

MOUNTAIN TITLE COMPANY

10599

WARRANTY DEED

Vol. M95 Page 34154

KNOW ALL MEN BY THESE PRESENTS, That JELD-WEN, inc. SUCCESSOR BY MERGER TO TRENDWEST inc., FORMERLY TRENDWEST DEVELOPMENT COMPANY, an Oregon Corporation hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by FERNDALÉ DEVELOPMENT L.L.C., an Oregon Corporation, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, the certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath and State of Oregon, described as follows, to-wit:

Lot 5 in Block 5 of FIRST ADDITION TO FERNDALÉ, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

MOUNTAIN TITLE COMPANY

"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."

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever. And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple and the above granted premises, free from all encumbrances except those of record and apparent to the land

and that 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.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 15,000.00. However, the actual consideration consists of or includes other property or value given or promised which is the whole/part of the consideration (indicate which). (The sentence between the symbols, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 14 day of December, 19 95; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

STATE OF OREGON,)
County of _____) ss.

JELD-WEN, inc. SUCCESSOR BY MERGER TO
TRENDWEST, inc., FORMERLY TRENDWEST
DEVELOPMENT COMPANY

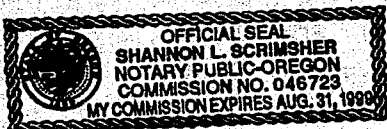
By- Stephen L. Cook
Stephen L. Cook
Authorized Representative

Personally appeared the above named _____

_____ and acknowledged the foregoing instrument to be _____ voluntary act and deed.

Before me:

Notary Public for Oregon
My commission expires:



STATE OF OREGON, County of Klamath) ss.
The foregoing instrument was acknowledged before me this
December 14, 19 95, by Stephen L. Cook
authorized representative
of JELD WEN, inc. an
Oregon Corporation

Shannon L. Scrimsher
Notary Public for Oregon
My commission expires: August 31, 1999 (SEAL)

STATE OF OREGON,) ss.
County of Klamath

I certify that the within instrument was received for record on the 14 day of Dec., 19 95, at 2:55 o'clock P. M., and recorded in book M95 on page 34154 or as file/reel number 10599.
Record of Deeds of said county.
Witness my hand and seal of County affixed.

Bernetha G. Letsch, County Clerk
Recording Officer
By Cheryl L. Swann Deputy

Fee \$30.00

MOUNTAIN TITLE COMPANY

55 DEC 14 P2:55

MOUNTAIN TITLE COMPANY

MOUNTAIN TITLE COMPANY

10600

OREGON HEALTH DIVISION Vol. 149 Page 1

CENTER FOR HEALTH STATISTICS

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OK

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I.D. TAG NO.

372

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS 156

CERTIFICATE OF DEATH

94-017093

State File Number

1. DECEASED'S NAME First: <u>Geraldine</u> Middle: <u>Mary Virginia</u> Last: <u>ASHBY</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>August 13, 1994</u>
4. SOCIAL SECURITY NUMBER <u>564-40-5895</u>		5. AGE Last Birthday <u>62</u>	6. BIRTHPLACE (City and State or Foreign Country) <u>San Jose, CA.</u>
7. DATE OF BIRTH (Month, Day, Year) <u>January 28, 1932</u>		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): <u>Business</u>	
9. FACILITY NAME (if not institution, give street and number) <u>Crater Drive-in, Highway 97</u>		10. CITY, TOWN, OR LOCATION OF DEATH <u>Chemult</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (if Married, Widowed) <u>Ted Ashby</u>	
13. RESIDENCE - STATE <u>Oregon</u>		14. RESIDENCE - COUNTY <u>Klamath</u>	
15. RESIDENCE - CITY <u>Chemult</u>		16. STREET AND NUMBER <u>Crater Lake Motel Highway 97</u>	
17. FATHER - NAME first middle last <u>Louis Ernest Vierra</u>		18. MOTHER - NAME first middle maiden <u>Mary Gloria Vierra</u>	
19. INFORMANT - NAME and relationship to deceased <u>Ted Ashby - Spouse</u>		20. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
21. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Business Owner</u>		22. DECEASED'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (8-12) College (14 or 5+)</u>	
23. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Food</u>		24. DECEASED'S RACE (Specify) <u>White</u>	
25. DECEASED'S RACE (Specify) <u>White</u>		26. DECEASED'S RACE (Specify) <u>White</u>	
27. TIME OF DEATH <u>10:04 P.M.</u>		28. DATE OF DEATH <u>August 13, 1994</u>	
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>Robert Edwards</u>		30. DATE SIGNED (Month, Day, Year) <u>August 16, 1994</u>	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) <u>Robert Edwards M.D.M.E. 4509 South 6th Street Klamath Falls, Oregon 97603</u>		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
33. 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) <u>Gunshot Wound to Soft Palate</u> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		34. TIME OF DEATH <u>10:04 P.M.</u>	
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. PART II <u>Victim shot herself in the mouth with a pistol.</u>		36. DATE OF DEATH <u>August 13, 1994</u>	
37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		38. DATE OF DEATH <u>August 13, 1994</u>	
39. DATE OF INJURY <u>8-13-94</u>		40. TIME OF INJURY <u>9:45P.</u>	
41. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <u>Business Office</u>		42. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>Crater Drive-in, Hwy. 97 Chemult, OR.</u>	

RESERVED FOR REGISTRAR'S USE
5365

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED

DEC 07 1995

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 14 day
of Dec. A.D., 19 95 at 2:55 o'clock P. M., and duly recorded in Vol. M95
of Deeds on Page 34155
Return: MTC
By Bernetha G. Letsch, County Clerk

FEE \$10.00