECURITY NUMBER 541-24-8262	5a. AGE Last Birthday (Years) 69	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Dixie, Oregon
7. DATE OF BIRTH (Month, Day, Year) March 9, 1922		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
8b. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9d. COUNTY OF DEATH Klamath	
9b. FACILITY NAME (if not institution, give street and number) Clairmont Nursing Center		9c. 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.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, is deceased) Irven C. Johnson	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 16685 Taylor Road	
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		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+) 9		17. FATHER - NAME first middle maiden Perry - Maupin	
18. MOTHER - NAME first middle maiden Dorothy - Franks		19. INFORMANT - NAME and relationship to decedent Irven Carl Johnson Spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" 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) Klamath Cremation Service	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 49-1275	
22. NAME, ADDRESS, AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601		23. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
24. DATE FILED (Month, Day, Year) NOV 07 1991		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. TIME OF DEATH 7:05 P.M.		27. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <i>[Signature]</i> D.O.		29. DATE SIGNED (Month, Day, Year) November 7, 1991	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Barbara E. Gilbertson D.O. 1905 Main St Street Klamath Falls, Oregon 97601		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
32. 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) CVA DUE TO, OR AS A CONSEQUENCE OF: (b) ALS & Pneumonia DUE TO, OR AS A CONSEQUENCE OF: PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I.		33. DATE SIGNED (Month, Day, Year) NOV 12 1991	
34. 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"/> Legal Intervention <input type="checkbox"/> Homicide		35. DATE OF INJURY (Month, Day, Year) NOV 07 1991	
36. TIME OF INJURY M		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) At home		39. LOCATION (Street and Number or Rural Route Number, City or Town, State) Klamath Falls, Oregon	
RESERVED FOR REGISTRAR'S USE			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS FORM
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **NOV 12 1991**DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: \$5.

Filed for record at request of Irven C. Johnson the 12th day
of Nov. A.D., 19 91 at 3:42 o'clock P M., and duly recorded in Vol. M91
of Deeds on Page 23645Evelyn Biehn - County Clerk
By [Signature]

FEE \$8.00

Return: Irven C. Johnson
16685 Taylor Rd., Klamath Falls, Or. 97601