

BARGAIN AND SALE DEED

V.V.I., a partnership consisting of NORBERT A. VOLNY, NORBERT W. VOLNY, NATALIE M. VOLNY and JOAN M. VOLNY, Grantor, conveys to VVI LIMITED LIABILITY COMPANY, Grantee, the real property described as:

Lot 9, Block 1, SUNNYLAND, a resubdivision of the South 10 acres of Tract 31 of ENTERPRISE TRACTS, in the County of Klamath, State of Oregon.

Code 1 Map 3809-34CD-TL 1600

Section 1445 of the Internal Revenue Code provides that a transferee (buyer) of a U.S. real property interest must withhold tax if the transferor (seller) is a foreign person. To inform the transferee (buyer) that withholding of tax is not required upon our disposition of this U.S. real property interest, I, NORBERT A. VOLNY, a general partner in V.V.I., an Oregon general partnership, hereby certify the following:

1. The partnership is not a foreign entity for purposes of U.S. income taxation; 2. Its U.S. taxpayer identifying number is: 94-2333804; and 3. The business address is: 63825 Quail Haven Drive W, Bend, Oregon, 97701.

I understand that this certification may be disclosed to the Internal Revenue Service by the transferee and that any false statement I have made here could be punished by fine, imprisonment, or both.

Under penalty of perjury, I declare that I have examined this certification and to the best of my knowledge and belief it is true, correct and complete.

Until a change is requested, all tax statements shall be sent to: VVI Limited Liability Company, 63825 Quail Haven Drive W, Bend, Oregon, 97701.

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 the adjustment of property rights.

DATED this 23<sup>rd</sup> day of February, 1996.

V.V.I., an Oregon general partnership

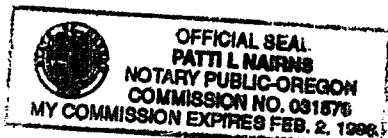
By: [Signature]  
Norbert A. Volny, General Partner

STATE OF OREGON

County of Deschutes

) ss.

Before me on the 23<sup>rd</sup> day of February, 1996, personally appeared the above-named NORBERT A. VOLNY and, being first duly sworn, did say that he is a general partner of VVI, an Oregon partnership, and he signed the foregoing instrument on behalf of said partnership by authority of its partnership agreement.



[Signature]  
Notary Public for Oregon

STATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

Norbert A. Volny  
on this 6th day of March A.D., 19 96  
at 11:29 o'clock AM and duly recorded  
in Vol. M96 of Deeds Page 6153

Bernetha G Letsch, County Clerk

By [Signature] Deputy.

Fee, \$30.00

AFTER RECORDING, RETURN TO:  
FORCUM & SPECK  
1101 NW BOND STREET  
BEND, OR 97701

1 - BARGAIN AND SALE DEED

96 MAR -6 AM 1:29

140087

I.D. TAG NO.

535

Local File Number

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

136

State File Number

DECEASED

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1. DECEDENT'S NAME First: <u>John</u> Middle: <u>Wilson</u> Last: <u>PRICE</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>December 13, 1992</u>
4. SOCIAL SECURITY NUMBER <u>506-01-8742</u>	5a. AGE Last Birthday (Years) <u>78</u>	5b. Under 1 Year Mos: <u>  </u> Days: <u>  </u> Hours: <u>  </u> Mins: <u>  </u>	5c. Under 1 Day Country: <u>Broken Bow, Neb.</u>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>March 17, 1914</u>	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (if not institution, give street and number) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d. COUNTY OF DEATH <u>Klamath</u>		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Farmer - Ret.</u>	
11. DECEDENT'S BUSINESS/INDUSTRY <u>Farmer</u>		12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
13. RESIDENCE - STATE <u>Oregon</u>		14. SPOUSE (If Married, Widowed) <u>Ethel</u>	
15. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. STREET AND NUMBER <u>16910 Ponderosa Ln.</u>	
17. ZIP CODE <u>97627</u>		18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
19. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		20. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>	
21. FATHER - NAME first middle last <u>Josiah - Price</u>		22. MOTHER - NAME first middle maiden <u>Ora - Morford</u>	
23. 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)		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Mem. Gardens</u>	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		26. LICENSE NUMBER (For Licensee) <u>3224</u>	
27. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u>		28. CITY, TOWN, OR LOCATION OF DEATH <u>4711 Hwy #39 / Klamath Falls, OR 97603</u>	
29. DATE FILED (Month, Day, Year) <u>DEC 17 1992</u>		30. REGISTRAR'S SIGNATURE <u>Charla Robinson</u>	
31. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		32. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
33. TIME OF DEATH <u>6:50 p</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. DATE SIGNED (Month, Day, Year) <u>12-14-92</u>	
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Alden Glidden, MD - 2680 Uhrmann - Klamath Falls, OR. 97601</u>		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
37. TIME OF DEATH <u>6:50 p</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>12-14-92</u> M	
39. 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. (Signature) <u>Charla Robinson</u>			
39. DATE SIGNED (Month, Day, Year) COUNTY			
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <u>Multiple Embolic Strokes</u>		Interval between onset and death <u>Weeks</u>	
PART I (b) DUE TO, OR AS A CONSEQUENCE OF: <u>Acute Atrial Fibrillation</u>		Interval between onset and death <u>Weeks</u>	
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Hypertension + atherosclerosis</u>		Interval between onset and death <u>Weeks</u>	
40. 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		41. DATE OF INJURY (Month, Day, Year)	
42. TIME OF INJURY		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		45. DESCRIBE HOW INJURY OCCURRED	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State)		47. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY  
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: DEC 17 1992

Charlene Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gary Price the 6th day  
of March A.D., 19 96 at 11:30 o'clock AM, and duly recorded in Vol. M96  
of Deeds on Page 6154

FEE \$10.00

Return: Gary Price  
16910 Ponderosa Lane  
Klamath Falls, Oregon 97603

By Charlene Barcus  
Bernetha G. Letsch, County Clerk