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12-14-94A11:32 RCVD

Aspen
TITLE & ESCROW, INC.

WARRANTY DEED

Vol. m94 Page 37749

ATE #02042658
AFTER RECORDING RETURN TO:

COMMONWEALTH FINANCIAL, LTD.
P. O. BOX 5182
KLAMATH FALLS, OR 97601

UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVE

RONALD E. PALASITS and MARIAN I. PALASITS, husband and wife,
hereinafter called GRANTOR(S), convey(s) to COMMONWEALTH
FINANCIAL, LTD., an Oregon Corporation, hereinafter called
GRANTEE(S), all that real property situated in the County of
Klamath, State of Oregon, described as:

Lot 24, Block 32, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT,
PLAT NO. 2, in the County of Klamath, State of Oregon.

Code 36 Map 3811-9A0 Tax Lot 1700

"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 30.390."

and covenant(s) that grantor is the owner of the above described
property free of all encumbrances except covenants, conditions,
restrictions, reservations, rights, rights of way and easements
of record, if any, and apparent upon the land, contracts and/or
liens for irrigation and/or drainage,

and will warrant and defend the same against all persons who may
lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is
\$7,500.00.

In construing this deed and where the context so requires, the
singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument
this 12th day of December 1994.

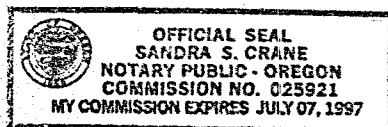
Ronald E. Palasits
RONALD E. PALASITS

Marian I. Palasits
MARIAN I. PALASITS

STATE OF OREGON)
County of Klamath) ss.

The foregoing instrument was acknowledged before me this 12th
day of December, 1994, by RONALD E. PALASITS and MARIAN I.
PALASITS.

Before me: Sandra S. Crane
Notary Public for OREGON
My Commission Expires: July 7, 1997



4089 10V

CLERK OF DISTRICT COURT

CLERK

37750

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co
of Dec A.D., 19 94 at 11:32 o'clock A.M., and duly recorded in Vol. M94
of Deeds on Page 37749

FEE \$35.00

Evelyn Biehn County Clerk
By Mullen Mullendore

RECORDED
INDEXED
FEB 10 1995
CLERK OF DISTRICT COURT
CLERK

I.D. TAG NO.
594-48
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

Return To:
Virginia Yates
3036 Madison
K Falls 97603
State File Number

1. DECEDENT'S NAME First: Raymond Middle: Eugene Last: YATES		2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 23, 1991
4. SOCIAL SECURITY NUMBER 537-20-8112	5a. AGE - Last Birthday (Years) 67	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Prosser, WA		7. DATE OF BIRTH (Month, Day, Year) August 4, 1924	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) VA Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Roseburg	
9d. COUNTY OF DEATH Douglas			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Retail Sales		10b. KIND OF BUSINESS/INDUSTRY Shoes	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Virginia (Frakes)	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3036 Madison	
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.) No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 12			
17. FATHER - NAME first middle last Harry Dunston Yates		18. MOTHER - NAME first middle last Mary Ethelbert Lindley	
19. MARRIAGE - NAME and date of marriage to husband Virginia Yates - Wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Klamath Cremation Service		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Ken Hawkins</i>		21b. LICENSE NUMBER (Of Licensee) 3165	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Funeral Home 1945 Main Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year) AUG 28 1991		24. REGISTRAR'S SIGNATURE <i>Rick Thompson</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input 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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 15:01 P.M.		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) <i>Steven Gibson</i>			
30. DATE SIGNED (Month, Day, Year) 08-23-91			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steven Gibson, M.D., VA Medical Center, Roseburg, OR 97470			
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.)			
(a) Multi system Oxygen Failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Hours	
(b) Septic Shock DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Hours	
(c) Pneumonia, Lower Left Lobe DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Days	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
35. 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		36. DATE OF INJURY (Month, Day, Year) 41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	
41a. DATE OF INJURY (Month, Day, Year)		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DOUGLAS COUNTY REGISTRAR.

DATE ISSUED AUG 28 1991

Rick Thompson
RICK THOMPSON
COUNTY REGISTRAR
DOUGLAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 14th day of Dec, A.D., 19 94 at 1:45 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 37751.
Evelyn Biehn County Clerk
By *Darius M. ...*

FEE \$10.00