



## WARRANTY DEED

#03044531  
AFTER RECORDING RETURN TO:

BRUCE E. BRINK  
1643 MANZANITA  
KLAMATH FALLS, OR 97601

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

EILEEN L. BROWN, hereinafter called GRANTOR(S), convey(s) to  
BRUCE E. BRINK, hereinafter called GRANTEE(S), all that real  
property situated in the County of Klamath, State of Oregon,  
described as:

Lot 379, Block 122, MILLS ADDITION TO THE CITY OF KLAMATH  
FALLS, in the County of Klamath, State of Oregon.

Code 1 Map 3809-33AD TL 8400

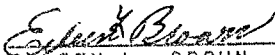
"THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN  
THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND  
REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE  
PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE  
APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT 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.

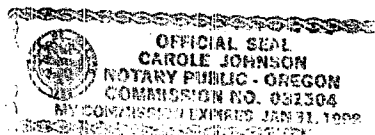
The true and actual consideration for this transfer is  
\$43,225.00.

In construing this deed and where the context so requires, the  
singular includes the plural.

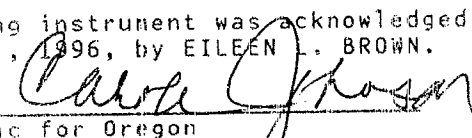
IN WITNESS WHEREOF, the grantor has executed this instrument  
this 10th day of April, 1996.

  
EILEEN L. BROWN

STATE OF OREGON                    )  
  ) ss.  
County of Klamath                )



The foregoing instrument was acknowledged before me this 10th  
day of April, 1996, by EILEEN L. BROWN.

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

CERTIFICATE OF DEATH

10930

Vital Records Unit

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
UNDOCK

IDENT  
IF DEATH  
OCCURRED IN  
HOSPITAL,  
NURSING  
HOME,  
PLEASURE  
OF  
RACE ITEMS

POSITION

OFFICER

CONDITIONS  
IF ANY  
HIGH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
AFFECTING THE  
UNDERLYING  
CAUSE LAST

USE OF  
EARTH

Local File Number <b>336</b>		State File Number	
DECEASED—NAME First Middle Last <b>Robert M. Brown</b>		DATE OF DEATH (month, day, year) <b>2 September 19, 1982</b>	
1 RACE White, Black, American Indian, etc. (specify) <b>White</b>	2 SEX <b>Male</b>	3 AGE—Last birthday (years) <b>62</b>	4 DATE OF BIRTH (month, day, year) <b>December 26, 1919</b>
5 CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>	6 HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) <b>Merle West Medical Cen.</b>	7 ICD-9 OR ICD-10 Indicate DOA, Of Verbal, Am., Inpatient (Specify) <b>Inpatient</b>	8 COUNTY OF DEATH <b>Klamath</b>
9 STATE OF BIRTH (if not in U.S.A., name country) <b>California</b>	10 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	12 SPOUSE (if married, widowed) <b>Fileen L.</b>
13 SOCIAL SECURITY NUMBER <b>543-07-3924</b>	14 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Log Check Scalar</b>	15 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>Yes</b>	
16 RESIDENCE—STATE <b>Oregon</b>	17 COUNTY <b>Klamath</b>	18 CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	19 STREET AND NUMBER OR R.F.D., ZIP <b>635 Division Street 97601</b>
20 FATHER—NAME first middle last <b>Thomas M. Brown</b>	21 MOTHER—Name first middle last <b>Josephine Bostwick</b>	22 INFORMANT—NAME and relationship to deceased <b>Fileen L. Brown - wife</b>	
23 BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Cremation</b>	24 CEMETERY OR CREMATORY—NAME <b>Klamath Cremation Service</b>	25 LOCATION city or town state <b>Klamath Falls, Oregon</b>	
26 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>[Signature]</i>	27 NAME AND ADDRESS OF FACILITY <b>O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Oregon</b>		
28 To the best of my knowledge, death occurred on this date, date and place and due to the cause(s) stated 28a (Signature) <i>[Signature]</i>	29 DATE SIGNED (M., Day, Yr.) <b>9/20/82</b>	30 HOUR OF DEATH <b>5:30 P. M.</b>	
31 NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Dr. Richard F. Kay 1905 Main Street Klamath Falls, Oregon 97601</b>			
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33 DATE RECEIVED BY REGISTRAR (M., Day, Yr.) <b>SEP 21 1982</b>		34 REGISTRAR <i>[Signature]</i>	
35 IMMEDIATE CAUSE <b>Liver failure</b>		36 INTERVAL BETWEEN ONSET AND DEATH <b>~3 months</b>	
37 (a) DUE TO, OR AS A CONSEQUENCE OF: <b>metastatic epidermoid carcinoma of the liver</b>		38 INTERVAL BETWEEN ONSET AND DEATH <b>~3 months</b>	
39 (b) DUE TO, OR AS A CONSEQUENCE OF: <b>(primary site unknown)</b>		39 INTERVAL BETWEEN ONSET AND DEATH	
40 (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to a cause given in PART I (a)		41 AUTOPSY (Specify Yes or No) <b>No</b>	
42 ACCIDENT (Specify Yes or No) <b>No</b>		43 DATE OF INJURY (M., Day, Yr.)	
44 HOURS OF INJURY		45 DESCRIBE HOW INJURY OCCURRED	
46 INJURY AT WORK (Specify Yes or No) <b>No</b>	47 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	48 LOCATION	49 STREET OR R.F.D. NO. CITY OR TOWN STATE
50	51	52	53

STATE OF OREGON  
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By *[Signature]*, Deputy Registrar  
Date **SEP 22 1982**

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title the 19th day of April A.D., 19 96 at 11:45 o'clock A. M., and duly recorded in Vol. MO6 of Deeds on Page 10929

FEE \$35.00

By *[Signature]* Bernetha G. Letsch, County Clerk