

79043

THIS INDENTURE Made this 11th day of April, 1994, by and

between Barbara Kosta the duly appointed, qualified and acting conservator of Vester H. Girtman

Norman A. Prara and Carol E. Prara, husband and wife

hereinafter called the second party; WITNESSETH:
For value received and the consideration hereinafter stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors-in-interest and assigns all the estate, right and interest of the protected person in that certain real property situated in the County of Klamath, State of Oregon, described as follows, to-wit:

Lot 11, Block 28, FIFTH ADDITION TO KLAMATH RIVER ACRES, in the County of Klamath, State of Oregon.

CODE 21 MAP 4008-6BB TL 2800

SUBJECT TO:

- 1) Covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land.
- 2) County Lien for the County of Klamath entered March 15, 1994, which lien the Grantees herein agree to assume and pay according to the terms, including all accrued interest, if any.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

TO HAVE AND TO HOLD the same unto the second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$23,714.96
However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which). (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.)

IN WITNESS WHEREOF, the first party has executed this instrument; if first party is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

NP CEF

Barbara Kosta

Conservator of the Estate of a Protected Person

STATE OF OREGON, County of Klamath) ss.
This instrument was acknowledged before me on April 13, 1994,

by Barbara Kosta

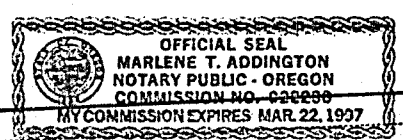
as Conservator

of Vester Girtman, a protected person

Marlene T. Addington

Notary Public for Oregon

My commission expires 3-22-97



Grantor's Name and Address

Grantee's Name and Address

After recording return to (Name, Address, Zip):
Mr. & Mrs. Norman A. Prara
P.O. Box
Kenosha, OR 97627

Until requested otherwise send all tax statements to (Name, Address, Zip):

As Above

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,) ss.
County of _____
I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Record of Deeds of said County.
Witness my hand and seal of County affixed.

NAME _____ TITLE _____
By _____, Deputy

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

10949

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

83-010001

Vital Records Unit

202

Local File Number

DECEASED—NAME First Middle Last VERNITA FAY GIRTMAN		State File Number 83-010001	
1 RACE (White, Black, American Indian, etc. (Specify)) White		2 DATE OF DEATH (month, day, year) June 2, 1983	
3 SEX Female		4 AGE—Last birthday (years) 65	
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 DATE OF BIRTH (month, day, year) March 31, 1918	
7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in entry, give street and number) Highland Care Center		7b INPATIENT	
8 STATE OF BIRTH (If not in U.S.A., name country) Washington		9 COUNTY OF DEATH Klamath	
10 U.S.A.		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12 SOCIAL SECURITY NUMBER 555-20-8234		13 SPOUSE (If married, widowed) Vester Girtman	
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14b KIND OF BUSINESS OR INDUSTRY Homemaking	
15a RESIDENCE—STATE Oregon		15b CITY, TOWN, OR LOCATION Klamath	
15c STREET AND NUMBER OR R.F.D., ZIP P.O. Box 600		15d INSIDE CITY LIMITS (Specify yes or no) No	
16 FATHER—NAME First middle last Charles Albert Stahn		17 MOTHER—Name First middle last Eva — Brown	
18a BURIAL, CREMATION, REMOVAL, MAUSE, (Specify) Burial/removal		18b VESTER GIRTMAN, husband	
19a CEMETERY OR CREMATORY—NAME Ficard Cemetery		19b LOCATION City or town State Dorris, California 96023	
20a FUNERAL SERVICE LICENSEE OF Person Acting As Such (Specify) William J. Davenport		20b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97601	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Glenn Gailis MD		21b DATE SIGNED (Month, Day, Year) 6/6/83	
21c NAME AND ADDRESS OF CERTIFIER (Type or Print) Glenn G. Gailis, MD, 1905 Main Street, Klamath Falls, Oregon 97601		21d HOUR OF DEATH 5:45 P.M.	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
22a DATE RECEIVED BY REGISTRAR (Month, Day, Year) JUN 6 1983		22b REGISTRAR Edward Johnson	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) CARDIO RESPIRATORY ARREST		Interval between onset and death MINUTES	
(b) STROKE		Interval between onset and death YEARS	
(c) ARTERIOSCLEROTIC VASCULAR DISEASE		Interval between onset and death YEARS	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
ALZHEIMERS DISEASE			
24a ACCIDENT (Specify Yes or No) No		24b AUTOPSY (Specify Yes or No) No	
24c DATE OF INJURY (Month, Day, Year) No		24d HOURS OF INJURY No	
24e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		24f DESCRIBE HOW INJURY OCCURRED No	
24g LOCATION No		24h STREET OR R.F.D. NO No	
24i CITY OR TOWN No		24j STATE No	

RESERVED FOR REGISTRAR'S USE

Items 23b-c, Pt II added by supplemental, 8/17/83, J. Carney, State Reg., 80

HS-2 (Rev)

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.

DATE ISSUED

APR 01 1994

Edward Johnson

EDWARD J. JOHNSON II
STATE REGISTRAR



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 13th day of April, A.D., 19 94 at 11:11 o'clock A.M., and duly recorded in Vol. M94 of Deeds on Page 10948

FEE \$35.00

Evelyn Biehn County Clerk
By Laurenne Melendore