

05-26-95A11:22 RCVD



## WARRANTY DEED

#05043061

AFTER RECORDING RETURN TO:

EARL D. NASH  
 IRENE D. NASH  
 1541 CARLSON DRIVE  
 KLAMATH FALLS, OR 97603

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

ELIZABETH R. FOERTSCH, INDIVIDUALLY AND AS TRUSTEE OF THE FOERTSCH FAMILY TRUST, UDT DATED OCTOBER 30, 1986, hereinafter called GRANTOR(S), convey(s) to EARL D. NASH and IRENE D. NASH, husband and wife, hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

Lot 61, MOYINA, in the County of Klamath, State of Oregon.

Code 141 Map 3809-36CD TL 3300  
 SEE EXHIBIT "A" ATTACHED

"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 \$91,000.00.

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 May, 1995.

THE FOERTSCH FAMILY TRUST, UDT DATED OCTOBER 30, 1986

BY: Elizabeth R. Foertsch Trustee  
 ELIZABETH R. FOERTSCH, TRUSTEE

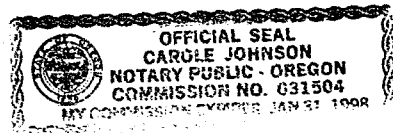
BY: Elizabeth R. Foertsch  
 ELIZABETH R. FOERTSCH, INDIVIDUALLY

STATE OF OREGON, County of Klamath)ss.

On this 12th day of May, 1995,

Personally appeared the above named ELIZABETH R. FOERTSCH, INDIVIDUALLY AND AS TRUSTEE OF THE FOERTSCH FAMILY TRUST, UDT DATED OCTOBER 30, 1986 and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me: Carol Johnson  
 Notary Public for Oregon  
 My Commission Expires: January 31, 1998



## EXHIBIT "A"

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK125962  
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-

Local File Number

State File Number

1. DECEDENT'S NAME First: Ervin Middle: Joseph Last: FOERTSCH			2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 23, 1993
4. SOCIAL SECURITY NUMBER 468 09 8700		5a. AGE-Last Birthday (Years) 86	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Mooreton, ND.			7. DATE OF BIRTH (Month, Day, Year) July 18, 1906	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <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) Merle West Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Bus Driver		10b. KIND OF BUSINESS/INDUSTRY Municipality		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Elizabeth				
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls
13d. STREET AND NUMBER 1541 Carlson Drive				
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.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8		
17. FATHER - NAME first middle last Balthasar A. Foertsch		18. MOTHER - NAME first middle maiden Mariann - .Seurer		19. INFORMANT - NAME and relationship to deceased Elizabeth Foertsch / Wife
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. E. Ford</i>		21b. LICENSE NUMBER (Of Licensee) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc 1945 Main / Klamath Falls, Or / 97601
23. DATE FILED (Month, Day, Year)		24. REGISTRAR'S SIGNATURE		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 1800 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>R. A. Breitenstein</i>				
30. DATE SIGNED (Month, Day, Year) 1-25-93				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ralph A. Breitenstein, MD / 2622 Campus Drive / Klamath Falls, Oregon / 97601				
35. 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. Cardiac or Respiratory Arrest.				
PART I (a) <i>Septic shock</i>		Interval between onset and death 10 hr		
(b) <i>perforated duodenal ulcer</i>		Interval between onset and death 12 hr		
(c)		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <i>cardiac angiodysplasia</i>				
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input 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 Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED		
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 26th day  
of May A.D., 19 95 at 11:22 o'clock A M., and duly recorded in Vol. M95  
of Deeds on Page 14008.

FEE \$35.00

Bernetha G. Latsch, County Clerk  
By *[Signature]*