

NL

TRUST DEED

Vol. m92 Page 21658

50962

THIS TRUST DEED, made this 18th day of September, 1992, between  
Bowers Excavating & Fencing, as Grantor,Aspen Title & Escrow, Inc., as Trustee, andLyle Coppedge, as Beneficiary,

## WITNESSETH:

Grantor irrevocably grants, bargains, sells and conveys to trustee in trust, with power of sale, the property in  
Klamath County, Oregon, described as:The West 790 feet of Tract 70, FAIR ACRES SUBDIVISION NO. 1, in  
the County of Klamath, State of Oregon.

CODE 41 MAP 3809-35DD TL 300

together with all and singular the tenements, hereditaments and appurtenances and all other rights thereunto belonging or in anywise now  
or hereafter appertaining, and the rents, issues and profits thereof and all fixtures now or hereafter attached to or used in connection with  
the property.

FOR THE PURPOSE OF SECURING PERFORMANCE of each agreement of grantor herein contained and payment of the sum

of Forty Five Thousand and No/100of (\$45,000.00) Dollars, with interest thereon according to the terms of a promissory

note of even date herewith, payable to beneficiary or order and made by grantor, the final payment of principal and interest hereof, if

not sooner paid, to be due and payable September 18, 1997.The date of maturity of the debt secured by this instrument is the date, stated above, on which the final installment of the note  
becomes due and payable. In the event the within described property, or any part thereof, or any interest therein is sold, agreed to be  
sold, conveyed, assigned or alienated by the grantor without first having obtained the written consent or approval of the beneficiary, then,  
at the beneficiary's option, all obligations secured by this instrument, irrespective of the maturity dates expressed therein, or herein, shall  
become immediately due and payable.

To protect the security of this trust deed, grantor agrees:

1. To protect, preserve and maintain the property in good condition and repair; not to remove or demolish any building or im-  
provement thereon; not to commit or permit any waste of the property.2. To complete or restore promptly and in good and habitable condition any building or improvement which may be constructed,  
damaged or destroyed thereon, and pay when due all costs incurred therefor.3. To comply with all laws, ordinances, regulations, covenants, conditions and restrictions affecting the property; if the beneficiary  
so requests, to join in executing such financing statements pursuant to the Uniform Commercial Code as the beneficiary may require and  
to pay for filing same in the proper public office or offices, as well as the cost of all lien searches made by filing officers or searching  
agencies as may be deemed desirable by the beneficiary.4. To provide and continuously maintain insurance on the buildings now or hereafter erected on the property against loss or  
damage by fire and such other hazards as the beneficiary may from time to time require, in an amount not less than \$ insurable value  
in companies acceptable to the beneficiary, with loss payable to the latter; all policies of insurance shall be delivered to the bene-  
ficiary as soon as insured; if the grantor shall fail for any reason to procure any such insurance and to deliver the policies to the beneficiary  
at least fifteen days prior to the expiration of any policy of insurance now or hereafter placed on the buildings, the beneficiary may pro-  
cure the same at grantor's expense. The amount collected under any fire or other insurance policy may be applied by beneficiary upon  
any indebtedness secured hereby and in such order as beneficiary may determine, or at option of beneficiary the entire amount so collected,  
or any part thereof, may be released to grantor. Such application or release shall not cure or waive any default or notice of default here-  
under or invalidate any act done pursuant to such notice.5. To keep the property free from construction liens and to pay all taxes, assessments and other charges that may be levied or  
assessed upon or against the property before any part of such taxes, assessments and other charges become past due or delinquent and  
promptly deliver receipts therefor to beneficiary; should the grantor fail to make payment of any taxes, assessments, insurance premiums,  
liens or other charges payable by grantor, either by direct payment or by providing beneficiary with funds with which to make such pay-  
ment, beneficiary may, at its option, make payment thereof, and the amount so paid, with interest at the rate set forth in the note  
secured hereby, together with the obligations described in paragraphs 6 and 7 of this trust deed, shall be added to and become a part of  
the debt secured by this trust deed, without waiver of any rights arising from breach of any of the covenants hereof and for such payments,  
with interest as aforesaid, the property hereinbefore described, as well as the grantor, shall be bound to the same extent that they are  
bound for the payment of the obligation herein described, and all such payments shall be immediately due and payable without notice,  
and the nonpayment thereof shall, at the option of the beneficiary, render all sums secured by this trust deed immediately due and pay-  
able and constitute a breach of this trust deed.6. To pay all costs, fees and expenses of this trust including the cost of title search as well as the other costs and expenses of the  
trustee incurred in connection with or in enforcing this obligation and trustee's and attorney's fees actually incurred.7. To appear in and defend any action or proceeding purporting to affect the security rights or powers of beneficiary or trustee;  
and in any suit, action or proceeding in which the beneficiary or trustee may appear, including any suit for the foreclosure of this deed,  
to pay all costs and expenses, including evidence of title and the beneficiary's or trustee's attorney's fees; the amount of attorney's fees  
mentioned in this paragraph 7 in all cases shall be fixed by the trial court and in the event of an appeal from any judgment or decree of  
the trial court, grantor further agrees to pay such sum as the appellate court shall adjudge reasonable as the beneficiary's or trustee's at-  
torney's fees on such appeal.

It is mutually agreed that:

8. In the event that any portion or all of the property shall be taken under the right of eminent domain or condemnation, bene-  
ficiary shall have the right, if it so elects, to require that all or any portion of the monies payable as compensation for such taking,NOTE: The Trust Deed Act provides that the trustee hereunder must be either an attorney, who is an active member of the Oregon State Bar, a bank,  
trust company or savings and loan association authorized to do business under the laws of Oregon or the United States, a title insurance company autho-  
rized to insure title to real property of this state, its subsidiaries, affiliates, agents or branches, the United States or any agency thereof, or an escrow  
agent licensed under ORS 696.505 to 696.585.

## TRUST DEED

Grantor

Beneficiary

After Recording Return to (Name, Address, Zip):

Aspen Title &amp; Escrow, Inc.

525 Main Street

Klamath Falls, OR 96701

ATTN: Collection Dept

SPACE RESERVED  
FOR  
RECORDER'S USE

STATE OF OREGON,

County of \_\_\_\_\_ ss.

I certify that the within instru-  
ment was received for record on the  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_,  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded  
in book/reel/volume No. \_\_\_\_\_ on  
page \_\_\_\_\_ or as fee/file/instru-  
ment/microfilm/reception No. \_\_\_\_\_,  
Record of \_\_\_\_\_ of said County.  
Witness my hand and seal of  
County affixed.

NAME

TITLE

By \_\_\_\_\_, Deputy

which are in excess of the amount required to pay all reasonable costs, expenses and attorney's fees necessarily paid or incurred by grantor in such proceedings, shall be paid to beneficiary and applied by it first upon any reasonable costs and expenses and attorney's fees, both in the trial and appellate courts, necessarily paid or incurred by beneficiary in such proceedings, and the balance applied upon the indebtedness secured hereby; and grantor agrees, at its own expense, to take such actions and execute such instruments as shall be necessary in obtaining such compensation, promptly upon beneficiary's request.

9. At any time and from time to time upon written request of beneficiary, payment of its fees and presentation of this deed and the note for endorsement (in case of full reconveyances, for cancellation), without affecting the liability of any person for the payment of the indebtedness, trustee may (a) consent to the making of any map or plat of the property; (b) join in granting any easement or creating any restriction thereon; (c) join in any subordination or other agreement affecting this deed or the lien or charge thereof; (d) reconvey, without warranty, all or any part of the property. The grantee in any reconveyance may be described as the "person or persons legally entitled thereto," and the recitals therein of any matters or facts shall be conclusive proof of the truthfulness thereof. Trustee's fees for any of the services mentioned in this paragraph shall be not less than \$5.

10. Upon any default by grantor hereunder, beneficiary may at any time without notice, either in person, by agent or by a receiver to be appointed by a court, and without regard to the adequacy of any security for the indebtedness hereby secured, enter upon and take possession of the property or any part thereof, in its own name sue or otherwise collect the rents, issues and profits, including those past due and unpaid, and apply the same, less costs and expenses of operation and collection, including reasonable attorney's fees upon any indebtedness secured hereby, and in such order as beneficiary may determine.

11. The entering upon and taking possession of the property, the collection of such rents, issues and profits, or the proceeds of fire and other insurance policies or compensation or awards for any taking or damage of the property, and the application or release thereof as aforesaid, shall not cure or waive any default or notice of default hereunder or invalidate any act done pursuant to such notice.

12. Upon default by grantor in payment of any indebtedness secured hereby or in grantor's performance of any agreement hereunder, time being of the essence with respect to such payment and/or performance, the beneficiary may declare all sums secured hereby immediately due and payable. In such an event the beneficiary may elect to proceed to foreclose this trust deed in equity as a mortgage or direct the trustee to foreclose this trust deed by advertisement and sale, or may direct the trustee to pursue any other right or remedy, either at law or in equity, which the beneficiary may have. In the event the beneficiary elects to foreclose by advertisement and sale, the beneficiary or the trustee shall execute and cause to be recorded a written notice of default and election to sell the property to satisfy the obligation secured hereby whereupon the trustee shall fix the time and place of sale, give notice thereof as then required by law and proceed to foreclose this trust deed in the manner provided in ORS 86.735 to 86.795.

13. After the trustee has commenced foreclosure by advertisement and sale, and at any time prior to 5 days before the date the trustee conducts the sale, the grantor or any other person so privileged by ORS 86.753, may cure the default or defaults. If the default consists of a failure to pay, when due, sums secured by the trust deed, the default may be cured by paying the entire amount due at the time of the cure other than such portion as would not then be due had no default occurred. Any other default that is capable of being cured may be cured by tendering the performance required under the obligation or trust deed. In any case, in addition to curing the default or defaults, the person effecting the cure shall pay to the beneficiary all costs and expenses actually incurred in enforcing the obligation of the trust deed together with trustee's and attorney's fees not exceeding the amounts provided by law.

14. Otherwise, the sale shall be held on the date and at the time and place designated in the notice of sale or the time to which the sale may be postponed as provided by law. The trustee may sell the property either in one parcel or in separate parcels and shall sell the parcel or parcels at auction to the highest bidder for cash, payable at the time of sale. Trustee shall deliver to the purchaser its deed in form as required by law conveying the property so sold, but without any covenant or warranty, express or implied. The recitals in the deed of any matters of fact shall be conclusive proof of the truthfulness thereof. Any person, excluding the trustee, but including the grantor and beneficiary, may purchase at the sale.

15. When trustee sells pursuant to the powers provided herein, trustee shall apply the proceeds of sale to payment of (1) the expenses of sale, including the compensation of the trustee and a reasonable charge by trustee's attorney, (2) to the obligation secured by the trust deed, (3) to all persons having recorded liens subsequent to the interest of the trustee in the trust deed as their interests may appear in the order of their priority and (4) the surplus, if any, to the grantor or to any successor in interest entitled to such surplus.

16. 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. Each such appointment and substitution shall be made by written instrument executed by beneficiary, which, when recorded in the mortgage records of the county or counties in which the property is situated, shall be conclusive proof of proper appointment of the successor trustee.

17. Trustee accepts this trust when this deed, duly executed and acknowledged, is made a public record as provided by law. Trustee is not obligated to notify any party hereto of pending sale under any other deed of trust or of any action or proceeding in which grantor, beneficiary or trustee shall be a party unless such action or proceeding is brought by trustee.

The grantor covenants and agrees to and with the beneficiary and the beneficiary's successor in interest that the grantor is lawfully seized in fee simple of the real property and has a valid, unencumbered title thereto

and that the grantor will warrant and forever defend the same against all persons whomsoever.

The grantor warrants that the proceeds of the loan represented by the above described note and this trust deed are:

(a)\* primarily for grantor's personal, family or household purposes (see Important Notice below),

(b) for an organization, or (even if grantor is a natural person) are for business or commercial purposes.

This deed applies to, inures to the benefit of and binds all parties hereto, their heirs, legatees, devisees, administrators, executors, personal representatives, successors and assigns. The term beneficiary shall mean the holder and owner, including pledgee, of the contract secured hereby, whether or not named as a beneficiary herein.

In construing this mortgage, it is understood that the mortgagor or mortgagee may be more than one person; that if the context so requires, the singular shall be taken to mean and include the plural, and that generally all grammatical changes shall be made, assumed and implied to make the provisions hereof apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument the day and year first above written.

BOWERS EXCAVATING & FENCING

BY: [Signature]

\* IMPORTANT NOTICE: Delete, by lining out, whichever warranty (a) or (b) is not applicable; if warranty (a) is applicable and the beneficiary is a creditor as such word is defined in the Truth-in-Lending Act and Regulation Z, the beneficiary MUST comply with the Act and Regulation by making required disclosures; for this purpose use Stevens-Ness Form No. 1319, or equivalent. If compliance with the Act is not required, disregard this notice.

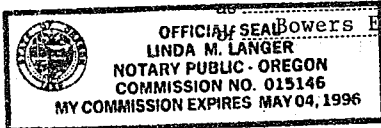
STATE OF OREGON, County of Klamath ss.

This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_,

by \_\_\_\_\_

This instrument was acknowledged before me on September 15, 1992,

by \_\_\_\_\_



OFFICIAL SEAL Bowers Excavating & Fencing

LINDA M. LANGER

NOTARY PUBLIC - OREGON

COMMISSION NO. 015146

MY COMMISSION EXPIRES MAY 04, 1996

[Signature]  
Notary Public for Oregon

My commission expires 5/4/96

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 21st day of Sept. A.D., 19 92 at 3:10 o'clock P. M., and duly recorded in Vol. M92 of Mortgages on Page 21658.

Evelyn Biehn - County Clerk

By [Signature]

FEE \$15.00

25344

I.D. TAG NO.

16

Local File Number

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

136-

State File Number

## DECEDENT

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. DECEDENT'S NAME<br><b>FRANCES HELEN FICK</b>                                                                                                                                                                                                                                                                                                        |                                              | 2. SEX<br><b>F</b>                                                                                                                                                            | 3. DATE OF DEATH (Month, Day, Year)<br><b>Jan. 6, 1988</b>             |
| 4. SOCIAL SECURITY NUMBER<br><b>540 / 78 / 0505</b>                                                                                                                                                                                                                                                                                                    | 5a. AGE - Last Birthday (Years)<br><b>72</b> | 5b. UNDER 1 YEAR<br>Mos. Days Hours Mins.                                                                                                                                     | 5c. UNDER 1 DAY<br>Mins.                                               |
| 6. BIRTHPLACE (City and State or Foreign Country)<br><b>Eaton, Arkansas</b>                                                                                                                                                                                                                                                                            |                                              | 7. DATE OF BIRTH (Month, Day, Year)<br><b>Feb. 6, 1915</b>                                                                                                                    |                                                                        |
| 8a. PLACE OF DEATH (Check only one)<br><input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> COA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify) |                                              |                                                                                                                                                                               |                                                                        |
| 9a. FACILITY NAME (If not institution, give street and number)<br><b>Merle West Medical Center</b>                                                                                                                                                                                                                                                     |                                              | 9b. COUNTY OF DEATH<br><b>Klamath</b>                                                                                                                                         |                                                                        |
| 10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>Housewife</b>                                                                                                                                                                                                                          |                                              | 10b. KIND OF BUSINESS/INDUSTRY<br><b>At Home</b>                                                                                                                              |                                                                        |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>                                                                                                                                                                                                                                                             |                                              | 12. SPOUSE (If Married, Widowed)<br><b>Fred</b>                                                                                                                               |                                                                        |
| 13a. RESIDENCE - STATE<br><b>Oregon</b>                                                                                                                                                                                                                                                                                                                | 13b. COUNTY<br><b>Klamath</b>                | 13c. CITY, TOWN, OR LOCATION<br><b>Midland</b>                                                                                                                                | 13d. STREET AND NUMBER<br><b>Highway 97</b>                            |
| 13e. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                        | 13f. ZIP CODE<br><b>97634</b>                | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, etc.)<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 15. RACE American Indian, Black, White, etc. (Specify)<br><b>White</b> |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) College (1-4 or 5+) <b>-</b>                                                                                                                                                                                                                            |                                              | 17. FATHER - NAME first middle last<br><b>Newton Pace</b>                                                                                                                     |                                                                        |
| 18. MOTHER - NAME first middle maiden<br><b>Fannie Latimer</b>                                                                                                                                                                                                                                                                                         |                                              | 19. INFORMANT - NAME and relationship to decedent<br><b>Fred Fick / Husband</b>                                                                                               |                                                                        |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" 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)<br><b>Klamath Mem. Park</b>                                                                           |                                                                        |
| 20c. LOCATION - City or Town, State<br><b>Klamath Falls, Oregon</b>                                                                                                                                                                                                                                                                                    |                                              | 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>James K. 2 Fred</i>                                                                                 |                                                                        |
| 21b. LICENSE NUMBER (Of Licensee)<br><b>3409</b>                                                                                                                                                                                                                                                                                                       |                                              | 22. NAME, ADDRESS AND ZIP OF FACILITY<br><b>Ward's Klamath Funeral Home<br/>1945 Main Street<br/>Klamath Falls, Oregon / 97601</b>                                            |                                                                        |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                                                                               |                                                                        |
| 23. TIME OF DEATH<br><b>0106</b> M                                                                                                                                                                                                                                                                                                                     |                                              | 24. WAS MEDICAL EXAMINER NOTIFIED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                     |                                                                        |
| 25. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated.<br>(Signature)<br><i>William A. Bartlett</i>                                                                                                                                                                                                  |                                              |                                                                                                                                                                               |                                                                        |
| 26. DATE SIGNED (Month, Day, Year)<br><b>11/8/88</b>                                                                                                                                                                                                                                                                                                   |                                              |                                                                                                                                                                               |                                                                        |
| 27a. TIME OF DEATH<br>M                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                                                                               |                                                                        |
| 27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)<br>M                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                                                                               |                                                                        |
| 28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated.<br>(Signature)                                                                                                                                                                                             |                                              |                                                                                                                                                                               |                                                                        |
| 29. DATE SIGNED (Month, Day, Year) COUNTY                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                                                               |                                                                        |
| 30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br><b>William A. Bartlett, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601</b>                                                                                                                                                                                      |                                              |                                                                                                                                                                               |                                                                        |
| 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) <b>Cardiac Dysrhythmic</b>                                                                                                                                                                                                                                                                                                                  |                                              | Interval between onset and death <b>seconds</b>                                                                                                                               |                                                                        |
| (b) <b>Chronic Congestive Heart Failure</b>                                                                                                                                                                                                                                                                                                            |                                              | Interval between onset and death <b>2 years</b>                                                                                                                               |                                                                        |
| (c) <b>Coronary Heart Disease</b>                                                                                                                                                                                                                                                                                                                      |                                              | Interval between onset and death <b>years</b>                                                                                                                                 |                                                                        |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>Hypertension Chronic Atrial Fibrillation</b>                                                                                                                                                                                   |                                              |                                                                                                                                                                               |                                                                        |
| 33. AUTHORITY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                      |                                              | 34. IF YES were findings considered in determining cause of death?                                                                                                            |                                                                        |
| 35. MANNER OF DEATH<br><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                                                                                    |                                              | 36a. DATE OF INJURY (Month, Day, Year)                                                                                                                                        |                                                                        |
| 36b. TIME OF INJURY<br>M                                                                                                                                                                                                                                                                                                                               |                                              | 36c. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                   |                                                                        |
| 36d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                                                                                                                                                                                                                                                                 |                                              | 36e. LOCATION (Street and Number or Rural Route Number, City or Town, State)                                                                                                  |                                                                        |
| 37. REGISTRAR'S SIGNATURE<br><i>Michelle Bartlett</i>                                                                                                                                                                                                                                                                                                  |                                              | 38. DATE FILED (Month, Day, Year)<br><b>JAN 11 1988</b>                                                                                                                       |                                                                        |
| 39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                                                                     |                                              | 40. WAS GIFT MADE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A                                                                   |                                                                        |
| RESERVED FOR REGISTRAR'S USE                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                                                               |                                                                        |

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

45-2 REV. 1-80

DATE ISSUED **JAN 11 1988**

*Marian Ackerman*  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Aspen Title co.** the **21st** day  
of **Sept.** A.D., 19 **92** at **3:10** o'clock **P.M.**, and duly recorded in Vol. **M92**  
of **Deeds** on Page **21660**.

FEE \$10.00

Return: Aspen Title Co.

Evelyn Biehn County Clerk  
By *Pauline Mulvaney*