

WARRANTY DEED

NTC 36037 NF

DARRELL D. BLACKMUN and MAUREEN T. BLACKMUN and PATRICK K. HARRELL,
Grantor(s) hereby grant, bargain, sell and convey to
JAMES F. HICKEY,
Grantee(s) and grantee's heirs, successors and assigns the following described
real property, free of encumbrances except as specifically set forth herein in
the County of KLAMATH and State of Oregon, to wit:

The SW 1/4 of the NE 1/4 of Section 21, Township 35 South, Range 10 East
of the Willamette Meridian, Klamath County, Oregon. TOGETHER WITH A 1974
Tamarack Mobile Home with license plate #X106143 which is situate on the
real property described herein.

SUBJECT TO: all those items of record and those apparent upon the land, if
any, as of the date of this deed and those shown below, if any:

and the grantor will warrant and forever defend the said premises and every
part and parcel thereof against the lawful claims and demands of all persons
whomsoever, except those claiming under the above described encumbrances.

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 and actual consideration for this conveyance is \$ 25,000.00.

Until a change is requested, all tax statements shall be sent to Grantee at the
following address: 595 FAYETTE CIR, COSTA MESA, CA 92626

Dated this 6th day of Sept., 1995

Darrell D. Blackmun
DARRELL D. BLACKMUN

Maureen T. Blackmun
MAUREEN T. BLACKMUN

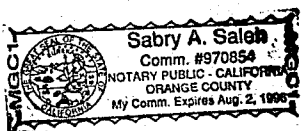
Patrick K. Harrell
PATRICK K. HARRELL

NOTARY ACKNOWLEDGEMENT

STATE OF California SS. Sept 6 1995

COUNTY OF Orange

Personally appeared the above named Darrel David Blackmun & Maureen T. Blackmun
and acknowledged the foregoing instrument to be their voluntary act.



Before me:

Sabry A. Saleh

Notary Public for _____

My commission expires Aug 2, 1996

Patrick Harrell
Subscribed and sworn to before me

(seal)

Return to:
JAMES F. HICKEY
595 FAYETTE CIR
COSTA MESA, CA 92626

This 7th Day of Sept. 1995
at Harwood, County of Cook, State of Illinois
A. Menendez
Notary Public



8838

00-13-2503:13 RCVO

248382A

WARRANTY DEED

WARRANTY DEED
GIVEN BY ELLIOTT AND MARSHALL T. BLACKBURN AND ELLIOTT K. HARRISON
TO ELLIOTT K. HARRISON AND MARSHALL T. BLACKBURN

THE FOLLOWING DEED, BEING A WARRANTY DEED, WAS FILED FOR RECORD IN THE CLERK'S OFFICE OF THE COUNTY OF KLAMATH, OREGON, ON THE 13TH DAY OF SEPTEMBER, 1995, AT 3:13 O'CLOCK P. M., AND DULY RECORDED IN VOLUME M95, ON PAGE 24838.

THE DEED WAS FILED FOR RECORD IN THE CLERK'S OFFICE OF THE COUNTY OF KLAMATH, OREGON, ON THE 13TH DAY OF SEPTEMBER, 1995, AT 3:13 O'CLOCK P. M., AND DULY RECORDED IN VOLUME M95, ON PAGE 24838.

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 13th day
of Sept A.D., 19 95 at 3:13 o'clock P M., and duly recorded in Vol. M95,
of Deeds on Page 24838.
By Bernetha G. Letsch, County Clerk
Annette Mueller

FEE \$35.00

RECEIVED
CLERK OF COUNTY OF KLAMATH, OREGON
SEP 13 1995

1995

[Signature]
MARSHALL T. BLACKBURN

[Signature]
ELLIOTT K. HARRISON

[Signature]
ELLIOTT K. HARRISON

1995

[Signature]
MARSHALL T. BLACKBURN

1995

[Signature]
ELLIOTT K. HARRISON

1995

[Signature]
ELLIOTT K. HARRISON

1995

NOTARY PUBLIC
STATE OF OREGON
My Commission Expires May 15, 1998
A. MENDY
OFFICIAL SEAL

138391
I.D. TAG NO.
294
Local File Number

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

State File Number

1. DECEDENT'S NAME First: Dorothea Middle: Kathleen Last: DOBSON		2. SEX F	3. DATE OF DEATH (Month, Day, Year) June 23, 1993
4. SOCIAL SECURITY NUMBER 341-38-9511	5a. AGE-Last Birthday (Years) 44	5b. Under 1 Year Mo. Days	5c. Under 1 Year Hours Mins
6. BIRTHPLACE (City and State or Foreign) Bellville, IL		7. DATE OF BIRTH (Month, Day, Year) November 10, 1948	
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 type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (if not institution, give street and number) 9810 Puckett Lane		11. CITY, TOWN, OR LOCATION OF DEATH Keno	
12. COUNTY OF DEATH Klamath			
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Keno	
13c. STREET AND NUMBER 9810 Puckett Lane, P.O. Box 522			
13d. ZIP CODE 97627			
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 (9-12) College (14 or 5+) 10			
17. FATHER - NAME first middle last Edward Harold Seymour		18. MOTHER - NAME first middle maiden Clara Fantalla Cantrell	
19. INFORMANT - NAME and relationship to decedent Robert J. Dobson, husband			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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) Klamath Cremation Service	
20c. LOCATION - City or Town, State Klamath Falls, OR 97601			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Davenport</i>		21b. LICENSE NUMBER (if license) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year) JUN 23 1993		24. REGISTRAR'S SIGNATURE <i>Charlene Barcus</i>	
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 05:15 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>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) June 23, 1993		31. DATE SIGNED (Month, Day, Year) COUNTY	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
34. 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>Mitral regurgitation and coronary artery disease</i>		Interval between onset and death 11 months	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(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>None</i>			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <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 checked="" 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		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)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

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

JUN 28 1993

DATE ISSUED:

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

Return to: Robert J. Dobson - 9810 Puckett Lane - Klamath Falls, OR - 97601
UTC 36309MS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

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of Sept A.D., 19 95 at 3:13 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 24839

Bernetha G. Letsch, County Clerk

FEE \$10.00

By Annette Mueller