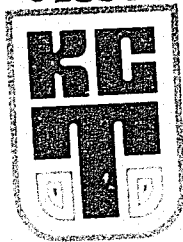


64390

07-09-93P03:56 RCVD

Vol. m93 Page 18791
Vol. m93 Page 16622

KLAMATH COUNTY TITLE COMPANY

65456

K-45403

STATUTORY WARRANTY DEED (Individual or Corporation)

LARRY R. KING

Grantor.

NORMAN E. HOLLIDAY AND MARGARET E. HOLLIDAY, HUSBAND AND WIFE,

Grantee.

conveys and warrants to

the following described real property in the County of KLAMATH and State of Oregon.

LOT 15 TRACT NO. 1278, COLLIER LANE, ACCORDING TO THE OFFICIAL PLAT THEREOF ON
FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

THIS DOCUMENT IS BEING RE-RECORDED TO CORRECT THE CONSIDERATION.

This property is free of liens and encumbrances, EXCEPT:

SUBJECT TO:

RESERVATIONS AND RESTRICTIONS OF RECORD, RIGHTS OF WAY, AND EASEMENTS OF RECORD
AND THOSE APPARENT UPON THE LAND, CONTRACTS AND/OR LIENS FOR IRRIGATION AND/OR
DRAINAGE.

40,300.00

The true consideration for this conveyance is \$ 28,230.00 (Here comply with the requirements of ORS 93.030*).

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 THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO
VERIFY APPROVED USES.

DATED this 9th day of July 19 93. If a corporate grantor, it has caused its name to be signed by
resolution of its board of directors.

Larry R. King
LARRY R. KING

STATE OF OREGON, County of Klamath ss.
The foregoing instrument was acknowledged before me
this 9th day of July 19 93
by LARRY R. KING

Debra Buchanan
Notary Public for Oregon
My commission expires: 12-19-96

After recording return to:

Mr. & Mrs. Norman E. Holliday
4353 Laverne Ave.
Klamath Falls, Oregon 97603

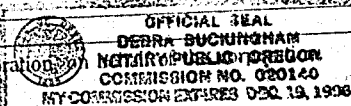
NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address:

Mr. & Mrs. Norman E. Holliday
4353 Laverne Ave.
Klamath Falls, Oregon 97603

CORPORATE ACKNOWLEDGEMENT

STATE OF OREGON, County of _____ ss.
The foregoing instrument was acknowledged before me
this _____ day of _____ 19 _____ and
by _____
of _____
a corporation.



Notary Public for Oregon

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Klamath County Title Co
on this 9th day of July A.D., 19 93
at 3:56 o'clock P.M. and duly recorded
in Vol. M93 of Deeds Page 16622
Evelyn Biehn County Clerk
By Debra Buchanan Deputy.

Fee, \$30.00

18792

18792

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 30th day
of July A.D., 19 93 at 10:20 o'clock A M., and duly recorded in Vol. M93,
of Deeds on Page 18791.

Evelyn Biehn County Clerk

By Pauline Muehlenberg

FEE \$10.00

COUNTY of MERCED

HEALTH DEPARTMENT
MERCED, 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) HORACE		2A. DATE OF DEATH—MO. DAY, YR. July 9, 1993	
1B. MIDDLE CLEVELAND		2B. HOUR & SEX 1940 M	
1C. LAST (FAMILY) TRAYLOR		3. DATE OF BIRTH—MO. DAY, YR. March 3, 1921	
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. STATE OF BIRTH SC		7. AGE IN YEARS 72	
8. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Horace C. Traylor, Sr.	
9. MILITARY SERVICE Colonel		10B. FULL MAIDEN NAME OF MOTHER Harriet Nesbitt	
10. SOCIAL SECURITY NO. 248-16-9685		11. STATE OF BIRTH SC	
11. MARITAL STATUS Married		12. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Ellen Rice	
12. USUAL OCCUPATION Defense		13. YEARS IN OCCUPATION 27	
13. RESIDENCE—STREET AND NUMBER OR LOCATION 1840 White Gate Drive		14. EDUCATION—YEARS COMPLETED 17	
14. COUNTY Merced		15. ZIP CODE 95340	
15. PLACE OF DEATH Anberry Health Care		16. NAME, RELATIONSHIP, MAILING ADDRESS Ellen Traylor (Wife) 1840 White Gate Drive Merced, CA 95340	
16. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1685 Shaffer Rd.		17. CITY Atwater	
17. CAUSE OF DEATH Cerebral Vascular Accident		18. TIME INTERVAL BETWEEN ONSET AND DEATH 14 days	
18. DUE TO Generalized Thromboembolism		19. TIME INTERVAL BETWEEN ONSET AND DEATH 10 days	
19. DUE TO Constrictive Heart Failure		20. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Constrictive Heart Failure		21. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED 1988 6/28/93		22. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER J.E. Hughell MD	
22. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE 1988 6/28/93		23. CERTIFIER'S LICENSE NUMBER A 15345	
23. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		24. DATE SIGNED 7/12/93	
24. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		25. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER J.E. Hughell, MD, 315 E. 13th St., Merced, CA 95340	
25. PLACE OF INJURY		26. DATE SIGNED	
26. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		27. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. DISCLOSE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		28. DATE OF INJURY MONTH, DAY, YEAR	
28. DISPOSITION(S) Burial		29. DATE MO. DAY, YR. 07-13-1993	
29. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Merced District Cemetery Merced, CA		30. SIGNATURE OF EMBALMER Ken [Signature]	
30. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Stratford Evans Merced Chapel		31. LICENSE NO. 8056	
31. LICENSE NO. FD 538		32. SIGNATURE OF LOCAL REGISTRAR	
32. REGISTRATION DATE		33. CENSUS TRACT	

016720

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **JUL 12 1993**

STATE OF CALIFORNIA
COUNTY OF MERCED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY HEALTH DEPARTMENT

HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

After Recording Return to:
Robert D. Boivin
Boivin, Jones, Uerlings & DiLaconi
110 North 6th Street
Klamath Falls, OR 97601

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 30th day
of July A.D., 19 93 at 10:20 o'clock A M., and duly recorded in Vol. M93
of Deeds on Page 18793

FEE \$10.00

Evelyn Biehn County Clerk

By Pauline Muelendare