



**Aspen**  
TITLE & ESCROW, INC.

## WARRANTY DEED

#03043280

AFTER RECORDING RETURN TO:

REALVEST, INC.

HC15, BOX 495-C

HWY 152 CA6082

HANOVER, NV 88041

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

ROBERT A. DAY, INDIVIDUALLY AND AS TRUSTEE and FLORENCE I. DAY, INDIVIDUALLY AND AS TRUSTEE and ROBERT S. DAY, hereinafter called GRANTOR(S), convey(s) to REALVEST, INC., a Nevada corporation hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

Lots 42 and 43, Block 30, FOURTH ADDITION TO NIMROD RIVER PARK, in the County of Klamath, State of Oregon.

Code 10 Map 3610-11AO TL 7400

Code 10 Map 3610-11AO TL 7300

"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  
\$1,600.00.

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 23rd day of May, 1995.

Robert A. Day  
ROBERT A. DAY, TRUSTEE

\*Deceased, see enclosure  
FLORENCE I. DAY, TRUSTEE

Robert A. Day  
ROBERT A. DAY, INDIVIDUALLY

\*Deceased, see enclosure  
FLORENCE I. DAY, INDIVIDUALLY

Robert S. Day  
ROBERT S. DAY Successor Trustee

STATE OF CALIFORNIA )

COUNTY OF Los Angeles ) ss.

On May 27, 1995 before me GEORGE N STAVROS, personally appeared ROBERT A. DAY, INDIVIDUALLY AND AS TRUSTEE AND FLORENCE I. DAY, INDIVIDUALLY AND AS TRUSTEE AND ROBERT S. DAY 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

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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.

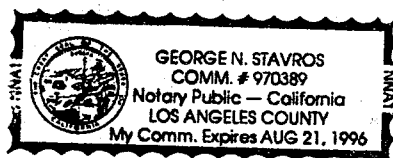
WITNESS my hand and official seal.

Signature

George N. Stavros

My commission expires:

8-21-96



CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS  
VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Florence		2. MIDDLE Irene		3. LAST (FAMILY) Day	
	4. DATE OF BIRTH MM/DD/CCYY 07/26/1912		5. AGE YRS. 81		6. SEX F.	
	7. DATE OF DEATH MM/DD/CCYY 03/26/1994		8. HOUR 1710		9. EDUCATION—YEARS COMPLETED 12	
	10. SOCIAL SECURITY NO. 563-34-0974		11. MILITARY SERVICE 19 TO 19 <input checked="" type="checkbox"/> NONE		12. MARITAL STATUS Married	
USUAL RESIDENCE	13. RACE White		14. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. USUAL EMPLOYER Las Encinas Hospital	
	16. OCCUPATION Registered Nurse		17. KIND OF BUSINESS Hospital		18. YEARS IN OCCUPATION 10	
	19. RESIDENCE—STREET AND NUMBER OR LOCATION 609 Mariposa Ave.		20. CITY Sierra Madre		21. COUNTY Los Angeles	
	22. ZIP CODE 91204		23. YRS IN COUNTY 51		24. STATE OR FOREIGN COUNTRY CA.	
SPOUSE AND PARENT INFORMATION	25. NAME, RELATIONSHIP Robert A. Day - Husband		26. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 609 Mariposa Ave., Sierra Madre, CA. 91204		27. LAST (MAIDEN NAME) Day	
	28. NAME OF SURVIVING SPOUSE—FIRST Robert		29. MIDDLE A.		30. LAST Seeley	
	31. NAME OF FATHER—FIRST Richard		32. MIDDLE -		33. LAST Geake	
	34. NAME OF MOTHER—FIRST Lucia		35. MIDDLE -		36. LAST (MAIDEN) MI.	
DISPOSITION(S)	37. DATE MM/DD/CCYY 03/31/1994		38. PLACE OF FINAL DISPOSITION Burial at sea off the coast of Marina Del Rey, CA.		39. LICENSE NO. -	
	40. TYPE OF DISPOSITION(S) CR/SEA		41. SIGNATURE OF EMBALMER Not Embalmed		42. DATE MM/DD/CCYY 03/30/1994	
	43. NAME OF FUNERAL DIRECTOR Armstrong Family Malloy-Mitten		44. LICENSE NO. FD 380		45. SIGNATURE OF LOCAL REGISTRAR Robert C. Mitten	
	46. PLACE OF DEATH Santa Teresita Hosp		47. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		48. COUNTY Los Angeles	
CAUSE OF DEATH	49. STREET ADDRESS—STREET AND NUMBER OR LOCATION 819 Buena Vista St		50. CITY Duarte		51. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	52. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Tumor Related Hemorrhage (B) Metastatic Recto-Sigmoid Adenocarcinoma (C) (D)		53. TIME INTERVAL BETWEEN ONSET AND DEATH 4 Days 4 Mos.		54. 109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Pneumonia, Renal Failure		56. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Hemicolectomy with Colostomy 02/27/1994		57. 112. LICENSE NO. 20 A 5672	
	58. 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 06/24/1993 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 03/26/1994		59. 115. SIGNATURE AND TITLE OF CERTIFIER Linda Crawford D.O.		60. 117. DATE MM/DD/CCYY 03/28/1994	
PHYSICIAN'S CERTIFICA- TION	61. 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Linda Crawford, D.O., 95 W. Sierra Madre Bl., Sierra Madre, CA. 91024		62. 120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		63. 121. INJURY DATE MM/DD/CCYY	
	64. 119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		65. 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		66. 122. HOUR	
	67. 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		68. 126. SIGNATURE OF CORONER OR DEPUTY CORONER		69. 127. DATE MM/DD/CCYY	
	70. 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		71. FAX AUTH. #		72. CENSUS TRACT	
CORONER'S USE ONLY	73. STATE REGISTRAR A B C D E F G H		74. 129. SIGNATURE OF CORONER OR DEPUTY CORONER		75. 130. DATE MM/DD/CCYY	
	76. 131. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		77. 132. SIGNATURE OF CORONER OR DEPUTY CORONER		78. 133. DATE MM/DD/CCYY	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD  
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT  
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN  
PURPLE INK.



JUN 07 1994

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By *Robert C. Mitten*  
Registrar of Health Services

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Aspen Title & Escrow  
on this 5th day of June A.D. 19 95  
at 3:15 o'clock P.M. and duly recorded  
in Vol. M95 of Deeds Page 14784  
Bernetha G. Letsch County Clerk  
By *Lyndee Stealy* Deputy.

Fee, \$40.00