

K-46930
STATUTORY WARRANTY DEED
 (Individual or Corporation)

Jorge Ortega Orozco and Irma Ortega

conveys and warrants to Grant Thacker, Grantor,

the following described real property in the County of Klamath and State of Oregon, Grantee,

Lot 8 in Block 13 Fairview Addition No. 2 in the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

This property is free of liens and encumbrances, EXCEPT:

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.

The true consideration for this conveyance is \$ 13,500.00 (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 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 ORS 30.930.

DATED this 5th day of August 19 94. If a corporate grantor, it has caused its name to be signed by resolution of its board of directors.

Jorge Ortega Orozco
 JORGE ORTEGA OROZCO

Irma Ortega
 IRMA ORTEGA

STATE OF OREGON, County of Klamath)ss.
 The foregoing instrument was acknowledged before me
 this 5th day of August 19 94
 by JORGE ORTEGA OROZCO and IRMA
ORTEGA

Genine Johnson
 Notary Public for Oregon
 My commission expires: 9/28/94

After recording return to:
 GRANT THACKER
 367 C. Jacqueline Rd.
 Campbell River, BC Canada V9W 7L3
 NAME, ADDRESS, ZIP

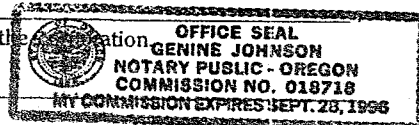
Until a change is requested all tax statements shall be sent to the following address:
 Grant Thacker
 367 C. Jacqueline Rd.
 Campbell River, BC. Canada V9W 7L3

CORPORATE ACKNOWLEDGEMENT

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

Notary Public for Oregon

STATE OF OREGON,
 County of Klamath ss.



Filed for record at request of:

Klamath County Title Co
 on this 8th day of Aug A.D. 19 94
 at 11:03 o'clock A M. and duly recorded
 in Vol. M94 of Deeds Page 24288
 Evelyn Biehn County Clerk
 By Debbie Mullendore

Deputy.

Fee, \$30.00

RETURN

Barbara J. Carnini

2167 Harvard St.

Klamath Falls, OR 97601

TYPE ON
PERMANENT
BLACK INK

125901

LD TAG NO.

560

Local File Number

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

92-025334

State File Number

1 01
2 016
3 016
4 712
5 13
6
7 01
8 13
9 122

10 1834

15

16

17

DECEDENT'S NAME Barbara Hester		Last CARNINI		SEX F		DATE OF DEATH (Month, Day, Year) Dec. 23, 1992	
SOCIAL SECURITY NUMBER 542/12/5829		AGE Last Birthday 72		DATE OF BIRTH (Month, Day, Year) June 25, 1920		PLACE OF BIRTH (City and State or Foreign) Shippington, OR	
WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HOSPITAL <input type="checkbox"/> Long-term <input type="checkbox"/> Emergency <input type="checkbox"/> Outpatient <input type="checkbox"/> DOD <input type="checkbox"/> Other <input type="checkbox"/>		PLACE OF DEATH (Specify only one) Shippington, OR		COUNTY OF DEATH Klamath	
FACILITY NAME (if not institution, give street and number) Nerle West Medical Center		CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		COUNTY OF DEATH Klamath			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Property Manager		KIND OF BUSINESS/INDUSTRY Real Estate		MARITAL STATUS - Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>		SPOUSE (if married, widowed, divorced, etc.) Gino	
RESIDENCE - STATE Oregon		CITY, TOWN, OR LOCATION Klamath Falls		STREET AND NUMBER 2167 Harvard Street			
INSIDE CITY Yes		ZIP CODE 97601		RACE (Specify) White		EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) (College (13-16) or 17)	
FATHER - NAME First Middle Last Harvey Putman		MOTHER - NAME First Middle Last Hester Yancey		INFORMANT - NAME and relationship to decedent Pietro Carnini / Son			
METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other <input type="checkbox"/>		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery		LOCATION - City or Town, State Klamath Falls, Oregon			
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles F. Johnson</i>		LICENSE NUMBER 3409		NAME, ADDRESS AND ZIP OF FACILITY Charles F. Johnson Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601			
DATE FILED (Month, Day, Year) DEC 28 1992		REGISTRAR'S SIGNATURE <i>Charles Robinson</i>					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
TIME OF DEATH 0640		WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE OF DEATH December 23, 1992			
NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD / 2610 Uhlmann Road / Klamath Falls, Or. / 97601		NAME OF ATTENDING PHYSICIAN (if other than certifier) (Type or Print)					
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ICD-10 AND ICD-9. Do not enter mode of dying, e.g. Cancer or Respiratory Arrest)		INTERVAL BETWEEN ONSET AND DEATH 14 Months					
PART I (a) Carcinoma of fallopian tube		INTERVAL BETWEEN ONSET AND DEATH					
DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH					
PART II (b) None		INTERVAL BETWEEN ONSET AND DEATH					
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART I)		DID DECEASED USE CONTRACEPTIVE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		DATE OF INJURY (Month, Day, Year)		TIME OF INJURY M		DESCRIBE HOW INJURY OCCURRED	
PLACE OF INJURY (At home, farm, street, factory, school, building, etc. (Specify))		LOCATION (Street and Number or Rural Route Number, City or Town, State)					

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 781

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

AUG 05 1994

EDWARD J. JOHNSON JR.
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 8th day of Aug A.D., 19 94 at 11:04 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 24289.

FEE \$10.00

Evelyn Biehn - County Clerk
By *Debra M. Henderson*