

97173

03-29-95P03:53 RCVD

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

Vol 1495 Page 7491  
KEY TITLE NO: K-47758  
ESCROW NO: 27-22798  
TAX ACCT. NO: 135945  
MAP NO:

GRANTEE'S NAME AND ADDRESS:

TRACEY ROHUS  
PO BOX 1108  
LAPINE, OR 97739

WARRANTY DEED -- STATUTORY FORM  
(INDIVIDUAL or CORPORATION)

JUNIOR H. ASCHE, TRUSTEE OF THE JUNIOR H. ASCHE REVOCABLE LIVING TRUST  
Grantor,

conveys and warrants to:

TRACEY ROHUS, Grantee,

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

THE EAST ONE-HALF OF LOT 5 IN BLOCK 4 OF FIRST ADDITION TO ANTELOPE  
MEADOWS, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE  
OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON

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 \$10,500.00 . 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 17<sup>th</sup> day of March, 1995.

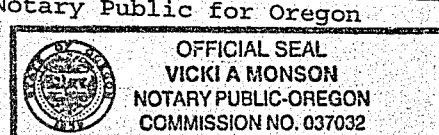
GRANTOR(S):

Junior H. Asche, Trustee  
JUNIOR H. ASCHE, TRUSTEE

STATE OF OREGON, County of Lincoln ) ss.

This instrument was acknowledged before me on March 17<sup>th</sup>, 1995,  
by JUNIOR H. ASCHE, TRUSTEE

Vicki A. Monson  
Notary Public for Oregon

My commission expires: 8-14-98



# CERTIFICATE OF VITAL RECORD

7492

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

6 cc

073083  
I.D. TAG NO.

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: <u>Margueritte</u> Middle: <u>ASCHE</u> Last: <u>ASCHE</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 30, 1991</u>
4. SOCIAL SECURITY NUMBER <u>540-24-8506</u>		5a. AGE-Last Birthday (Years) <u>72</u>	5b. Under 1 Year Mths. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>
6. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> 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)		7. DATE OF BIRTH (Month, Day, Year) <u>December 5, 1918</u>	
8. FACILITY NAME (If not institution, give street and number) <u>Salem Hospital</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Salem</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Homemaker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed, Divorced (Specify) <u>Junior H. Asche</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Marion</u>	
13c. CITY, TOWN OR LOCATION <u>Keizer</u>		13d. STREET AND NUMBER <u>5510 Windsor Island Rd. N. #33</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <u>12</u> College (14 or 16+)			
17. FATHER - NAME first middle last <u>Vergil Robinette</u>		18. MOTHER - NAME first middle maiden <u>Cora Poole</u>	
19. INFORMANT - NAME and relationship to deceased <u>Junior H. Asche, husband</u>			
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) <u>Willamette Memorial Park Cem.</u>	
21. SIGNATURE OF FUNERAL SERVICE LICENSED OR PERSON ACTING AS SUCH <u>Joseph J. Thaler</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Keizer Chapel Funeral Home 4365 River Rd. N. Keizer, Or. 97303</u>	
23. DATE FILED (Month, Day, Year) <u>JUN 3 1991</u>		24. REGISTRAR'S SIGNATURE <u>Ruth A. Johnson</u>	
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 <u>9:29 p.m.</u>		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) <u>Joseph J. Thaler M.D.</u>			
30. DATE SIGNED (Month, Day, Year) <u>5/31/91</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Joseph J. Thaler M.D. 2475 Center N.E. Salem, Or. 97301</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH <u>  </u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>  </u>	
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) <u>  </u>			
33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
PART I (a) <u>Congestive Heart Failure</u>		Interval between onset and death <u>5 years</u>	
(b) <u>Rheumatic Heart Disease</u>		Interval between onset and death <u>50 years</u>	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I <u>Stroke</u>		Interval between onset and death <u>  </u>	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) <u>  </u>	
41b. TIME OF INJURY <u>  </u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <u>  </u>		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED

JUN 3 1991

*Ruth A. Johnson*

RUTH A. JOHNSON  
COUNTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 29th day  
of March A.D., 19 95 at 3:53 o'clock P M., and duly recorded in Vol. M95  
of Deeds on Page 7491

FEE \$35.00

Bernetha G. Leisch, County Clerk

*Bernetha G. Leisch*