

61212

MICROWAVE BEAM PATH EASEMENT AND RELEASE

For and in consideration of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, RICHARD B. STEWART AND ARLINE L. STEWART, hereinafter referred to as "GRANTORS", do hereby grant to TELEPHONE UTILITIES OF EASTERN OREGON, INC. DBA PTI COMMUNICATIONS, its successors and assigns, hereinafter referred to as "TU", a perpetual microwave beam path easement and the right to clear and keep cleared all trees and other obstructions which rise to an elevation of forty (40) feet or more above ground level, the clearing of which may be necessary and convenient for the purpose of initiating and maintaining microwave transmissions over and across those lands of GRANTORS, situated in Klamath County, State of Oregon, described as follows:

A strip of land twenty (20) feet in width situated in Lot 6 of Block 9 of TRACT NO. 1019, WINEMA PENINSULA UNIT NO. 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon, the centerline of said strip being more particularly described as follows:

Beginning at the intersection of the Southerly boundary of said Lot 6 with the centerline traverse of microwave transmissions of TU existing as of the date of this grant, said point lying East 260 feet, more or less, from the Southwest corner of said Lot 6; thence from said point on an azimuth of 42.322° for a distance of 350 feet, more or less, to a point on the boundary of said Lot 6 and the termination of this centerline description.

It is agreed that TU shall have access to said described property for the purposes stated and shall be responsible for any damage to said lands of GRANTORS caused directly by its exercise of the rights herein granted, including reimbursement to GRANTORS for the stumpage value of any and all merchantable timber cleared by TU. All trees or other obstructions cleared by TU under the terms of this Microwave Beam Path Easement and Agreement shall be removed from the lands of GRANTORS by TU, leaving said lands of GRANTORS in a neat and orderly condition.

GRANTORS covenant and warrant that said described property is free and clear from all liens and encumbrances except zoning ordinances, building and use restrictions, reservations in Federal patents, easements of record and the following:

TU shall assume full responsibility to acquire and maintain, at its sole expense, any and all permits or other regulatory authorizations required for its exercise of the rights herein granted.

It is the intent of the parties hereto that the easement described herein shall be centered on the centerline traverse of microwave transmissions placed into continuous use over said lands of GRANTORS under that Microwave Beam Path Easement and Agreement recorded July 14, 1992 in Book M92 of Deeds at Page 15405 of Klamath County Records. For and in consideration of the rights granted herein, TU hereby releases and quitclaims to Grantor all rights conveyed to TU in said Microwave Beam Path Easement and Agreement.

Dated: 3/11/93

Telephone Utilities of Eastern
Oregon, Inc. dba PTI Communications

Richard B. Stewart
Richard B. Stewart

by: [Signature]

Arline L. Stewart
Arline L. Stewart

Title: VICE PRESIDENT

10325

STATE OF CALIFORNIA)
)
 COUNTY OF SAN DIEGO) SS.

BE IT REMEMBERED, That on this 11th day of MARCH, 1993, before me, the undersigned, a Notary Public in and for said County and State, personally appeared RICHARD B. STEWART AND
ARLINE L. STEWART
 the identical individuals 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 first above written.

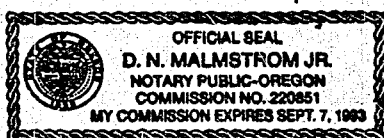


Michele A. Moxley
 Notary Public in and for the State of CA.
 My Commission expires: 6-30-95

STATE OF OREGON)
)
 COUNTY OF LINN) SS.

BE IT REMEMBERED, That on this 23rd day of April, 1993, before me, the undersigned, a Notary Public in and for said County and State, personally appeared William H. Weisman, the person who signed as Vice President of Telephone Utilities of Eastern Oregon, Inc., the corporation that executed the within instrument doing business as PTI Communications, and acknowledged to me that such corporation executed the same.

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



D. N. Malmstrom Jr.
 Notary Public in and for the State of OREGON
 My Commission expires: 9-7-93

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 10th day
 of May A.D., 19 93 at 10:38 o'clock A M., and duly recorded in Vol. M93
 of _____ Deeds _____ on Page 10324

FEE \$15.00

Evelyn Biehn - County Clerk

By Arline Muelendore

140075
I.D. TAG NO.

106

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

DECEASED

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COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) JOSEPH		2A. DATE OF DEATH—MO, DAY, YR 2B. HOUR 3. SE March 30, 1993 0810	
1B. MIDDLE GEORGE		1C. LAST (FAMILY) MUHA	
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO, DAY, YR April 15, 1921		7. AGE IN YEARS 71	
8. STATE OF BIRTH PA		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10A. FULL NAME OF FATHER Gregory Harry Muha		10B. STATE OF BIRTH Ukraine	
11A. FULL MAIDEN NAME OF MOTHER Mariana Vashcenko		11B. STATE OF BIRTH Ukraine	
12. MILITARY SERVICE 19 43 To 19 47 NONE		13. SOCIAL SECURITY NO. 175-18-5686	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Helen Louise Minton	
16A. USUAL OCCUPATION Professor		16B. USUAL KIND OF BUSINESS OR INDUSTRY Education	
16C. USUAL EMPLOYER Pasadena City College		16D. YEARS IN OCCUPATION 32	
16E. EDUCATION—YEARS COMPLETED 20		17. CITY Hemet	
18. ZIP CODE 92545		19. COUNTY Riverside	
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Helen Louise Muha-Wife 1393 Lodgepole Drive Hemet, CA 92545		21. PLACE OF DEATH Residence	
22. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1393 Lodgepole Drive		23. CITY Hemet	
24. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Metastatic Retroperitoneal Sarcoma		25. TIME INTERVAL BETWEEN ONSET AND DEATH years	
26. IMMEDIATE CAUSE DUE TO (B)		27. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 93H0782	
28. DUE TO (C)		29. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
30. 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Intestinal Fistula caused by Tumor- Malignant		31. 26. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
32. 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 22? IF YES, LIST TYPE OF OPERATION AND DATE. Intestinal bypass and Colostomy 2/26/93		33. 27A. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
34. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 2-15-93 27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 3-12-93		35. 27C. CERTIFIER'S LICENSE NUMBER G028759 27D. DATE SIGNED 3-30-93	
36. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Delmar Aitken, M.D., 11370 Anderson Street, Suite 2100, Loma Linda, CA		37. 28B. DATE SIGNED 3-30-93	
38. 29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined CR/TR		39. 30A. PLACE OF INJURY Brother's Residence 405 Wheeler, McKees Rock, PA	
40. 30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		41. 30C. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
42. 30D. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		43. 30E. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
44. 30F. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		45. 30G. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
46. 30H. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		47. 30I. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
48. 30J. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		49. 30K. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
50. 30L. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		51. 30M. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
52. 30N. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		53. 30O. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
54. 30P. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		55. 30Q. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
56. 30R. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		57. 30S. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
58. 30T. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		59. 30U. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
60. 30V. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		61. 30W. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
62. 30X. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		63. 30Y. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
64. 30Z. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		65. 30AA. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
66. 30AB. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		67. 30AC. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
68. 30AD. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		69. 30AE. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
70. 30AF. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		71. 30AG. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
72. 30AH. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		73. 30AI. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
74. 30AJ. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		75. 30AK. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
76. 30AL. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		77. 30AM. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
78. 30AN. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		79. 30AO. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
80. 30AP. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		81. 30AQ. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
82. 30AR. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		83. 30AS. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
84. 30AT. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		85. 30AU. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
86. 30AV. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		87. 30AW. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
88. 30AX. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		89. 30AY. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
90. 30AZ. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		91. 30BA. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
92. 30BB. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		93. 30BC. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
94. 30BD. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		95. 30BE. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
96. 30BF. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		97. 30BG. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
98. 30BH. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		99. 30BI. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
100. 30BJ. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		101. 30BK. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
102. 30BL. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		103. 30BM. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
104. 30BN. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		105. 30BO. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
106. 30BP. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		107. 30BQ. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
108. 30BR. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		109. 30BS. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
110. 30BT. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		111. 30BU. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
112. 30BV. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		113. 30BW. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
114. 30BX. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		115. 30BY. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
116. 30BZ. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		117. 30CA. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
118. 30CB. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		119. 30CC. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	
120. 30CD. DATE OF INJURY MONTH, DAY, YEAR 4-1-93		121. 30CD. DATE OF INJURY MONTH, DAY, YEAR 4-1-93	

387909

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

APR 01 1993

Bradley P. Dilbert M.D.
Director, Health Services

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

*Please return to Helen M Muha
1393 Lodgepole Dr Hemet, CA 92545*

Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Helen M Muha the 10th day
of May A.D., 19 93 at 10:39 o'clock M., and duly recorded in Vol. M93,
of Deeds on Page 10327

FEE \$10.00

Evleyn Biehn. County Clerk

By *Bradley P. Dilbert M.D.*