

TITLE NO. ASP 42426
 ESCROW NO. SP94-E5634
 TAX ACCT. NO. KEY NO. 165500

WARRANTY DEED -- STATUTORY FORM
 (INDIVIDUAL or CORPORATION)

EILEEN T. CLARKE, Grantor,

conveys and warrants to

GARY F. PIERCE and CONNIE R. PIERCE, husband and wife, Grantee,

the following described real property free of encumbrances except as specifically set forth herein:

LOT 29, BLOCK 3, TRACT NO. 1069, IN THE COUNTY OF KLAMATH, STATE OF OREGON.

CODE 51 MAP 2607 1CO TL 12000

Attached Exhibit "A"

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.

Encumbrances: Covenants, conditions, restrictions and easements of record

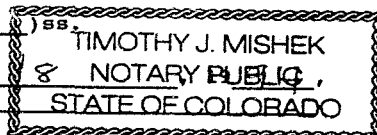
The true consideration for this conveyance is \$5,000.00 (Here comply with the requirements of ORS 93.030*).

Dated this Nov 3rd day of November, 1994; if a corporate grantor, it has caused its name to be signed by order of its board of directors.

Eileen T. Clarke
 EILEEN T. CLARKE

Colorado
 STATE OF OREGON, County of El Paso

This instrument was acknowledged before me on 11 by EILEEN T. CLARKE



Timothy J. Mishek
 Notary Public for Oregon
Colorado

My commission expires: 5/5/98

EILEEN T. CLARKE
6555 GEMSTONE WAY
COLORADO SPRINGS, CO 80918
 GRANTOR'S NAME AND ADDRESS

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

GARY F. PIERCE
86139 DRUMMOND DRIVE
EUGENE, OR 97405
 GRANTEE'S NAME AND ADDRESS

After recording return to:
 EVERGREEN LAND TITLE COMPANY OF OREGON
 1570 MOHAWK BLVD
 SPRINGFIELD, OR 97477

Exhibit "A"

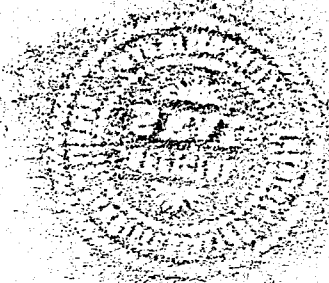
34967

CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
Andrew		Joseph		Clarke		October 2, 1987		1520	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH			7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOUR	
Male	White	NO	October 5, 1921			65 YEARS	MONTHS	DAYS	HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
North Ireland		Dennis Clarke North Ireland				Margaret Marwood N. Ireland			
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
USA	19 N/A TO 19 N/A		051-30-4536		Married	Eileen Steenson			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS			
Maintenance Mechanic		26		United Airlines		Aircraft			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)						19B.		19C. CITY OR TOWN	
1836 Lake Drive								Cardiff	
19D. COUNTY			19E. STATE			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
San Diego			CA			Eileen Clarke Wife			
21A. PLACE OF DEATH			21B. COUNTY			1836 Lake Drive			
Residence			San Diego			Cardiff, CA 92007			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN						
1836 Lake Drive			Cardiff						
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)									
IMMEDIATE CAUSE									
(A) <i>Cardiac arrest</i>									
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE									
(B) <i>PVC's & Rayostoli</i>									
STATING THE UNDERLYING CAUSE LAST									
(C) <i>Coronary Artery Disease</i>									
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A									
<i>Severe O.B.S. - alybrow</i>									
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION									
<i>None</i>									
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER			
		<i>John D. Hill</i>		10/5/87		63081			
28A. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28B. TYPE PHYSICIAN'S NAME AND ADDRESS							
4-12-86 9-27-87		John D. Hill, M.D., 1087-200 Devonshire Dr., Encinitas							
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
Burial		10-6-87		The Good Shepherd Cemetery 17952 Beach Blvd., Huntington Beach		4666 <i>[Signature]</i>			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
Encinitas Mortuary		857		<i>[Signature]</i>		OCT 05 1987			
STATE REGISTRAR		A.	B.	C.	D.	E.	F.		

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE
SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE
ORIGINAL DOCUMENT FILED.
REQUIRED FEE PAID.
DATE ISSUED OCT 06 1987
REGISTRAR OF VITAL STATISTICS
Donald E. Brown, M.D.

34966



IMPRINTED
STAMP

BACK OF "SEAL OF THE SAN DIEGO
DEPT OF HEALTH SERVICES".

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Company the 14th day
of November A.D., 19 94 at 3:43 o'clock P. M., and duly recorded in Vol. M94
of Deeds on Page 34966

FEE \$40.00

Evelyn Biehn
By Lynette Mulvey County Clerk