

92776

12-22-94A11:36 RCVD



WARRANTY DEED

Vol. m94 Page 38537

ATE #02042670

AFTER RECORDING RETURN TO:

Mr. & Mrs. Ronald C. Stutzman

4270 Lindley Lane
Klamath Falls, OR 97603UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVEFRANCETTE LEVELL, hereinafter called GRANTOR(S), convey(s) to
RONALD C. STUTZMAN and JENNIFER STUTZMAN, husband and wife,
hereinafter called GRANTEE(S), all that real property situated
in the County of Klamath, State of Oregon, described as:A tract of land situate in Block 7, EWAUNA PARK, in the County
of Klamath, State of Oregon, described as follows:Beginning at the Southeast corner of Lot 4 in said Block 7;
thence Northerly along the West right of way line of the Old
Midland Road 16 feet to the true point of beginning; thence
continuing along said right of way line 96 feet; thence Westerly
at right angles 138 feet thence Southerly at right angles 96
feet; thence Easterly at right angles 138 feet to the point of
beginning.

Code 172 Map 3909-9C0 Tax Lot 1000

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,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
\$23,500.00.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 16th day of December, 1994.

X Francette Levell
FRANCETTE STUTZMAN LEVELL *pm*

STATE OF COLORADO)

County of Douglas) ss.The foregoing instrument was acknowledged before me this 20th
day of December, 1994, by FRANCETTE LEVELL.Before me: Doreen Wright

Notary Public for Colorado

My Commission Expires: X

My Commission expires 4/24/95

38538

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VITAL STATISTICS Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 66 IMAGE 24

1045

TYPE OR PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		1045		1. Billy Paul		2. June 14, 1988		3. Washoe	
DECEDENT		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		If Hosp or Inst indicate DOA, GP, Emer Rm, Inpatient (Specify)	
		4. Reno		3c. 411 West 4th St.		3d. Yes		3e. Male	
IF DEATH OCCURRED IN INSTITUTION, GIVE BUILDING, ROOM, OR LOCATION OF DECEASED PERSON		RACE—(e.g. White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS	
		4a. White		4b. American		5a. 53		5b. 53	
		STATE OF BIRTH (If not U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		DATE OF BIRTH (Mo, Day, Yr)	
		6a. Oklahoma		9. U.S.A.		10. Married		6. October 4, 1934	
		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Ever if Retired)		SURVIVING SPOUSE (If alive, give maiden name (WAS DECEDENT EVER IN U.S. ARMED FORCES? Specify Yes or No)		7. Male	
		7. 445-32-1921		14a. Change Person		11. Francette		8. No	
		RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
		15a. Nevada		15b. Washoe		15c. Reno		15d. 411 W. 4th St.	
PARENTS		FATHER—NAME (First, Middle, Last)		MOTHER—MAIDEN NAME (First, Middle, Last)		Mailing Address (Street or R.F.D. No., City or Town, State, Zip)		15e. Yes	
		16. Willis C. Nevell		17. Hester		18. Huddleston			
		18a. Francette Levell		18b. 4270 Dingley Lane, Klamath Falls, Oregon 97603		19. Reno, Nevada			
DISPOSITION		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
		19a. Cremation		19b. Masonic Memorial Gardens		19c. Reno, Nevada			
		20a. Mark D. Dube		20b. Northern Nevada Memorial 616 S. Wells Av. Reno, NV 89502					
CERTIFIER		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.	
		21a. Mark D. Dube		21b. June 20, 1988		21c. 1700		22a. June 20, 1988	
		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. PRONOUNCED DEAD (Mo., Day, Yr.)		21f. PRONOUNCED DEAD (Hour)		22b. June 14, 1988	
		21d. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		21e. June 14, 1988		21f. 1705		22b. AT	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		23. REGISTRAR (Signature) Paulie Ann Dep		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		24. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		24. June 20, 1988		24. June 20, 1988		24. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
CAUSE OF DEATH		PART I (a) Exsanguination		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
		(b) Multiple stab wounds		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
		(c) Other significant conditions—Conditions contributing to death but not related to cause given in PART I (a)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
		PART II		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		25. Yes		25. Yes		25. Yes			
ACC. SUICIDE, HOMICIDE, OR PENALTY INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a. Homicide		26b. June 14, 1988		26c. 1700 Fd.M		26d. Stabbed by unknown assailant(s)			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, store, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	
27a. No		27b. Home		27c. 411 West 4th St., Rm. 61, Reno, Nevada		27d. 411 West 4th St., Rm. 61, Reno, Nevada			

N#79620

VITAL RECORDS

This is to certify that the above is a true and legal copy of the certificate on file in this office.

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

38539

REGISTERED VITAL STATISTICS
Carol A. Miller
 DEEDS, FILM RECORDS AND
 MAY IN TIME CHANGE IN
 COLOR OR APPEARANCE

JUN 24 1988

CERTIFIED COPY WAS RECD.
 CLERK OF THE WASHOE COUNTY
 HEALTH DEPARTMENT
 200 WASHOE COUNTY, NEVADA

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Company the 22nd day
 of December A.D., 19 94 at 11:36 o'clock A. M., and duly recorded in Vol. M94
 of Deeds on Page 38537.

FEE \$40.00

Evelyn Biehn County Clerk
 By Carol A. Miller