



## WARRANTY DEED

#04044231  
AFTER RECORDING RETURN TO:

ISMAEL HERNANDEZ  
MARIA HERNANDEZ  
*P.O. Box 593*  
*MILTON, OR 97631*

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

BETTY L. TURNER, hereinafter called GRANTOR(S), convey(s) to  
ISAMEL HERNANDEZ and MARIA HERNANDEZ, husband and wife,  
hereinafter called GRANTEE(S), all that real property situated  
in the County of Klamath, State of Oregon, described as:

SEE LEGAL DESCRIPTION MARKED EXHIBIT "A" ATTACHED HERETO AND BY  
THIS REFERENCE MADE A PART HEREOF AS THOUGH FULLY SET FORTH  
HEREIN.....

145  
m.d.  
"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  
\$45,000.00.

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 23rd day of February, 1996.

*Betty L. Turner*  
BETTY L. TURNER

STATE OF OREGON, County of Klamath)ss.

On this 23rd day of February, 1996,

Personally appeared the above named BETTY L. TURNER and  
acknowledged the foregoing instrument to be her voluntary act  
and deed.

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

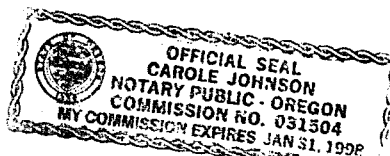


EXHIBIT "A"

5247

A tract of land situated in the SW 1/4 NW 1/4 of Section 15, Township 41 South, Range 12 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at a 1/2 inch iron pin located South 00 degrees 14' 00" West (South by DV M-73/3475) 30.00 feet and South 89 degrees 46' 00" East (East by DV M-73/3475) 237.59 feet from the Northwest corner of the SW 1/4 NW 1/4 of said Section 15; thence continuing South 89 degrees 46' 00" East 110.00 feet to an iron pin; thence South 00 degrees 14' 00" West 100.00 feet to an iron pin; thence North 89 degrees 46' 00" West 110.00 feet to an iron pin; thence North 00 degrees 14' 00" East 100.00 feet to the point of beginning.

CODE 13 MAP 4112-15BC TL 2400

# CERTIFICATION OF VITAL RECORD

156653  
 I.D. TAG NO.

5247-A

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

Local File Number \_\_\_\_\_ State File Number \_\_\_\_\_

12-13-93

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1. DECEDENT'S NAME <b>Charles Edwin TURNER</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>December 2, 1993</b>	
4. SOCIAL SECURITY NUMBER <b>410-30-6169</b>		5a. AGE Last Birthday (Years) <b>69</b>		5b. Under 1 Year Mos _____ Days _____ Hours _____ Mins _____	
6. BIRTHPLACE (City and State or Foreign Country) <b>Princeton, Alabama</b>		7. DATE OF BIRTH (Month, Day, Year) <b>June 15, 1924</b>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" 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 type="checkbox"/> Other (Specify)			
9b. PLACE OF DEATH (If not institution, give street and number) <b>Rogue Valley Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Medford</b>		9d. COUNTY OF DEATH <b>Jackson</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Farm Laborer</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Agriculture</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
12a. RESIDENCE - STATE <b>Oregon</b>		12b. COUNTY <b>Klamath</b>		12c. CITY, TOWN OR LOCATION <b>Malin</b>	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE <b>97623</b>		13c. STREET AND NUMBER <b>5th &amp; Washington</b>	
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) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (14 or 5+1) _____ <b>12</b>	
17. FATHER - NAME first middle last <b>Charles Elmo Turner</b>		18. MOTHER - NAME first middle maiden <b>Emma Jane Cagle</b>		19. INFORMANT - NAME and relationship to decedent <b>Betty L. Turner, wife</b>	
20a. METHOD OF DISPOSITION <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) <b>Malin Community Cemetery</b>		20c. LOCATION - City or Town, State <b>Malin, Oregon</b>	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James L. Turner</i>		21b. LICENSE NUMBER (of Licensee) <b>53-0124</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth St. Klamath Falls, Oregon 97603-7194</b>	
23. DATE FILED (Month, Day, Year) <b>DEC-13-1993</b>		24. REGISTRAR'S SIGNATURE <i>Selia Coburn</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH <b>15:20 P.M.</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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. <i>Nicholas H. Dienes</i>					
30. DATE SIGNED (Month, Day, Year) <b>12/6/93</b>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Nicholas H. Dienes, MD, 520 Medical Center Dr. Suite 100, Medford, Oregon 97504</b>					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH <b>M</b>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>			
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. <i>Nicholas H. Dienes</i>					
33. DATE SIGNED (Month, Day, Year) _____ COUNTY _____					
PART I					
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					
(a) <b>Myocardial Rupture</b>		Interval between onset and death _____			
(b) <b>Myocardial Infarction</b>		Interval between onset and death _____			
(c) <b>Coronary Atherosclerosis</b>		Interval between onset and death _____			
35. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I					
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention					
37. Did tobacco use contribute in the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were autopsy considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40. DATE OF INJURY (Month, Day, Year)		41. TIME OF INJURY		42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		44. DESCRIBE HOW INJURY OCCURRED			
45. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

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

DATE ISSUED: **DEC 13 1993**

*Henry Collins Jr.*  
 HENRY COLLINS, JR.  
 COUNTY REGISTRAR  
 JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title  
 of Feb. A.D., 19 96 at 11:45 o'clock A. M., and duly recorded in Vol. M96  
 of Deeds on Page 5246

FEE \$40.00

By *Bernetha G. Letsch*  
 Bernetha G. Letsch, County Clerk