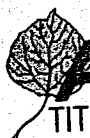


51818

92 OCT 2 PM 3 35

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Aspen
 TITLE & ESCROW, INC.

 #01038938
 WARRANTY DEED

AFTER RECORDING RETURN TO:

 DAVE L. COOLEY
 FRED A DOLORES COOLEY
1310 Community Ave
Klamath Falls, Or 97601

 UNTIL A CHANGE IS REQUESTED ALL TAX
 STATEMENTS TO THE FOLLOWING ADDRESS:
 SAME AS ABOVE

 RUTH EMIG and LOIS HALVORSEN, WHO ACQUIRED TITLE AS LOIS
 HALVORSEN hereinafter called GRANTOR(S), convey(s) to DAVE L.
 COOLEY and FRED A DOLORES COOLEY, husband and wife hereinafter
 called GRANTEE(S), all that real property situated in the County
 of Klamath, State of Oregon, described as:

 Lot 607, Block 103, MILLS ADDITION TO THE CITY OF KLAMATH FALLS,
 in the County of Klamath, State of Oregon.

Code 1 Map 3809-33AC TL 14800

 "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." *J.C.F.D.C.*

 and covenant(s) that grantor is the owner of the above described
 property free of all encumbrances except covenants, conditions,
 restrictions, reservations, rights, rights of way and easements
 of record, if any, and those apparent on the land,

 and will warrant and defend the same against all persons who may
 lawfully claim the same, except as shown above.

 The true and actual consideration for this transfer is
 \$27,500.00.

 In construing this deed and where the context so requires, the
 singular includes the plural.

 IN WITNESS WHEREOF, the grantor has executed this instrument
 this 28th of September, 1992.

Ruth A. Emig by Robert J. Halvorsen, Jr. E. Halvorsen
 RUTH EMIG her Attorney in fact LOIS HALVORSEN

STATE OF OREGON, County of Klamath)ss.

On this 28th day of September, 1992,
 Personally appeared the above named and LOIS HALVORSEN,
 individually and as attorney in fact for RUTH EMIG and
 acknowledged the foregoing instrument to be their voluntary act
 and deed.

 Before me, *Warren T. Addington*
 Notary Public for Oregon
 My Commission Expires: 3-22-93

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

23133

316

Local File Number First Middle Last

DECEASED—NAME LOUISE ANN STEINERSON

DATE OF DEATH (month, day, year) 2 August 2, 1984

DATE OF BIRTH (month, day, year) 6 October 20, 1901

RACE White, Black, American Indian, etc. (Specify) White

SEX Female

AGE—Last birthday (years) 82

Under 1 year mos days hours min

CITY, TOWN OR LOCATION OF DEATH Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center

IF HOSP OR INST Indicate DOA, OP, Emer, Rm, Inpatient (Specify) Inpatient

7d Klamath

STATE OF BIRTH (If not in U.S.A. name country) Idaho

CITIZEN OF WHAT COUNTRY U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

SPOUSE (IF MARRIED, WIDOWED) Reinhart Steinerson

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) No

SOCIAL SECURITY NUMBER 543-07-3764 A

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Medical Secretary

KIND OF BUSINESS OR INDUSTRY Secretarial

RESIDENCE—STATE Oregon

COUNTY Klamath

CITY, TOWN, OR LOCATION Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP 2035 Darrow Ave. 97601

Inside City Limits (Specify yes or no) Yes

FATHER—NAME first middle last Samuel Willis Smith

MOTHER—first middle last Jessie - Denney

INFORMANT—NAME and relationship to deceased Katherine Cheyne, Daughter

BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial

CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens

LOCATION City or town state Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE OR Person Acting As Such NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore

20a Signature of Certifier Kenneth K. Magee, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601

20b DATE SIGNED (Mo., Day, Yr) 8-6-84

20c HOUR OF DEATH 1:13 A. M

21a Signature of Registrar

21b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr) AUG 7 1984

21c REGISTRAR Signature

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Cordine Over

(b) Acute Myocardial Infarction

(c) Arteriosclerotic Heart Disease

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT (Specify Yes or No)

DATE OF INJURY (Mo., Day, Yr.)

HOUR OF INJURY

DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK (Specify Yes or No)

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

ORIGINAL - VITAL STATISTICS COPY

45 2 HEV 12-83

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Richard E. Cavinko Deputy Registrar
Date AUG 7 1984
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 2nd day
of Oct. A.D., 19 92 at 3:35 o'clock P.M., and duly recorded in Vol. M92,
of Deeds on Page 23132

Evelyn Biehn - County Clerk

By Richard E. Cavinko

FEE \$35.00