

NE 37304 BARGAIN AND SALE DEED Vol. m91 Page 23742  
KNOW ALL MEN BY THESE PRESENTS, That Marjorie C. Lyman, hereinafter called grantor,

for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto Marjorie C. Lyman, Cindy L. Lyman, Marcie M. Lyman and Mark R. Lyman, not as tenants, in common, but with right of survivorship, hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

A portion of that tract of land recorded in Vol. 254, page 696, Deed Records of Klamath County, Oregon, described therein as being in the East Half of the Southeast Quarter, Section 14, Township 39 South, Range 8 East, Willamette Base and Meridian, Klamath County, Oregon.

Said portion of tract being particularly described as follows: Beginning at the most southwesterly corner of aforesaid tract of land, which corner is marked with an iron pin and lies on the northwesterly boundary of the Klamath Falls-Ashland Highway; thence N6°06½' West along the westerly boundary of said tract a distance of 186.44 feet to a ½ inch iron pipe, thence N61°39½' East along an existing fence line, 122.68 feet to a 1" I.D. galvanized iron pipe; thence S33°20½' East 147.53 feet to a 1½" galvanized iron pipe; thence continuing S33°20½' East 0.5 feet to the northwesterly right of way boundary of the Klamath Falls-Ashland Highway; thence along same S54°42½' West 207.64 feet to the point of beginning, containing 0.60 acres, more or less.

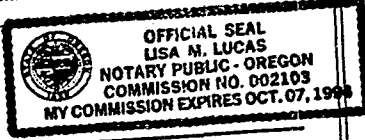
(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)  
To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.  
The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ LOVE & AFFECTION  
~~However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which).~~ (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.)  
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 31 day of October, 1991;  
if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

Marjorie C. Lyman  
MARJORIE C. LYMAN

STATE OF OREGON, County of Klamath ) ss.  
This instrument was acknowledged before me on October 31, 1991,  
by MARJORIE C. LYMAN,  
This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_,  
by \_\_\_\_\_,  
as \_\_\_\_\_,  
of \_\_\_\_\_

Lisa M. Lucas  
Notary Public for Oregon  
My commission expires 10/7/94



Marjorie C. Lyman  
GRANTOR'S NAME AND ADDRESS  
Marjorie C. Lyman and  
Cindy L. Lyman  
GRANTEE'S NAME AND ADDRESS  
After recording return to:  
Blair M. Henderson, Attorney  
426 Main Street  
Klamath Falls, OR 97601  
NAME, ADDRESS, ZIP  
Until a change is requested all tax statements shall be sent to the following address.  
Marjorie C. Lyman  
6881 Highway 66  
Klamath Falls, OR 97601  
NAME, ADDRESS, ZIP

SPACE RESERVED  
FOR  
RECORDER'S USE

STATE OF OREGON, ) ss.  
County of Klamath  
I certify that the within instrument was received for record on the 13th day of Nov, 1991, at 3:49 o'clock P.M., and recorded in book/reel/volume No. M91 on page 23742 or as fee/file/instrument/microfilm/reception No. 37304  
Record of Deeds of said county.  
Witness my hand and seal of County affixed.  
Evelyn Biehn, County Clerk  
NAME TITLE  
By Paula M. Mulender Deputy

Fee \$28.00

087817  
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

138-

State File Number

Local File Number

1. DECEDENT'S NAME First: Robert Middle: Glenn Last: LYMAN		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 9, 1991
4. SOCIAL SECURITY NUMBER 542-18-4787		5a. AGE - Last Birthday (Years) 66	5b. Under 1 Year Mo. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) LaGrande, Oregon		7. DATE OF BIRTH (Month, Day, Year) March 12, 1925	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not institution, give street and number) 6881 Hwy #66		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. COUNTY OF DEATH Klamath		12. SPOUSE (If Married, Widowed) Marjorie	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 6881 Hwy #66	
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 (14 or 5+) 12		17. FATHER - NAME first middle last Harold J. Lyman	
18. MOTHER - NAME first middle maiden Marian Howell		19. INFORMANT - NAME and relationship to decedent Marjorie Lyman - Wife	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input 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) Eternal Hills Mem. Gardens	
20c. LOCATION - City or Town, State Klamath Falls, Oregon		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster	
21b. LICENSE NUMBER (Of Licensee) 3224		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy #39/Klamath Falls, Ore. 97603	
23. DATE FILED (Month, Day, Year) JUL 9 1991		24. REGISTRAR'S SIGNATURE Dorothy Kennedy	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL & T CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
27. TIME OF DEATH 3:15 A.M. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) Rand Hale			
30. DATE SIGNED (Month, Day, Year) 7/9/91			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) R. Rand Hale, MD - 1000 Pine St. - Klamath Falls, Ore. 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) Carcinoma of the lung. (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. COPD / Rheumatoid arthritis			
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"/> Homicide <input type="checkbox"/> Legal Intervention			
35. DATE OF INJURY (Month, Day, Year) M <input type="checkbox"/> Yes <input type="checkbox"/> No			
36. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
39. If YES more findings considered in determining cause of death?			
40. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

452 REV. 1

DATE ISSUED JUL 10 1991

DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Blair M. Henderson the 13th day of Nov. A.D., 19 91 at 3:49 o'clock PM., and duly recorded in Vol. M91 of Deeds on Page 23741.

Evelyn Biehn County Clerk  
By Paula Mendenhall

FEE \$8.00

88888

23740

8. Upon any default by grantor or if all or any part of the property is sold or transferred by grantor without beneficiary's consent, the beneficiary may at any time, without notice, either in person or by agent, and without regard to the adequacy of any security for the indebtedness secured, enter upon and take possession of the property or any part of it, and that the entering upon and taking possession of the property shall not cure or waive any default or notice of default or invalidate any act done pursuant to such notice.

9. Upon default by grantor in payment of any indebtedness secured or in his performance of any agreement, the beneficiary may declare all sums secured immediately due and payable. In such event beneficiary at its election may proceed to foreclose this trust deed in equity in the manner provided by law for mortgage foreclosures or direct the trustee to foreclose this trust deed by advertisement and sale. In the latter event the beneficiary or the trustee shall execute and cause to be recorded its written notice of default and its election to sell the said described real property to satisfy the obligations secured hereby and proceed to foreclose this trust deed in a manner provided by law.

10. If after default and prior to the time and date set by trustee for the trustee's sale, the grantor or other person pays the entire amount then due under the terms of the trust deed and the obligation secured thereby, the grantor or other person making such payment shall also pay to the beneficiary all the costs and expenses actually incurred in enforcing the terms of the obligations as permitted by law.

11. Upon any default by grantor hereunder, grantor shall pay beneficiary for any reasonable attorney fees incurred by beneficiary consequent to grantor's default. Grantor will pay these fees upon demand.

12. After a lawful lapse of time following the recordation of the notice of default and the giving of notice of sale the trustee shall sell the property as provided by law at public auction to the highest bidder for cash payable at the time of sale. Trustee shall deliver to the purchaser a deed without express or implied covenants or warranty. Any person excluding the trustee may purchase at the sale.

13. When the trustee sells pursuant to the powers provided, trustee shall apply the proceeds of sale to payment of (1) the expenses of sale, including the lawful fees of the trustee and the reasonable fees of the trustee's attorney, (2) the obligations secured by this trust deed, (3) to all persons having recorded liens subsequent to the interest of the beneficiary and the trust deed as their interest may appear in the order of their priority, and (4) the surplus, if any, to the grantor or to his successor in interest entitled to such surplus.

14. For any reason permitted by law, the beneficiary may from time to time appoint a successor or successors to any trustee named herein or to any successor trustee appointed hereunder. Upon such appointment, and without conveyance to the successor trustee, the latter shall be vested with all title, powers and duties conferred upon any trustee herein named or appointed hereunder.

The grantor covenants and agrees to and with the beneficiary and those claiming under him, that he is lawfully seized in fee simple of said described real property and has a valid, unencumbered title thereto and that he will warrant and forever defend the same against all persons whomsoever.

The beneficiary has the option to demand that the balance due on the loan secured by this trust deed be paid in full on the third anniversary date of the loan date of the loan and annually on each subsequent anniversary date. If this option is exercised, the grantor will be given written notice of the election at least 90 days before payment in full is due. If payment is not made when due, the beneficiary has the right to exercise any remedies permitted under this trust deed.

THIS INSTRUMENT DOES NOT GUARANTEE THAT ANY PARTICULAR USE MAY BE MADE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

This deed applies to, inures to the benefit of and binds all parties hereto, their heirs, legatees, devisees, administrators, executors, successors and assigns. The term beneficiary shall mean the holder and owner, including pledgee, of the note secured hereby, whether or not named as a beneficiary herein. In construing this deed and whenever the context so requires, the masculine gender includes the feminine and the neuter, and the singular number includes the plural.

IN WITNESS WHEREOF, the grantor has hereunto set his hand and seal the day and year first above written.

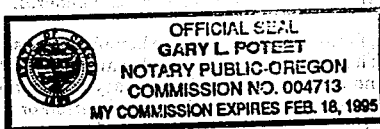
Jana L. Carlson  
Witness

Michael J. Reynolds  
Grantor

Carmen L. Reynolds  
Grantor

STATE OF OREGON

County of Jackson



Personally appeared the above named Michael J. and Carmen L. Reynolds and acknowledged the foregoing instrument to be THEIR voluntary act and deed.

Before me: Gary L. Poteet My commission expires: 2/18/95  
Notary Public

REQUEST FOR FULL RECONVEYANCE  
To be used only when obligations have been paid.

TO: Trustee  
The undersigned is the legal owner and holder of all indebtedness secured by the foregoing trust deed. All sums secured by said trust deed have been fully paid and satisfied. You hereby are directed to cancel all evidences of indebtedness secured by said trust deed (which are delivered to you herewith together with said trust deed) and to reconvey.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 13th day of Nov. A.D., 19 91 at 3:40 o'clock P.M., and duly recorded in Vol. M91 of Mortgages on Page 23739.

FEE \$13.00

Evelyn Biehn, County Clerk  
By Danah M. Mendenhall

Return: ATC