

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS That FAMA MARGARIET HANVILLE, herein called grantor, for the consideration hereinafter stated, to grantor paid by FAMA MARGARIET HANVILLE, Trustee of the Hanville Living Trust, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

The Southwesterly 80 feet of Lot 14, Block 19 HOT SPRINGS ADDITION to the City of Klamath Falls, Oregon, according to the official plat thereof on file in the records of Klamath County, Oregon.

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

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

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$0.00.

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.

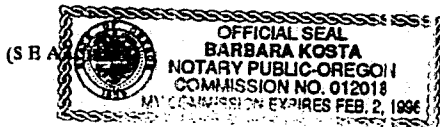
In Witness Whereof, the grantor has executed this instrument this 25 day of November, 1994; if a corporate grantor, it has caused its name to be signed and seal affixed by its officer, duly authorized thereto by order of its board of directors.

THIS INSTRUMENT DOES NOT GUARANTEE THAT ANY PARTICULAR USE MAY BE MADE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Fama M. Hanville
Fama Margaret Hanville

STATE OF OREGON, County of Klamath) ss.

Personally appeared the above-named Fama Margaret Hanville and acknowledged the foregoing instrument to be their voluntary act and deed.



Grantor:
Fama Margaret Hanville
605 Eldorado Street
Klamath Falls, OR 97601

Grantee:
Fama Margaret Hanville, Trustee
605 Eldorado Street
Falls, OR 97601

After recording return to:
Fama Margaret Hanville, Trustee
605 Eldorado Street
Klamath Falls, OR 97601

Until a change, send all tax statements
to same address

Before me: Barbara Kosta
Notary Public for Oregon
My Commissioner Expires: 2-2-96

STATE OF OREGON, County of Klamath) ss.

I certify that the within instrument received for record
on the 28th day of Nov, 1994 at 11:49 o'clock
A M., and recorded in book/reel/volume No. M94
on page 36209 or as fee/file/instrument/microfilm/
reception No. 91682, Recorded of Deeds of said County, Klamath

Evelyn Biehn, County Clerk
Name

By: Dorlene M. Mendenhall

Fee \$30.00

6-4243

I.D. TAG NO.

510

Local File Number

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

State File Number

1. DECEDENT'S NAME First: Natalie Last: RAMEY Sex: Female		2. DATE OF DEATH (Month, Day, Year) November 18, 1994	
3. SOCIAL SECURITY NUMBER 565-32-0100		4. AGE-Last Birthday (Years) 67	
5. PLACE OF BIRTH (City and State or Foreign Country) San Pedro, CA		6. DATE OF BIRTH (Month, Day, Year) July 29, 1927	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			
9. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			
10. COUNTY OF DEATH Klamath			
11. DECEDENT'S USUAL OCCUPATION (When kind of work done during most of working life. Do not use retired.) Secretary		12. KIND OF BUSINESS AND INDUSTRY Insurance Co.	
13. MARITAL STATUS - Married, Widowed, Divorced (Specify) Married		14. SPOUSE (If Married, Widowed, Divorced (Specify) George	
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath	
17. CITY, TOWN, OR LOCATION Klamath Falls		18. STREET AND NUMBER 2538 Orchard Ave.	
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. ZIP CODE 97601	
21. RACE American Indian, Black, White, etc. (Specify) White		22. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+)	
23. FATHER - NAME first middle last Ernest - Russell		24. MOTHER - NAME first middle last Frances - Banks	
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
27. LOCATION City or Town, State Klamath Falls, Oregon		28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
29. DATE SIGNED (Month, Day, Year) NOV 21 1994		30. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601	
31. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT (Consent)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		32. REGISTRAR'S SIGNATURE <i>Doreen Kennedy</i>	
33. TIME OF DEATH 10:02 AM		34. DATE PRONOUNCED DEAD (Month, Day, Year) M	
35. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		36. 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) <i>[Signature]</i>	
37. DATE SIGNED (Month, Day, Year) 11/18/94		38. COUNTY	
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN G. Craig Merhoff, MD 2850 Dacott, Klamath Falls, OR 97601		40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
41. IMMEDIATE CAUSE (ENTER ON BACK OF CARD) (Type or Print) Myocardial Infarction		42. INTERVAL BETWEEN ONSET AND DEATH	
43. TUE TO OR AS A CONSEQUENCE OF: Hypertension		44. INTERVAL BETWEEN ONSET AND DEATH	
45. TUE TO OR AS A CONSEQUENCE OF: Hypertension		46. INTERVAL BETWEEN ONSET AND DEATH	
47. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in an underlying cause given on back of card		48. Did tobacco use contribute to this death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
49. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		50. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
51. DATE OF INJURY (Month, Day, Year) M		52. TIME OF INJURY M	
53. PLACE OF INJURY: At home, farm, street, factory, office, etc. (Specify) M		54. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
55. PLACE OF DEATH: At home, farm, street, factory, office, etc. (Specify) M		56. LOCATION (Street and Number or Rural Route Number, City or Town, State) M	

RESERVED FOR REGISTRAR'S USE

ORIGINAL VITAL STATISTICS COPY

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45-2 Rev 11-92

DATE ISSUED:

NOV 21 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of George Ramey the 28th day of Nov A.D., 19 94 at 1:04 o'clock P M., and duly recorded in Vol. 194 of Deaths on Page 36210.

Evelyn Biehn - County Clerk

By *Doreen Kennedy*

FEE \$10.00

Return: Geo. Ramey, 2538 Orchard, Klamath Falls, Or. 97601