

EXHIBIT "A"
LEGAL DESCRIPTION

A tract of land located in the SW1/4 of Section 1, Township 24 South, Range 6 East of the Willamette Meridian, Klamath County, Oregon, described as follows:

Beginning at the West quarter corner of said Section 1; thence South 00 degrees 18' 39" West along the West line of said Section 1, a distance of 1305.72 feet to the Southwest corner of the N1/2 of said SW1/4, said corner being the true point of beginning; thence South 88 degrees 59' 58" East along the South line of said N1/2, 1253.72 feet to the half inch iron rod on the Western right of way of Crescent Lake County Road 429; thence North 48 degrees 24' 15" East along said Western right of way line, 591.18 feet to the beginning of a 542.96 foot curve to the left; thence along the arc of said curve, through a central angle of 21 degrees 15' 51", a distance of 201.51 feet; thence North 27 degrees 08' 24" East along said right of way, 97.45 feet to the center thread of Cold Creek; thence Westerly and upstream of Cold Creek the following bearings and distances: North 64 degrees 50' 20" West, 23.05 feet; South 64 degrees 49' 59" West 44.67 feet; North 66 degrees 51' 55" West 128.81 feet; South 61 degrees 42' 02" West, 95.69 feet; North 60 degrees 54' 16" West, 24.24 feet; North 4 degrees 23' 16" West, 77.48 feet; South 69 degrees 48' 44" West, 51.41 feet; North 60 degrees 42' 39" West, 24.08 feet; North 10 degrees 16' 10" East, 51.27 feet; South 86 degrees 56' 54" West, 27.19 feet; South 65 degrees 50' 56" West, 125.53 feet; South 49 degrees 34' 16" West, 44.33 feet; North 87 degrees 03' 34" West, 216.16 feet; North 57 degrees 40' 20" West, 99.47 feet; South 80 degrees 10' 56" West, 196.81 feet; North 61 degrees 17' 07" West 79.93 feet; South 76 degrees 40' 15" West, 200.12 feet; North 80 degrees 43' 23" West, 96.02 feet; North 64 degrees 28' 39" West, 51.18 feet; South 79 degrees 18' 39" West, 255.58 feet; North 63 degrees 28' 04" West, 40.00 feet and North 89 degrees 24' 37" West, 145.84 feet to the West line of said Section 1; thence leaving the thread of said stream, South 00 degrees 18' 39" West along said West line, 696.18 feet to the true point of beginning, with bearings and distances based on Minor Partition 51-83 as filed in the Klamath County Engineer's Office.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 11th day
of Feb A.D. 19 94 at 2:39 o'clock P.M., and duly recorded in Vol. M94
of Deeds on Page 4763

FEE \$35.00

Evelyn Biehn County Clerk

By Dorothy McElanore

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

158122
ID. TAG NO.

Local File Number

138

State File Number

1. DECEDENT'S - First Name John "Jack"		Middle Francis		Last CODY, Jr.		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 4, 1994	
4. SOCIAL SECURITY NUMBER 544-24-1599		5a. AGE Last Birthday (Years) 66		5b. Under 1 Year Mos. _____ Days _____		5c. Under 1 Day Hours _____ Mins _____		6. BIRTHPLACE (City and State or Foreign) Watertown, S. Dakota	
7. DATE OF BIRTH (Month, Day, Year) July 11, 1927		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____							
9a. FACILITY NAME (if not institution, give street and number) Merle West Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9c. COUNTY OF DEATH Klamath					
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Line Operator - Ret.		10b. KIND OF BUSINESS/INDUSTRY Columbia Plywood		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (if Married, Widowed) Dorothy			
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1562 Wlard St.			
13e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) <input type="checkbox"/> College (14 or 15+) <input checked="" type="checkbox"/> 12	
17. FATHER - Name: first middle last John - Cody		18. MOTHER - Name: first middle maiden Mabel - Geisler		19. INFORMANT - Name and relationship to decedent Dorothy Cody - Wife					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION: City or Town, State Klamath Falls, Oregon					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b. LICENSE NUMBER (Of Licensee) 3224		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy 139/ Klamath Falls, OR 97603					
23. DATE FILED (Month, Day, Year) FEB 10 1994		24. REGISTRAR'S SIGNATURE Charles D. Bury							
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A							

27. TIME OF DEATH M <input type="checkbox"/> P <input checked="" type="checkbox"/> 2:06 P		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) Charles D. Bury		30. DATE SIGNED (Month, Day, Year) Feb. 8, 1994	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Charles D. Bury, MD - 2300 Claimont - Klamath Falls, OR. 97601		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

33. 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.)				Interval between onset and death	
PART (a) Crush of Chest				1 hr	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART (b)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART (c)					
OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I					
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input 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) Feb. 4, 1994		41b. TIME OF INJURY 1:00 pm	
		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED Working on vehicle and it fell off of blocks crushing deceased	
		41e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) At Home		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1562 Wlard St. - Klamath Falls, OR/97603	

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT 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.

FEB 10 1994

DATE ISSUED

VITAL STATISTICS COPY

Edward J. Johnson II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dorothy Cody the 11th day of Feb A.D., 19 94 at 2:42 o'clock P.M., and duly recorded in Vol. M94 of Deeds on Page 4765

FEE \$10.00

Return: Dorothy Cody, 1562 Wlard
Klamath Falls, Or. 97603

Evelyn Biehn County Clerk
By Dorothy Cody