

SOUTH VALLEY STATE BANK, an
Oregon banking corporation.

Plaintiff(s).

vs.

BATSELL BROTHERS. OIL CO. INC.,
an Oregon corp., et al,

Defendant(s).

Court No. 9201341CV
Sheriff No. 92-00021

SHERIFF'S DEED

THIS DEED made 04/13/93, between Carl R. Burkhardt, Sheriff of Klamath
County, hereinafter called Grantor and
HENRY J. CALDWELL, and DEBORAH L CALDWELL

hereinafter called Grantee.

A judgment was entered in the above court, and the court thereafter issued
a Writ of Execution and pursuant thereto on 09/10/92, all of the interest
of the Defendant(s) in the real property was sold at public auction in the
manner provided by law, for the sum of \$550,001.00, toSOUTH VALLEY STATE BANK
5215 S 6TH ST
KLAMATH FALLS

OR 97603

883-3366

JOHN A & VIRGINIA SCHUBERT, TRUST DATED 11/1/83
c/o 280 MAIN STREET
KLAMATH FALLS

OR 97601

the highest bidder(s). I executed and delivered to the purchaser a Certifi-
cate of Sale and filed a Return of Sale with the above court, and the time
for redeeming (if any) has expired, the real property has not been redeemed
from the sale, and the Grantee herein is the owner and holder of the Certi-
ficate of Sale and has delivered the Certificate to Grantor. NOW, THEREFORE,
in consideration of the sum paid for the real property, Grantor does hereby
convey to Grantee all the interest of the Defendant(s) in the real property
described as follows:The East one-half of Lot 4 in Block 7, FIRST ADDITION TO PINE GROVE PONDEROSA,
according to the official plat thereof on file in the office of the County
Clerk of Klamath County, Oregon.The West one-half of Lot 4 in Block 7, FIRST ADDITION TO PINE GROVE PONDEROSA,
according to the official plat thereof on file in the office of the County
Clerk of Klamath County, Oregon.

IN WITNESS WHEREOF, the Grantor has executed this instrument on 04/13/93.

Carl R. Burkhardt, Sheriff
Klamath County, OregonBy Michael L. Griffin
DeputyState of Oregon
County of KlamathSigned or attested before me on 04/13/93
by GRIFFIN, MICHAEL THelen Coleman Records Clerk/Notary

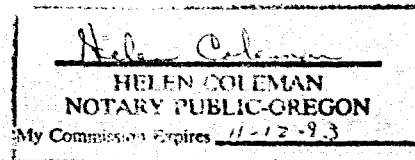
ADDRESS FOR TAX STATEMENTS AND RETURN AFTER RECORDING

MR. & MRS. HENRY J. CALDWELL
7990 HILL RD
KLAMATH FALLS, OR 97603

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. L. Sisemore the 21st day
of April A.D. 19 93 at 2:07 o'clock P M., and duly recorded in Vol. M93
of Deeds on Page 8388

FEE \$30.00

By Evelyn Biehn County Clerk

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

TYPE OR
PRINT IN
PERMANENT
BLACK INK

138368
I.D. TAG NO.

183
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Stanley Middle: Eliezer Last: JOHNSON		2. SEX M	3. DATE OF DEATH (Month, Day, Year) April 15, 1993
4. SOCIAL SECURITY NUMBER 541-38-3432		5a. AGE-Last Birthday (Years) 83	5b. Under 1 Year Mos. Days Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Eureka, CA		7. DATE OF BIRTH (Month, Day, Year) July 15, 1909	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Stastny Road & Morelock Road (PO Box 559)		9c. CITY, TOWN, OR LOCATION OF DEATH Malin	
9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Rancher		10b. KIND OF BUSINESS/INDUSTRY Agriculture	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Alice	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Malin		13d. STREET AND NUMBER Stastny Road (P.O. Box 559)	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97632	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 3			
17. FATHER - NAME first middle last Charles Henry Johnson		18. MOTHER - NAME first middle maiden Gertrude Almina Smith	
19. INFORMANT - NAME and relationship to decedent Alice Johnson, wife			
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) Malin Community Cemetery		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Malin, OR 97632	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		21b. LICENSE NUMBER (Of Licensee) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
24. DATE FILED (Month, Day, Year) APR 20 1993		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 11:45 AM		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) <i>Kenneth K. Magee</i>			
30. DATE SIGNED (Month, Day, Year) April 15, 1993			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
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)			
33. DATE SIGNED (Month, Day, Year) COUNTY			
CAUSE OF DEATH			
34. 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) <i>Advanced Parkinson's Disease</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:			
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <i>Severe Coccyx's</i>			
36. 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"/> Legal Intervention <input type="checkbox"/> Homicide		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. DATE OF INJURY (Month, Day, Year)		39. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)	
42. DESCRIBE HOW INJURY OCCURRED			

REGISTRATION FEE: THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

ORIGINAL - VITAL STATISTICS COPY

DATE ISSUED APR 20 1993

EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Alice Johnson the 21st day of April A.D., 19 93 at 2:07 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 8389

FEE \$10.00

Return: Alice Johnson

P.O. Box 559, Malin, Or. 97632

Evelyn Biehn County Clerk
By *[Signature]*