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Aspen
 TITLE & ESCROW, INC.

 02038996
 WARRANTY DEED

 Vol. m92 Page 24325

AFTER RECORDING RETURN TO:

 RONNIE R. CARPENTER
 LANAE CARPENTER

 PO Box 1491
 Klamath Falls, OR 97601

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

 AUDREY BELLE WINDER hereinafter called GRANTOR(S), convey(s) to
 RONNIE R. CARPENTER and LANAE CARPENTER, husband and wife
 hereinafter called GRANTEE(S), all that real property situated
 in the County of Klamath, State of Oregon, described as:

 Lot 50, Block 16, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT,
 PLAT NO. 1, in the County of Klamath, State of Oregon.

CODE 114 MAP 3711-21CO TAX LOT 2100

 "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."

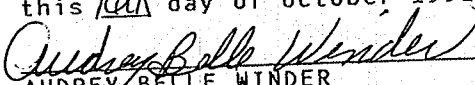
 and covenant(s) that grantor is the owner of the above described
 property free of all encumbrances except covenants, conditions,
 restrictions, reservations, rights, rights of way and easements
 of record, if any, and those apparent on the land,

 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
 \$28,000.00.

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

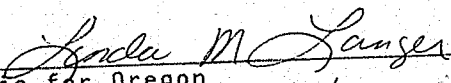
 IN WITNESS WHEREOF, the grantor has executed this instrument
 this 16th day of October 1992.


 AUDREY BELLE WINDER

STATE OF OREGON, County of KLAMATH)ss.

 On this 16th day of October, 1992,

 Personally appeared the above named AUDREY BELLE WINDER and
 acknowledged the foregoing instrument to be her voluntary act
 and deed.

 Before me: 
 Notary Public for Oregon

 My Commission Expires: 5/4/96


TYPE OR
PRINT IN
PERMANENT
BLACK INK

087881
I.D. TAG NO.

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

24326

12997

136-

State File Number

Local File Number

1. DECEDENT'S NAME First: <u>Martin</u> Middle: <u>Titus</u> Last: <u>WINDER</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 25, 1991</u>
4. SOCIAL SECURITY NUMBER <u>523-28-4899</u>	5a. AGE - Last Birthday (Years) <u>63</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u>	5c. Under 1 Day Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Longmont, Colorado</u>		7. DATE OF BIRTH (Month, Day, Year) <u>January 30, 1928</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Lake</u>			
9b. FACILITY NAME (If not institution, give street and number) <u>Klamath Lake - Near Buck Island</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Near Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Maintenance</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Sunny "D" Manufacturing</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed, Divorced) <u>Audrey</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>903 Mitchell</u>	
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 Specify: <u> </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <u>12</u> College (13-16 or 17+) <u> </u>		17. FATHER - NAME first middle last <u>Charles O. Winder</u>	
18. MOTHER - NAME first middle maiden <u>Sally A. Cox</u>		19. INFORMANT - NAME and relationship to the decedent <u>Audrey Winder - Wife</u>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Mem. Gardens</u>	
20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>	
21b. LICENSE NUMBER (Of Licensee) <u>3224</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy #39 / Klamath Falls, Ore. 97603</u>	
23. DATE FILED (Month, Day, Year) <u> </u>		24. REGISTRAR'S SIGNATURE <u> </u>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT 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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>11:00 A</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <u> </u>			
30. DATE SIGNED (Month, Day, Year) <u>5-30-91</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Robert N. Edwards, MD - 2865 Daggett - Klamath Falls, Ore. 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH <u>11:00 A</u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>Found May 29, 1991 9:00 A</u>	
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u> </u>			
33. DATE SIGNED (Month, Day, Year) <u>5-30-91</u>		COUNTY <u>Klamath</u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Robert N. Edwards, MD - 2865 Daggett - Klamath Falls, Ore. 97601</u>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
36. 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) <u>Accidental drowning</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u> </u>	
(b) <u>Hypothermia</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u> </u>	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death <u> </u>	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide	
41a. DATE OF INJURY (Month, Day, Year) <u>5/25/91</u>		41b. TIME OF INJURY <u>11 A</u>	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED <u>Boating Accident - Boat Capsized</u>	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>Lake</u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>Klamath Lake - Near Buck Is. - Klamath Co., Oregon</u>	

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title Co. the 16th day
of Oct. A.D., 19 92 at 3:29 o'clock P M., and duly recorded in Vol. M92
of Deeds on Page 24325

Evelyn Biehn County Clerk
By Pauline Muehlenberg

FEE \$35.00