



ASPEN 38210
STATUTORY WARRANTY DEED

G. BILL THOMPSON AND MAXINE A. THOMPSON, husband and wife
conveys and warrants to MICHAEL D. WHITE AND GLINNA A. WHITE, HUSBAND AND WIFE
the following described real property free of liens and encumbrances, except as specifically set forth herein:
LOT 4 IN BLOCK 2 OF CHAPMAN TRACTS, IN THE COUNTY OF KLAMATH, STATE OF OREGON

CODE 251 MAP 2309-2500 TL 700

This property is free of liens and encumbrances, EXCEPT: AS SET FORTH ON THE REVERSE HEREOF

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.

The true consideration for this conveyance is \$ 42,500.00 (Here comply with the requirements of ORS 93.030)

Dated this 09 day of June, 19 92.

G. Bill Thompson
G. BILL THOMPSON

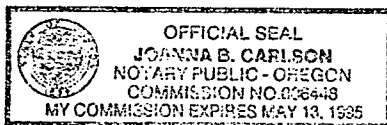
Maxine A Thompson
MAXINE A. THOMPSON

STATE OF OREGON
County of Lane } ss.

BE IT REMEMBERED, That on this 10th day of June, 19 92, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named
G. BILL THOMPSON AND MAXINE THOMPSON

known to me to be the identical individual s described in and who executed the within instrument and acknowledged to me that THEY executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



Joanna B. Carlson
Notary Public for Oregon.
My Commission expires 5/13/95

Title Order No. 38210
Escrow No. 124499

After recording return to:

MICHAEL D. WHITE

34100 FORD MILL

LEBANON, OR 97355

Name, Address, Zip

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

MICHAEL D. WHITE

34100 FORD MILL

LEBANON, OR 97355

Name, Address, Zip

THIS SPACE RESERVED FOR RECORDER'S USE

SUBJECT TO:

- 1) CONDITIONS, RESTRICTIONS AS SHOWN ON THE RECORDED PALT OF CHAPMAN TRACTS
 - 2) LIMITED ACCESS AS SET FORTH IN DEED RECORDED 9/24/52 IN BOOK 257 PAGE 5 DEED RECORDS, KLAMATH COUNTY, OREGON AND AMENDED AS RECORDED 5/29 / 58 IN BOOK 299 PAGE 572 OF DEED RECORDS.
 - 3) EASEMENT FOR RIGHT OF WAY IN FAVOR OF PACIFIC TELEPHONE & TELEGRAPH CO. RECORDED IN BOOK 349 PAGE 180 AFFECTING THE EAST SIDE.
- SUBJECT PROPERTY LIES WITHIN AND IS SUBJECT TO LEVIES AND ASSESSMENTS OF THE FIRE PATROL DISTRICT.

13681

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

79 019824

CERTIFICATE OF DEATH

Local File Number		State File Number	
DECEASED NAME First Middle Last		DATE OF DEATH (month, day, year)	
Alfred Magness FREDRICKS		December 10, 1979	
RACE White Black American Indian SEX Male		DATE OF BIRTH (month, day, year)	
White		February 26, 1886	
COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION - NAME	SPOUSE (IF MARRIED WIDOWED)
Lane	Eugene	709 West Broadway	Inpatient
STATE OF BIRTH	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	NO
South Dakota	U.S.A.	Divorced	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	
519-05-9524	Manager	Mobile Home Park	
RESIDENCE-STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D. ZIP
Oregon	Lane	Eugene	907 Almaden Street
FATHER NAME	MOTHER - Maiden Name	INFORMANT NAME and relationship to decedent	
Louis Fredricks	Anna Marie Ernst	Wilola Hauff, niece	
BURIAL CREMATION REMOVAL MAUSOLAEUM	CEMETERY OR CREMATORY - NAME	LOCATION City or town State	
Burial	Belcrest Memorial Park	Salem, Oregon	
NAME AND ADDRESS OF FACILITY			
Lounsbury-Musgrove Mortuary 1152 Olive St, Eugene, OR 97401			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
December 11, 1979		3:30 A M	
CERTIFIER - NAME AND TITLE (Type or Print)		MAILING ADDRESS (Street, City or town, State, Zip)	
Clifford E. BreMiller, M.D.		Eugene, Oregon 97405	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR	
December 11, 1979		[Signature]	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
Cardiac infarction		5 min	
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
Cardiac infarction		1 day	
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
Cardiac infarction		1 day	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
		No	
WAS CASE REFERRED TO MEDICAL EXAMINER		25 (Specify Yes or No)	
		No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
PLACE OF INJURY - At home Farm Street Factory Office Building, etc. (Specify)		LOCATION	
STREET OR R.F.D. NO.		CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

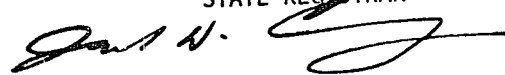
VS-2 Rev. 5-78 P-22412

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED Apr. 16 | 1980

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR



NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 22nd day of June A.D., 19 92 at 3:32 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 13679.

Evelyn Biehn County Clerk

By [Signature]

FEE \$40.00