



## WARRANTY DEED

ASPEN TITLE #05043303

AFTER RECORDING RETURN TO:

R. MARK TRELEASE

3487 Beverly Dr.

KLAMATH FALLS, OREGON 97603

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

ROY J. ROTHERHAM hereinafter called GRANTOR(S), convey(s) to R.  
MARK TRELEASE hereinafter called GRANTEE(S), all that real  
property situated in the County of KLAMATH, State of Oregon,  
described as:

That part of Lot 40 of Fair Acres Subdivision #1, in the County  
of Klamath, State of Oregon, described as follows:

Beginning at a point 298.4 feet South of the Northwest corner of  
said Lot 40; thence East 140 feet; thence North 20 feet; thence  
East 173 feet to the East line of said Lot 40; thence South on  
the East line of said Lot 40, 105 feet; thence West 313 feet to  
the West line of said Lot 40; thence North along the West line  
of said Lot 40, 85 feet, more or less to the point of beginning.  
EXCEPTING THEREFROM the Westerly 5 feet, for widening of Kane  
Street as set forth in Deed Volume 349, page 474.

CODE 41 MAP 3809-35DC TAX LOT 2400

"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, contracts and/or  
liens for irrigation and/or drainage,

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  
\$25,000.00.

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 30th day of May 1995.

X Roy J. Rotherham  
ROY J. ROTHERHAM

STATE OF ~~OREGON~~ <sup>WASHINGTON</sup> )  
County of CLARK ) ss.

JOANNE KNOLLMAN  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
FEBRUARY 1, 1999

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day  
of June, 1995, by ROY J. ROTHERHAM.

Before me:

Notary Public for

My Commission Expires:

Jo Anne Knollman  
State of Washington  
2/1/99

15238

141742

I.D. TAG NO.

592

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: Dennis Middle: Patrick Last: ROTHERHAM		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 30, 1994
4. SOCIAL SECURITY NUMBER 505-20-7879		5a. AGE-Last Birthday (Years) 70 Yrs.	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Ewing, Nebraska		7. DATE OF BIRTH (Month, Day, Year) April 13, 1923	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input 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 checked="" type="checkbox"/> Other (Specify) Son's Home			
10. FACILITY NAME (If not institution, give street and number) 14180 S.W. Allen Blvd Apt. #32		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. RESIDENCE - STATE Oregon		13. COUNTY Klamath	
14. CITY, TOWN OR LOCATION Klamath Falls		15. STREET AND NUMBER 1555 Kane Street	
16. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17. ZIP CODE 97603	
18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes		19. RACE American Indian, Black, White, etc. (Specify) White	
20. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/secondary (9-12) College (1-4 or 5-6) 12		21. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Electrician	
22. KIND OF BUSINESS/INDUSTRY Construction		23. SPOUSE (If Married, Widowed, Divorced) (Specify) Mable C.	
24. FATHER - NAME first middle last Edward Roy Rotherham		25. MOTHER - NAME first middle maiden Victoria Bibiann Bauer	
26. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Robert W. Baser		29. LICENSE NUMBER (For Licensee) #3023	
30. DATE FILED (Month, Day, Year) APR 0 5 1994		31. NAME, ADDRESS AND ZIP OF FACILITY Young's Funeral Home 97223 11831 SW Pacific Hwy. Tigard, Oregon	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		33. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
34. TIME OF DEATH 8:52 P.M.		35. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Arthur Freeland</i>			
37. DATE SIGNED (Month, Day, Year) 4-1-94			
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Dr. Arthur Freeland MD 4411 SW Vermont St. Portland, Oregon 97219			
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
40. 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 (a) DUE TO, OR AS A CONSEQUENCE OF: Colon Cancer		Interval between onset and death 3 yrs	
PART (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		Interval between onset and death	
41. 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		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. DESCRIBE HOW INJURY OCCURRED	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		48. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
49. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50. If YES were findings conclusive in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED

APR 0 5 1994

County REGISTRAR  
WASHINGTON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 9th day  
of June A.D., 19 95 at 10:45 o'clock A M., and duly recorded in Vol. M95  
of Deeds on Page 15237.

FEE \$35.00

By Bernetha G. Letsch County Clerk