71189 MOUNTAIN TITLE COMPANY Vol. M93 Page 29917

11-12-93A11:40 RCVD

MOUNTAIN TITLE COMPANY

MOUNTAIN TITLE COMPANY

WARRANTY DEED

MTC 30666-MK

KNOW ALL MEN BY THESE PRESENTS, That

LELAND J. STOEHSLER and JUANITA M. STOEHSLER, as tenants by the entirety

hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by

JOHN H. RIGGS and CHERYL D. RIGGS, husband and wife

, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, the certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of KLAMATH *and State of Oregon, described as follows, to-wit:*

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE

MOUNTAIN TITLE COMPANY

"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 to determine any limits on lawsuits against farming or forest practices as defined in ORS30.930

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple and the above granted premises, free from all encumbrances

except those of record and those apparent upon the land, if any, as the date of this deed

and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is $ 133,000.00

[illegible]

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 4th *day of* November *, 19* 93 *; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.*

Leland J. Stoehsler
LELAND J. STOEHSLER

Juanita M. Stoehsler
JUANITA M. STOEHSLER

STATE OF OREGON,)
County of Klamath) *ss.*
November 4 *, 19* 93 *.*

Personally appeared the above named
LELAND J. STOEHSLER
JUANITA M. STOEHSLER

and acknowledged the foregoing instrument to be their *voluntary act and deed.*

Before me: Mary Kenneally
Notary Public for Oregon
My commission expires: 4/20/96

OFFICIAL SEAL
MARY KENNEALLY
NOTARY PUBLIC - OREGON
COMMISSION NO. 014776
MY COMMISSION EXPIRES APR. 20, 1996

STATE OF OREGON, County of) *ss.*
The foregoing instrument was acknowledged before me this , *19* , *by* ,
president, and by ,
secretary of
a *corporation, on behalf of the corporation.*
Notary Public for Oregon
My commission expires: *(SEAL)*

LELAND J. STOEHSLER and JUANITA M. STOEHSLER
P.O. BOX 64
BONANZA, OR 97623
GRANTOR'S NAME AND ADDRESS

JOHN H. RIGGS and CHERYL D. RIGGS
P.O. BOX 873008
WASILLA, AK 99687
GRANTEE'S NAME AND ADDRESS

After recording return to:
JOHN H. RIGGS and CHERYL D. RIGGS
P.O. BOX 873008
WASILLA, AK 99687
NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.
JOHN H. RIGGS and CHERYL D. RIGGS
P.O. BOX 873008
WASILLA, AK 99687
NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,
County of) *ss.*
I certify that the within instrument was received for record on the *day of* , *19* , *at* *o'clock* *M., and recorded in book* *on page* *or as file/reel number* , *Record of Deeds of said county.*
Witness my hand and seal of County affixed.

Recording Officer
By *Deputy*

MOUNTAIN TITLE COMPANY

29918

EXHIBIT "A"
LEGAL DESCRIPTION

A tract of land situated in Section 6, Township 39 South, Range 11, East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at the South 1/16 corner, from which the section corner common to Sections 5, 6, 7 and 8 of said Township and Range is Southerly 1320 feet, more or less; thence Northerly along said Section line between said Sections 5 and 6, 1218 feet, more or less, to the Southerly right of way line of the Bonanza-Dairy Highway; thence along said right of way North 56 degrees 58' 22" West, 3890 feet to a point from which the section corner common to said Sections 5, 6, 7 and 8 bears South 35 degrees 07' 15" East, 5695.43 feet; thence South 41 degrees 39' 13" West, 255.74 feet; thence South 35 degrees 16' 04" East 188.46 feet; thence South 26 degrees 46' 50" East, 586.15 feet; thence Southerly 235 feet, more or less, to an iron pin being the Northeast corner of that tract of land described as the exception from Parcel 3 in Deed Volume M78, page 13640 of the Klamath County deed records; thence along the East line of said Deed Volume - Parcel 3 exception, South 68.7 feet to an iron pin; thence along the Westerly line of said Deed Volume, Parcel 3, Paragraph 2, South 29 degrees 51' East, 843.7 feet to an iron pin and South 00 degrees 13' West, 183.7 feet to the center 1/4 corner of said Section thence Southeasterly to the SE1/16 corner of said Section 6; thence Easterly to the point of beginning.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 12th day of Nov. A.D., 19 93 at 11:40 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 29917.

FEE $35.00

Evelyn Biehn County Clerk
By Annette Mueller

MTC 21378-FTE

082238
I.D. TAG NO.

Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Robert; Middle: Andrew; Last: DENTON
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): June 4,1991
4. SOCIAL SECURITY NUMBER: 538 03 8681
5a. AGE-Last Birthday (Years): 72
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Longrun, Missouri
7. DATE OF BIRTH (Month, Day, Year): August 30,1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): PORTLAND VA MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: PORTLAND, OREGON
9d. COUNTY OF DEATH: MULTNOMAH
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Distribution Manager
10b. KIND OF BUSINESS/INDUSTRY: Newspaper
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): married
12. SPOUSE (If Married, Widowed): Alice Barbara Denton
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Umatilla
13c. CITY, TOWN OR LOCATION: Pendleton
13d. STREET AND NUMBER: Rt. 2 Box 88 J
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97801
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: William S. Denton
18. MOTHER - NAME first middle maiden: L.V.D. Hicks
19. INFORMANT - NAME and relationship to deceased: Alice Barbara Denton (Wife)

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Mausoleum [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Skyview Memorial Park
20c. LOCATION - City or Town, State: Pendleton, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 3397
22. NAME, ADDRESS AND ZIP OF FACILITY: Bishop Funeral Chapel 131 S.E. Byers Pendleton, Ore. 97801
23. DATE FILED (Month, Day, Year): JUN 13 1991
24. REGISTRAR'S SIGNATURE: Arthur W. Bloom
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A
26. WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0900a M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): Georgia Baba
30. DATE SIGNED (Month, Day, Year): 6/14/91
Dr. Georgia Baba

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Georgia Baba MD
PORTLAND VA MEDICAL CENTER
3710 SW US VETERANS HOSPITAL ROAD
PORTLAND, OREGON 97207
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE 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) Cardiac failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) ruptured thoracoabdominal aortic aneurysix — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
shrapnel injury

37. Did tobacco use contribute to the death? [ ] Yes [ ] No [ ] Probably [X] Unk
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A
40. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? [ ] Yes [ ] No
41d. DESCRIBE HOW INJURY occurred
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

JUN 14 1991
DATE ISSUED

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 12th day of Nov. A.D., 19 93 at 11:41 o'clock AM., and duly recorded in Vol. M93, of Deeds on Page 29919.

Evelyn Biehn County Clerk
By Annette Mueller

FEE $10.00
Return: Mountain Title Co.