

02-10-95P03:16 RCVD

Vol. 195 Page 2993

After recording return to grantee herein.
Until a change is requested send all tax
statements to grantee herein.

KEY TITLE NO. K-47532
ESCROW NO. 27-22601
TAX ACCT. NO. 130192
MAP #

GRANTEE'S NAME AND ADDRESS:

JIM L. TURNER
P O BOX 343
GILCHRIST, OR 97737

WARRANTY DEED -- STATUTORY FORM
(INDIVIDUAL or CORPORATION)

BOB L. MOORE and JANET K. MOORE Grantor,

conveys and warrants to:

JIM L. TURNER, an individual, Grantee,

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

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE

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.

The true consideration for this conveyance is \$5,700.00 . However, if the
actual consideration consists of or includes other property or other value
given or promised, such other property or value was part of the/the whole of
the (indicate which) consideration.

If grantor is a corporation, this has been signed by authority of the Board of
Directors.

Dated this 27 day of January, 19 95.

GRANTOR(S):

Bob L. Moore
BOB L. MOORE

Janet K. Moore
JANET K. MOORE

STATE OF OREGON, County of Washington ss.

This instrument was acknowledged before me on January 27th, 19 95,
by BOB L. MOORE and JANET K. MOORE

Mary Jeanne Miller
Notary Public for Oregon

My commission expires: 2-26-96STATE OF OREGON, COUNTY OF MUTNOMAH ss.

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON
JANUARY 30th 1995 BY BOB L. MOORE

Kenneth G. Walter
NOTARY PUBLIC FOR OREGON

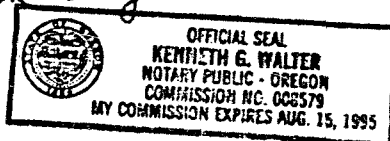


EXHIBIT "A"

2294

LOT 2 IN BLOCK 19 SECOND ADDITION TO RIVER PINE ESTATES, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON

SUBJECT TO:

1. ALL EASEMENTS OF ANY TYPE OR NATURE FOR THE TRANSMISSION OR DISTRIBUTIONS OF WATER.
2. RESERVATIONS AS CONTAINED IN DEED RECORDED MARCH 28, 1951 IN VOLUME 246, PAGE 165, DEED RECORDS OF KLAMATH COUNTY, OREGON.
3. RIGHT OF WAY, DATED JUNE 23, 1972, AND RECORDED JUNE 23, 1972 IN VOLUME M72, PAGE 6813, DEED RECORDS OF KLAMATH COUNTY, OREGON.
4. BUILDING AND USE RESTRICTIONS FOR SECOND ADDITION TO RIVER PINE ESTATES DATED JUNE 23, 1972 AND RECORDED JUNE 23, 1972 IN VOLUME M72, PAGE 6815, DEED RECORDS OF KLAMATH COUNTY, OREGON.
5. RESERVATIONS AND RESTRICTIONS CONTAINED IN THE DEDICATION AND SHOWN ON THE PLAT SECOND ADDITION TO RIVER PINE ESTATES.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 10th day
of Feb A.D. 19 95 at 3:16 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 2993
Bernetha G. Letsch, County Clerk
By Pauline Mullendore

FEE \$35.00

PARTIES

Debtor name (last name first if individual) and mailing address:
Andersch Home Furnishings, Inc.
3815 S. 6th Street
Klamath Falls, OR 97601

Debtor name (last name first if individual) and mailing address:

Debtor name (last name first if individual) and mailing address:

Secured Party(ies) name(s) (last name first if individual) and address for security interest information: Pennsylvania House, Inc. a wholly owned subsidiary of Ladd Furniture, Inc.
137 North 10th Street
Lewisburg, PA 17837

Assignee(s) of Secured Party name(s) (last name first if individual) and address for security interest information:

Special Types of Parties (check if applicable):

- ☐ The terms "Debtor" and "Secured Party" mean "Lessee" and "Lessor," respectively.
- ☐ The terms "Debtor" and "Secured Party" mean "Consignee" and "Consignor," respectively.
- ☐ Debtor is a Transmitting Utility.

SECURED PARTY SIGNATURE(S)

This statement is filed with only the Secured Party's signature to perfect a security interest in collateral (check applicable box(es)) -

- a. ☐ acquired after a change of name, identity or corporate structure of the Debtor.
- b. ☐ as to which the filing has lapsed.
- c. already subject to a security interest in another county in Pennsylvania -
☐ when the collateral was moved to this county.
☐ when the Debtor's residence or place of business was moved to this county.
- d. already subject to a security interest in another jurisdiction -
☐ when the collateral was moved to Pennsylvania.
☐ when the Debtor's location was moved to Pennsylvania.
- e. ☒ which is proceeds of the collateral described in block 9, in which a security interest was previously perfected (also describe proceeds in block 9, if purchased with cash proceeds and not adequately described on the original financing statement).

Secured Party Signature(s)
(required only if box(es) is checked above):

Pennsylvania House, Inc.

Robert L. Kull

FINANCING STATEMENT Uniform Commercial Code Form UCC-1 IMPORTANT - Please read instructions on reverse side of page 4 before completing

Filing No. (stamped by filing officer):

Date, Time, Filing Office (stamped by filing officer):

2-10-95

M95/2995

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code, and is to be filed with the (check applicable box):

- ☐ Secretary of the Commonwealth.
- ☐ Prothonotary of _____ County.
- ☐ real estate records of _____ County.

Number of Additional Sheets (if any):

Optional Special Identification (Max. 10 characters):

COLLATERAL

Identify collateral by item and/or type:

All of the Debtor's right, title and interest in and to the following, wherever located: all inventory and other goods sold by the Secured Party to the Debtor, all accounts, instruments, general intangibles and chattel paper, and all products and proceeds thereof, all as more particularly described on Schedule A attached hereto and made a part hereof.

THE SECURITY INTEREST EVIDENCED HEREBY IS A PURCHASE MONEY SECURITY INTEREST.

☐ (check only if desired) Products of the collateral are also covered.

Identify related real estate, if applicable: The collateral is, or includes (check appropriate box(es)) -

- a. ☐ crops growing or to be grown on -
- b. ☐ goods which are or are to become fixtures on -
- c. ☐ minerals or the like (including oil and gas) as extracted on -
- d. ☐ accounts resulting from the sale of minerals or the like (including oil and gas) at the wellhead or minehead on -

the following real estate:

Street Address:

Described at: Book _____ of (check one) ☐ Deeds ☐ Mortgages, at Page(s) _____
for _____ County. Uniform Parcel Identifier _____

☐ Described on Additional Sheet.

Name of record owner (required only if no Debtor has an interest of record):

DEBTOR SIGNATURE(S)

Debtor Signature(s):

Edmond W. Andersch, President

1a

1b Edmond W. Andersch, President

RETURN RECEIPT TO:

Prentice Hall Legal & Financial Service
P.O. Box 77132
West Trenton, NJ 08628

SCHEDULE A

2996

DESCRIPTION OF COLLATERAL

Debtor:

Andersch Home Furnishings, Inc.
3815 W. 6th Street
Klamath Falls, OR 97601
Attn: Edmond W. Andersch

Secured Party:

Pennsylvania House, Inc.
137 North 10th Street
Lewisburg, PA 17837
Attn: Joseph F. Reidy

All of the Debtor's right, title and interest in and to the following, wherever located (the "Collateral"):

- (a) all inventory and other goods consisting of Pennsylvania House furniture and accessories, (collectively, the "Inventory"), together with all point of purchase and advertising materials, catalogs, tabloids, signage podiums, swatches of cloth, fabric samples and other goods supplied to the Debtor by the Secured Party in connection with Inventory;
- (b) any and all accounts, instruments, general intangibles or chattel paper generated by sales, transfers, exchanges or other dispositions of any Inventory by the Debtor;
- (c) all returned and repossessed Inventory;
- (d) any claim against any third party concerning the Inventory or any of the other Collateral;
- (e) all books and records relating to any of the foregoing; and
- (f) any and all products and proceeds of any of the foregoing (including without limitation, insurance proceeds paid or payable as a result of loss or damage to the Inventory), whether classified under the Uniform Commercial Code as in effect in any applicable jurisdiction as accounts, inventory, equipment, farm products, consumer goods, goods, fixtures, instruments, documents or general intangibles.

STATE OF OREGON,
County of Klamath ss.

ANDERSCH HOME FURNISHINGS, INC.

By: [Signature]
Title: President

Filed for record at request of:

Prentice Hall Legal & Financial
on this 10th day of Feb A.D. 19 95
at 3:42 o'clock P M. and duly recorded
in Vol. M95 of Mortgages Page 2995
Bernetha G. Letsch County Clerk
By [Signature] Deputy.

Fee, \$ 10.00/Non Stan \$10.00

CO

PARTIES	
Debtor name (last name first if individual) and mailing address: Andersch Lifestyles, Inc. 660 NE 3rd Street Bend, OR 97701	
1	
Debtor name (last name first if individual) and mailing address:	
1a	
Debtor name (last name first if individual) and mailing address:	
1b	
Secured Party(ies) name(s) (last name first if individual) and address for security interest information: Pennsylvania House, Inc. a wholly owned subsidiary of Ladd Furniture, Inc. 137 North 10th Street Lewistown, PA 17837	
2	
Assignee(s) of Secured Party name(s) (last name first if individual) and address for security interest information:	
2a	
Special Types of Parties (check if applicable): <input type="checkbox"/> The terms "Debtor" and "Secured Party" mean "Lessee" and "Lessor," respectively. <input type="checkbox"/> The terms "Debtor" and "Secured Party" mean "Consignee" and "Consignor," respectively. <input type="checkbox"/> Debtor is a Transmitting Utility.	
3	
SECURED PARTY SIGNATURE(S)	
This statement is filed with only the Secured Party's signature to perfect a security interest in collateral (check applicable box(es)) - a. <input type="checkbox"/> acquired after a change of name, identity or corporate structure of the Debtor. b. <input type="checkbox"/> as to which the filing has lapsed. c. already subject to a security interest in another county in Pennsylvania - <input type="checkbox"/> when the collateral was moved to this county. <input type="checkbox"/> when the Debtor's residence or place of business was moved to this county. d. already subject to a security interest in another jurisdiction - <input type="checkbox"/> when the collateral was moved to Pennsylvania. <input type="checkbox"/> when the Debtor's location was moved to Pennsylvania. e. <input checked="" type="checkbox"/> which is proceeds of the collateral described in block 9, in which a security interest was previously perfected (also describe proceeds in block 9, if purchased with cash proceeds and not adequately described on the original financing statement).	
Secured Party Signature(s) (required only if box(es) is checked above): Pennsylvania House, Inc. <i>Richard L. Miller</i>	
4	

FINANCING STATEMENT Uniform Commercial Code Form UCC-1 IMPORTANT - Please read instructions on reverse side of page 4 before completing	
Filing No. (stamped by filing officer): 2-10-95 M95/2997	Date, Time, Filing Office (stamped by filing officer):
5	
This Financing Statement is presented for filing pursuant to the Uniform Commercial Code, and is to be filed with the (check applicable box): <input type="checkbox"/> Secretary of the Commonwealth. <input type="checkbox"/> Prothonotary of _____ County. <input type="checkbox"/> Real estate records of _____ County.	
6	
Number of Additional Sheets (if any):	7
Optional Special Identification (Max. 10 characters):	8
COLLATERAL	
Identify collateral by item and/or type: All of the Debtor's right, title and interest in and to the following, wherever located: all inventory and other goods sold by the Secured Party to the Debtor, all accounts, instruments, general intangibles and chattel paper, and all products and proceeds thereof, all as more particularly described on Schedule A attached hereto and made a part hereof.	
THE SECURITY INTEREST EVIDENCED HEREBY IS A PURCHASE MONEY SECURITY INTEREST.	
<input type="checkbox"/> (check only if desired) Products of the collateral are also covered	
Identify related real estate, if applicable: The collateral is, or includes (check appropriate box(es)) - a. <input type="checkbox"/> crops growing or to be grown on - b. <input type="checkbox"/> goods which are or are to become fixtures on - c. <input type="checkbox"/> minerals or the like (including oil and gas) as extracted on - d. <input type="checkbox"/> accounts resulting from the sale of minerals or the like (including oil and gas) at the wellhead or minehead on -	
the following real estate: Street Address: Described as: Book _____ of (check one) <input type="checkbox"/> Deeds <input type="checkbox"/> Mortgages, at Page(s) _____ for _____ County. Uniform Parcel Identifier _____ <input type="checkbox"/> Described on Additional Sheet.	
Name of record owner (required only if no Debtor has an interest of record):	
10	
DEBTOR SIGNATURE(S)	
Debtor Signature(s): 1 1a <i>Edmond W. Andersch</i> 1b Edmond W. Andersch, President	
11	
RETURN RECEIPT TO: Prentice Hall Legal & Financial Services P.O. Box 77132 West Trenton, NJ 08628	
12	

SCHEDULE A
DESCRIPTION OF COLLATERAL

Debtor:

Andersch Lifestyles, Inc.
660 NE 3rd Street
Bend, OR 97701
Attn: Edmond W. Andersch

Secured Party:

Pennsylvania House, Inc.
137 North 10th Street
Lewisburg, PA 17837
Attn: Joseph F. Reidy

All of the Debtor's right, title and interest in and to the following, wherever located (the "Collateral"):

- (a) all inventory and other goods consisting of Pennsylvania House furniture and accessories, (collectively, the "Inventory"), together with all point of purchase and advertising materials, catalogs, tabloids, signage podiums, swatches of cloth, fabric samples and other goods supplied to the Debtor by the Secured Party in connection with Inventory;
- (b) any and all accounts, instruments, general intangibles or chattel paper generated by sales, transfers, exchanges or other dispositions of any Inventory by the Debtor;
- (c) all returned and repossessed Inventory;
- (d) any claim against any third party concerning the Inventory or any of the other Collateral;
- (e) all books and records relating to any of the foregoing; and
- (f) any and all products and proceeds of any of the foregoing (including without limitation, insurance proceeds paid or payable as a result of loss or damage to the Inventory), whether classified under the Uniform Commercial Code as in effect in any applicable jurisdiction as accounts, inventory, equipment, farm products, consumer goods, goods, fixtures, instruments, documents or general intangibles.

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Prentice Hall Legal & Financial
on this 10th day of Feb A.D., 19 95
at 3:42 o'clock P M. and duly recorded
in Vol. M95 of Mortgages Page 2997
Bernetha G. Letsch County Clerk
By Debra M. Mullins
Deputy.

Fee. \$ 10.00/Non Stan \$10.00

ANDERSCH LIFESTYLES, INC.

By: [Signature]

Title: President

158029
I.D. TAG NO.
61
Local File Number

1390-1308
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME
First: Lorraine Middle: Phyllis Last: WOOD
2 SEX: Female
3 DATE OF BIRTH: February 4, 1925
4 SOCIAL SECURITY NUMBER: 477-18-8039
5a AGE Last Birthday (Years): 71
5b Under 1 Year: Mo: Days: Hours: Mins:
6 BIRTHPLACE (City and State or Foreign): Klamath Falls, Oregon
7 DATE OF BIRTH (Month, Day, Year): February 4, 1925
8a WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
8b PLACE OF DEATH (Check only one): ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ OTHER ☒ Nursing Home ☒ Decedent's Home ☐ Other (Specify):
9a FACILITY NAME (If not institution, give street and number): 1804 Birch
9b CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9c COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
10b KIND OF BUSINESS/INDUSTRY: Own Home
11 MARITAL STATUS: Married
12 SPOUSE (If married, give name): Charles Wood
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 1804 Birch
14 INSIDE CITY LIMITS? ☒ Yes ☐ No
15 ZIP CODE: 97601
16 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
17 RACE: American Indian, Black, White, etc. (Specify): White
18 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary 8-12, College (14 or 15): 2
19 FATHER - NAME (first middle last): Rueben S. Anderson
20 MOTHER - NAME (first middle last): Tami - Nient
21 INHERITANCE NAME and relationship to decedent: Charles Wood - Spouse
22 METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
23 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Haven of Rest Mausoleum
24 LOCATION: City or Town, State: Klamath Falls, Oregon
25 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY: [Signature]
26 LICENSE NUMBER (If licensee): 3588
27 NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home
28 DATE FILED (Month, Day, Year): FEB 09 1995
29 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
30 TO BE COMPLETED BY CERTIFYING PHYSICIAN
31 TIME OF DEATH: 8:45 a.m. ☐ Yes ☒ No
32 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED: (Signature) Blake Berven M.D.
33 DATE SIGNED (Month, Day, Year):
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
36 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.)
37 (a) DUE TO, OR AS A CONSEQUENCE OF: Heart myocardial infarction
38 (b) DUE TO, OR AS A CONSEQUENCE OF: Aortic aneurysm
39 (c) DUE TO, OR AS A CONSEQUENCE OF: Other significant conditions -
40 MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Accident ☐ Suicide ☐ Homicide ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year):
41b TIME OF INJURY: M: ☐ Yes ☐ No
41c INJURY AT WORK? ☐ Yes ☐ No
42a PLACE OF INJURY: At home, farm, street, factory, office building etc. (Specify):
42b LOCATION (Street and Number or Rural Route Number, City or Town, State):
43 AUTOPSY: ☐ Yes ☒ No
44 IF YES, was autopsy completed in determining cause of death? ☐ Yes ☐ No ☐ N/A
45 THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: FEB 09 1995
AFTER RECORDING RETURN TO:
CHARLES O. WOOD, 1804 BIRCH ST., KLAMATH FALLS, OR 97601

Janet Bailey
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co
of Feb A.D., 19 95 at 3:51 o'clock P M., and duly recorded in Vol. M95
on Page 2999
FEE \$10.00
Bernetha G. Letsch, County Clerk
By [Signature]