

NA 96356 ESTOPPEL DEED MORTGAGE OR TRUST DEED Vol. M95 Page 6144

THIS INDENTURE between Rosan D Clark hereinafter called the first party, and REALVEST, INC., hereinafter called the second party; WITNESSETH: A NEVADA CORPORATION

Whereas, the title to the real property hereinafter described is vested in fee simple in the first party, subject to the lien of a mortgage or trust deed recorded in the mortgage records of the county hereinafter named, in book 578/ volume No. M94 at page 7929 thereof and/or as fee/file/instrument/microfilm/reception No. 77579 (state which), reference to those records hereby being made, and the notes and indebtedness secured by the mortgage or trust deed are now owned by the second party, on which notes and indebtedness there is now owing and unpaid the sum of \$ 12,600.00, the same being now in default and the mortgage or trust deed being now subject to immediate foreclosure, and whereas the first party, being unable to pay the same, has requested the second party to accept an absolute deed of conveyance of the property in satisfaction of the indebtedness secured by the mortgage and the second party does now accede to that request.

NOW, THEREFORE, for the consideration hereinafter stated (which includes the cancellation of the notes and indebtedness secured by the mortgage or trust deed and the surrender thereof marked "Paid in Full" to the first party), the first party does hereby grant, bargain, sell and convey unto the second party, second party's heirs, successors and assigns, all of the following described real property situated in Klamath County, State of OREGON, to-wit:

- LOT 84, BLOCK 12, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT 1 KLAMATH COUNTY, OREGON
- LOT 7, BLOCK 47, KLAMATH FOREST ESTATES, 1ST. ADDITION, KLAMATH COUNTY, OREGON.
- LOT 38, BLOCK 93, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT 4, KLAMATH COUNTY, OREGON.

together with all of the tenements, hereditaments and appurtenances thereunto belonging or in anyway appertaining;
The true and actual consideration for this conveyance is \$ (Here comply with ORS 93.030.)

(CONTINUED ON REVERSE SIDE)

MS Rosan D Clark HC15 Box 495-C Hanover, N.M. 88041	SPACE RESERVED FOR RECORDER'S USE	STATE OF OREGON, } ss. County of _____
REALVEST, INC.'s Name and Address C/O P. BROWNING HC15 BOX 495C HANOVER, NM 88041		I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____ Record of Deeds of said County.
After recording return to (Name, Address, Zip): GRANTEE		Witness my hand and seal of County affixed.
Until requested otherwise send all tax statements to (Name, Address, Zip): GRANTEE		NAME _____ By _____ Deputy

TO HAVE AND TO HOLD the same unto the second party, second party's heirs, successors and assigns forever.

And the first party, for first party and first party's heirs and legal representatives, does covenant to and with the second party, second party's heirs, successors and assigns, that the first party is lawfully seized in fee simple of the property, free and clear of incumbrances except the mortgage or trust deed and further except

that the first party will warrant and forever defend the above granted premises, and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, other than the liens above expressly excepted; that this deed is intended as a conveyance, absolute in legal effect as well as in form, of the title to the premises to the second party and all redemption rights which the first party may have therein, and not as a mortgage, trust deed or security of any kind; that possession of the premises hereby is surrendered and delivered to the second party; that in executing this deed the first party is not acting under any misapprehension as to the effect thereof or under any duress, undue influence, or misrepresentation by the second party, or second party's representatives, agents or attorneys; that this deed is not given as a preference over other creditors of the first party and that at this time there is no person, co-partnership or corporation, other than the second party, interested in the premises directly or indirectly, in any manner whatsoever, except as set forth above.

In construing this instrument, it is understood and agreed that the first party as well as the second party may be more than one person; that if the context so requires the singular pronoun includes the plural and that all grammatical changes shall be made, assumed and implied to make the provisions hereof apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the first party above named has executed this instrument; if first party is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

Dated 3/14, 1995

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.

CALIFORNIA

STATE OF OREGON, County of ORANGE) ss.

This instrument was acknowledged before me on 3/14, 1995,

by ROSAN D. CLARK

This instrument was acknowledged before me on 19,

by

as

of

Notary Public for Oregon

My commission expires

State of California
County of Orange

On 03-14-1995 before me, Fatima Leila Hindiye
(DATE) (NAME/TITLE OF OFFICER: e.g., JANE DOE, NOTARY PUBLIC)

personally appeared Rosan D. Clark
(NAME(S) OF SIGNER(S))

☐ personally known to me -OR- ☒

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Witness my hand and official seal.

(SEAL)

Fatima Leila Hindiye
(SIGNATURE OF NOTARY)

ATTENTION NOTARY

The information requested below and in the column to the right is **OPTIONAL**. Recording of this document is not required by law and is also optional. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE
MUST BE ATTACHED
TO THE DOCUMENT
DESCRIBED AT RIGHT:

Title or Type of Document Estate Deed
Number of Pages 2 Date of Document 03-14-1995
Signer(s) Other Than Named Above no

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☒ INDIVIDUAL(S)
☐ CORPORATE

OFFICER(S) (TITLE)

☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER:

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)
☐ CORPORATE

OFFICER(S) (TITLE)

☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER:

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

WOLCOTTS FORM 63240 Rev. 3-94 (price class B-2A) © 1994 WOLCOTTS FORMS, INC.
ALL PURPOSE ACKNOWLEDGMENT WITH SIGNER CAPACITY/REPRESENTATION/TWO FINGERPRINTS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Realvest the 20th day
of March A.D., 19 95 at 2:26 o'clock P M., and duly recorded in Vol. 195
of Deeds on Page 6144

FEE \$40.00

Bernetha G. Letsch, County Clerk
Bernetha G. Letsch

080274
I.D. TAG NO.

156

Local File Number

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

136

State File Number

1. DECEDENT'S NAME First: Ray Middle: Wesley Last: CURTEMAN		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 8, 1995
4. SOCIAL SECURITY NUMBER 540-10-0210	5a. AGE Last Birthday (Years) 89	5b. Under 1 Year Mos Days	5c. Under 1 Day Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Island City, OR		7. DATE OF BIRTH (Month, Day, Year) September 30, 1905	
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"/> Outpatient <input type="checkbox"/> DOA <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) St. Charles Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Bend	
9d. COUNTY OF DEATH Deschutes			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heavy Equipment Mechanic		10b. KIND OF BUSINESS/INDUSTRY Lumber Company	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Jennie Curteman	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Gilchrist		13d. STREET AND NUMBER HC 32 Box 305	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97737	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 8		College (14 or 5+)	
17. FATHER - NAME first middle last Charles Wesley Curteman		18. MOTHER - NAME first middle maiden Maude	
19. INFORMANT - NAME and relationship to decedent Douglas R. Curteman, Son			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Deschutes Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>State M. M. Cofferty</i>		21b. LICENSE NUMBER (Of Licensee) 0342	
22. NAME, ADDRESS AND ZIP OF FACILITY Deschutes Memorial Funeral Home 63875 Hwy 97 N., Bend, Oregon 97701			
23. DATE FILED (Month, Day, Year) March 14, 1995		24. REGISTRAR'S SIGNATURE <i>Vicki H. St. John, Reg.</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" 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 9:00 A.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>Richard M. Cade MD</i>			
30. DATE SIGNED (Month, Day, Year) 3/13/95			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Richard M. Cade MD 16430 3rd, La Pine, Oregon 97739			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
32. 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)			
33. DATE SIGNED (Month, Day, Year) COUNTY			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Carotid or Respiratory Arrest			
PART I		PART II	
(a) Mesenteric artery thrombosis		Interval between onset and death Hour	
(b) Embolus in the patient with Atrial fibrillation		Interval between onset and death Year	
(c) Patient received cocaine, then formed embolus		Interval between onset and death Hour	
OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.			
37. 38. tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		39. 40. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		42. DATE OF INJURY (Month, Day, Year)	
43. TIME OF INJURY M		44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		46. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED:

March 14, 1995

FLORENCE ABEND-TORRIGINO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Deschutes Funeral the 20th day
of March A.D., 19 95 at 2:26 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 6147RETURN TO: DESCHUTES FUNERAL HOME Bernetha G. Letsch, County Clerk
P.O. BOX 5992
Bend, Or 97708 By Lynette Hildag

FEE \$10.00