



WARRANTY DEED

#04044231

AFTER RECORDING RETURN TO:

ISMAEL HERNANDEZ

MARIA HERNANDEZ

P.O. BOX 217

MALIN, 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
ISMAEL 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:

THIS WARRANTY IS BEING RE-RECORDED TO CORRECT GRANTEE'S NAME.

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

1H5
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

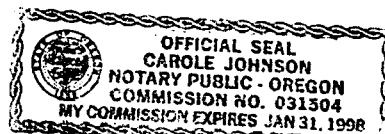


EXHIBIT "A"

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

INVENT
INK

156653
I.D. TAG NO.

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

5247-A

9692

Local File Number

State File Number

12-13-93

DECEASED
FAMILY
DISPOSITION
REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEASED'S NAME First: Charles Middle: Edwan Last: TURNER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) December 2, 1993
4. SOCIAL SECURITY NUMBER 410-30-6169		5a. AGE Last Birthday (Years) 69	5b. Under 1 Year Months: Days: Hours: Mins:
6. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Clinic <input type="checkbox"/> Other		7. DATE OF BIRTH (Month, Day, Year) June 15, 1924	
8. U.S. ARMED FORCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. BIRTHPLACE (City and State or Foreign Country) Princeton, Alabama	
10. FACILITY NAME (If not institution, give street and number) Rogue Valley Medical Center		11. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Farm Laborer		13. CITY, TOWN, OR LOCATION OF DEATH Medford	
14. DECEASED'S RACE White		15. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (13-16) or 5+	
16. RESIDENCE - STATE Oregon		17. MARITAL STATUS - Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (Specify):	
18. RESIDENCE - COUNTY Klamath		19. SPOUSE (If Married, Widowed, Divorced) Betty Lorayne	
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. STREET AND NUMBER 5th & Washington	
21. ZIP CODE 97623		22. RACE American Indian, Black, White, etc. (Specify)	
23. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		24. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (13-16) or 5+	
25. FATHER - NAME first middle last Charles Elmo Turner		26. MOTHER - NAME first middle maiden Emma Jane Cagle	
27. 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):		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Malin Community Cemetery	
29. BRUNAL (Name of funeral service licensee or person acting as such) [Signature]		30. LICENSE NUMBER (OF L.A. 1989) 53-0124	
31. DATE FILED (Month, Day, Year) DEC-13-1993		32. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth St. Klamath Falls, Oregon 97603-7194	
33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		34. REGISTRAR'S SIGNATURE [Signature]	
35. TIME OF DEATH 15:20 P.M.		36. DATE PRONOUNCED DEAD (Month, Day, Year) [Blank]	
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. [Signature]		38. 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]	
39. DATE SIGNED (Month, Day, Year) 12/13/93		40. COUNTY	
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Nicholas H. Diemel, MD, 520 Medical Center Dr. Suite 100, Medford, Oregon 97504			
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
43. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I, II, AND III. Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
PART I I. MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: II. MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: III. MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF:			
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I			
44. 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"/> Legal Intervention <input type="checkbox"/> Homicide			
45. DATE OF INJURY (Month, Day, Year)			
46. TIME OF INJURY			
47. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))			
48. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> No <input type="checkbox"/> Yes			
49. ALCOHOL USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> No <input type="checkbox"/> Yes			
50. DID DRUGS CONTRIBUTE TO THE DEATH? <input type="checkbox"/> No <input type="checkbox"/> Yes			
51. DESCRIBE HOW INJURY OCCURRED			
52. 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

[Signature]
HENRY COLLINS, JR.
COUNTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title the 27th day of Feb 19 96 at 11:45 o'clock A.M., and duly recorded in Vol. M96 Deeds on Page 5246

FEE \$46

Bernetha G. Letsch, County Clerk
By [Signature]

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 5th day of April 19 96 at 3:49 o'clock P.M., and duly recorded in Vol. M96 Deeds on Page 9690

FEE \$15.00

Re-Recorded To Correct Grantee's Name.

Bernetha G. Letsch, County Clerk
By [Signature]