

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 BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE REGULATIONS. 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.

leen Bloave BROWN FTIEFN

STATE OF OREGON

)ss.

County of Klamath

OFFICIAL SEAL
CAROLE JOHNSON
OTARY PUBLIC - OREGON

A SOURCE OF THE PROPERTY OF TH

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

Before me: Notary Public for Oregon

My Commission Expires: January 31, 1998

CERTIFICATE OF DEATH

10930

Π	•	36			•	
INT	Local Fil	le Number First	\$Aiddle	Lesi		file Number 19 (month, dey, yeer)
· (SECRASIO-NAME		M	Brown	Septe	mber 19, 1982
OHS	NACE White, Black, American	Robert Bes	ABE-Lust birtide	y Linder 1 year	CANDEL I CHY STATE OF BUILT	14 (month, day, year)
DK	inc. (specify)		e (years)		se s Decem	ber 26, 1919 BATH
	OTY, TOWN OR LOCATION	OF SEATH LANGER	AL OR OTHER INSTITUTION	NAME IF HOUP OR IN	I Indicate DOA COUNTY OF S	EATH
	% Vlamath Fall		rle West Medica	1 Cen. 🚾 Inpa	tient 10 Klam	ath
	INTATE OF SIRTH (If not in U	ISA. CHEEN OF	MAKAT COMMITTY MARKIEL	D, NEVER MARIBIED, BP() D, DIVORCED (spincily)	NIBE (IF MARRIED, WIDOWED)	ARMED FORCES? (Specify Yes
TE	California_	<u> </u>	A 10 Ma	rried !"	Fileen L	12 Yes
**		of wo	AL OCCUPATION (give kind of wirding life, even if refried)			
3	13 543-07-3924	140	Log Check Scal	CATION RYREFT AN	THE Winema Natio	1 Inside City Limits
EWS.	RESIDENCE-STATE	COUNTY Klamat		Falls 635	Division Street	(specify yes or no)
→	ISO Uregon	middle test	MOTHER—Haiden Name	first models lest	INFORMANT -NUME and role	
• [s M. Brown	Josephii	ne Bostwick	18 Fileen L. Bro	wn - wife
	BUTIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR	CREMATORY-NAME		LOCATION city or town	siste
		Lance NIGH	nath Cremation	Service	19c Klamath Fa	ills, Oregon
ON	FUNERAL SERVICE LOUIS	GEE Or Person Acting As S.	NAME AND ADDRESS	OF FACILITY	ese Dina CA Vi	lamath Ealle Ore
į	Sone ive	in Seis	0'Hair's	tuneral Chapel,	515 Pine St. K	HOUR OF DEATH
	To the best of my long to the to the council	www.nedge, desila.eneovered	mazinit, da'e and place and	DATE BIONED	[Ags. Day. 71]	
	v is 21a (S/comatore) ♠	7-6	, C C	216 7	110/11	21c 5:30 P M
		BS OF CERTIFIER (Apre o		Main Street	Klamath Falls,	regon -97601
		Richard F.	THAN CERTIFIER (Type or Pin		4	
	HAME OF ATTEND	TO PROGRAM OTHER	THE DE MANAGEMENT & CAMPAGE AND AND	•		**
NS	210 DATE RECEIVED BY REGI	STRAR (Mo. Otr. 1/1)	REGISTRAR			
VE	l Si	EP 2 1 1982	22b Signatura)	Calandin - Eran		
TE	22a IMMEDIATE CAUSE		TER OILY ONE CAUSE PER LIN	EPORIAL (D. AND C)		Interval between onset and
HE NG	/ //	ever faile	ise.			~ 3 min l
SY	DUE TO, OR AS A CON	SEQUENCE OF	.0 .(7	111 12.	Interval between order and
→	f	otostatic	endermoid	Carolmoma	of the times	interval between onset and
- 1	(b) · ///	4 (W) / W W (
35.11	DUE TO, OR AS A COM	ISEQUENCE OF:	7	ساسيد		Interval Delivery Craws & C.
	(c)				AMALLIA)	
	(a)		Age 11		(a) ASTOPSY Specify Yes or Act	WAS MEDICAL EXAMINER NO [Specify Yes or Ab]
E .	(c) PART OTHER SIGNIFICAN	et CONDITIONS—Condition	ns contributing to death but not n	elated to cause given in PART I	(a) AUTOPSY (Specify Yes or Act) 24 NO	WAS MEDICAL EXAMINER NO
OF	(C) PART OTHER SIGNIFICAN ACCIDENT Specify Yes or	OF INJURY (M	to Contributing to death but not n	PART I DESCRIBE HOW IN	(a) AUTOPSY (Specify Yes or Act) 24 NO	WAS MEDICAL EXAMINER INO
oF I	(c) PART OTHER SIGNIFICAN	AD DATE OF INJURY IM 266 TPLACE OF INJURY—A	to contributing to death but not not not not not not not not not no	PART I DESCRIBE HOW IN	(e) AUTOPSY (Specify Yes or As) 24 NO	WAS MEDICAL EXAMINER INO
	PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A REURY AT WORK [Specify Yes or Ab]	AD DATE OF INJURY [M 256 PLACE OF INJURY – 1 phace of injury – 1 p	to contributing to death but not not not not not not not not not no	PART I DESCRIBE HOW the M 20d	(e) AUTOPSY (Specify Yes or As) 24 NO AUTOPSY OCCURRED	WAS MEDICAL EXAMINER IND (Specify Yes or Ab)
)F	PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A NO BAURY AT WORK [Specify Yes or Ab] 256 NO	AD] DATE OF INJURY [M 28b PLACE OF INJURY]—Along building, etc. [50 28]	to contributing to death but not not not not not not not not not no	PART I Y DESCRIBE NOW IN M ZH LOCATION	(e) AUTOPSY (Specify Yes or As) 24 NO AUTOPSY OCCURRED	WAS MEDICAL EXAMINER NO (Specify Yes or Ab)
PF	PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A REURY AT WORK [Specify Yes or Ab]	AD] DATE OF INJURY [M 28b PLACE OF INJURY]—Along building, etc. [50 28]	to contributing to death but not not not not not not not not not no	PART I Y DESCRIBE NOW IN M ZH LOCATION	(e) AUTOPSY (Specify Yes or As) 24 NO AURY OCCURRED	WAS MEDICAL EXAMINER INO (Specify Yes or Ab)
	PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A NO BAURY AT WORK [Specify Yes or Ab] 256 NO	AD] DATE OF INJURY [M 28b PLACE OF INJURY]—Along building, etc. [50 28]	to contributing to death but not not not not not not not not not no	PART I Y DESCRIBE NOW IN M ZH LOCATION	(e) AUTOPSY (Specify Yes or As) 24 NO AURY OCCURRED	WAS MEDICAL EXAMINER IND (Specify Yes or Ab)
)F	PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A NO BAURY AT WORK [Specify Yes or Ab] 256 NO	AD] DATE OF INJURY [M 28b PLACE OF INJURY]—Along building, etc. [50 28]	to contributing to death but not not not not not not not not not no	PART I Y DESCRIBE NOW IN M ZH LOCATION	(e) AUTOPSY (Specify Yes or As) 24 NO AURY OCCURRED	WAS MEDICAL EXAMINER INC (Specify Per or Ab) 25 N() Y OR TOWN STATE
F	PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A NO BAURY AT WORK [Specify Yes or Ab] 256 NO	AD] DATE OF INJURY [M 28b PLACE OF INJURY]—Along building, etc. [50 28]	to contributing to death but not not not not not not not not not no	PART I Y DESCRIBE NOW IN M ZH LOCATION	(e) AUTOPSY (Specify Yes or As) 24 NO AURY OCCURRED	WAS MEDICAL EXAMINER INC (Specify Per or Ab) 25 N() Y OR TOWN STATE
F	PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A NO BAURY AT WORK [Specify Yes or Ab] 256 NO	AD] DATE OF INJURY [M 28b PLACE OF INJURY]—Along building, etc. [50 28]	to contributing to death but not not not not not not not not not no	PART I Y DESCRIBE NOW IN M ZH LOCATION	(e) AUTOPSY (Specify Yes or As) 24 NO AURY OCCURRED	WAS MEDICAL EXAMINER INO (Specify Yes or Ab) 25 NO Y OR TOWN STATE
P	(C) PART OTHER SIGNIFICAN II ACCIDENT (Specify Yes or AD) RUBHY AT WORK (Specify Yes or AD) 260 NO RESERVED FOR REGISTR	AD DATE OF INJURY [M 28b PLACE OF INJURY A office building, etc. [50 28]	to contributing to death but not not not not not not not not not no	PART I Y DESCRIBE NOW IN M ZH LOCATION	(e) AUTOPSY (Specify Yes or As) 24 NO AURY OCCURRED	WAS MEDICAL EXAMINER IND (Specify Per or Ab) 25 NO Y OR TOWN STATE
DF	PART OTHER SIGNIFICAN III ACCIDENT [SPECIAL FES OF A SECURITY AT WORK [SPECIAL FES OF A D] 260 NO RESERVED FOR REGISTR	AD DATE OF INJURY IM 26b PLACE OF INJURY—A office building, etc. [So 289 ARTS USE	to contributing to death but not not not not not not not not not no	PART I Y DESCRIBE NOW IN M ZH LOCATION	(e) AUTOPSY (Specify Yes or As) 24 NO AURY OCCURRED	WAS MEDICAL EXAMINER INO (Specify Yes or Ab) 25 NO Y OR TOWN STATE
o F	(c) PART OTHER SIGNIFICAN II ACCIDENT I Specify Yes or A 26a NO BRURY AT WOFIX I Specify Yes or Ab) 26b NO RESERVED FOR REGISTR STATE O	AD DATE OF INJURY IM 28b PLACE OF INJURY IM office building, etc. I So 281 ARS USE	to Contributing to deep but nix	State of Course pinen in PART I Y DESCRIBE HOW IN M 2H LOCATION 269	(a) AUTOPSY ISPACHY PAR O AND 24 NO AURY OCCURRED STREET OR RED NO. CIT	WAS MEDICAL EXAMINER INC (Specify Yes of Ab) 25 NO Y OR TOWN STATE
	(c) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A 26a NO RULHY AT WOFIX [Specify Yes or Ab] 26b NO RESERVED FOR REGISTR STATE O County This	AD DATE OF INJURY IM 28b PLACE OF INJURY IM office bulkling, stc. ISO 287 ARTS USE OF OREGON of Klamath certifies th	that the foregoi	y DESCRIBE HOW IN M 2H1 LOCATION 269	(a) AUTOPSY ISPACHY MAI O MOI 24 NO DIRECTOR RED NO. CIT	WAS MEDICAL EXAMINER INC (Specify Vers of Ab) 25 NO YOR TOWN STATE HS-2 (I
P)F	(c) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A 26a NO RULHY AT WOFIX [Specify Yes or Ab] 26b NO RESERVED FOR REGISTR STATE O County This	AD DATE OF INJURY IM 28b PLACE OF INJURY IM office bulkling, stc. ISO 287 ARTS USE OF OREGON of Klamath certifies th	hat the foregoi	y DESCRIBE HOW IN M 2H1 LOCATION 269	and complete to Department of	WAS MEDICAL EXAMINER INC (Specify Yes or Ab) 25 NO YOR TOWN STATE HS-2 (I
P)F	(c) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A 26a NO RULHY AT WOFIX [Specify Yes or Ab] 26b NO RESERVED FOR REGISTR STATE O County This	AD DATE OF INJURY IM 28b PLACE OF INJURY IM office bulkling, stc. ISO 287 ARTS USE OF OREGON of Klamath certifies th	hat the foregoi	y DESCRIBE HOW IN M 2H LOCATION 269	and complete to Department of	WAS MEDICAL EXAMINER INCO (Specify Pers of Ab) 25 NO. YOR TOWN STATE HS-2-(0) Transcript of a Health Services
PF	(c) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A 26a NO RULHY AT WOFIX [Specify Yes or Ab] 26b NO RESERVED FOR REGISTR STATE O County This	AD DATE OF INJURY IM 28b PLACE OF INJURY IM office bulkling, stc. ISO 287 ARTS USE OF OREGON of Klamath certifies th	hat the foregoi	y DESCRIBE HOW IN M 2H LOCATION 269	and complete to be personal star vital Star	WAS MEDICAL EXAMINER INCO (Specify Pers of Ab) 25 NO. YOR TOWN STATE HS-2 (I
PF	(c) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A 26a NO RULHY AT WOFIX [Specify Yes or Ab] 26b NO RESERVED FOR REGISTR STATE O County This	AD DATE OF INJURY IM 28b PLACE OF INJURY IM office bulkling, stc. ISO 287 ARTS USE OF OREGON of Klamath certifies th	hat the foregoi	y DESCRIBE HOW IN M 2H LOCATION 269	and complete to be personal star vital Star	WAS MEDICAL EXAMINER INCO (Specify Pers of Ab) 25 NO. YOR TOWN STATE HS-2-(0) Transcript of a Health Services
DF	(c) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A 26a NO RULHY AT WOFIX [Specify Yes or Ab] 26b NO RESERVED FOR REGISTR STATE O County This	AD DATE OF INJURY IM 28b PLACE OF INJURY IM office bulkling, stc. ISO 287 ARTS USE OF OREGON of Klamath certifies th	hat the foregoion file with the MARIAN By Date	DESCRIBE HOW IN M 2161 LOCATION 260 The Klamath Count ACKERMAN, Regional Count Coun	and complete try Department of strar Vital Star	WAS MEDICAL EXAMINER IND (Streetly Per of Ab) 25 NO YOR TOWN STATE HS-2 (F
OF THE STATE OF TH	(c) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or A 26a NO RULHY AT WOFIX [Specify Yes or Ab] 26b NO RESERVED FOR REGISTR STATE O County This	AD DATE OF INJURY IM 28b PLACE OF INJURY IM office bulkling, stc. ISO 287 ARTS USE OF OREGON of Klamath certifies th	hat the foregoion file with the MARIAN By Date VOID IF A	DESCRIBE HOW IN M 2161 LOCATION 260 The Klamath Count ACKERMAN, Regional Count Coun	and complete try Department of strar Vital Star	WAS MEDICAL EXAMINER IND (Streetly Per of Ab) 25 NO YOR TOWN STATE HS-2 (F
DF.	CC) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or Ab) 266 NO REJERY AT WORK IS SPECIFY YES OF Ab) 260 NO RESERVED FOR REGISTR STATE O County This reco	PLACE OF INJURY IMPROVED TO SEE THE SEE OF INJURY AND OF SEE OF S	hat the foregoin on file with the MARIAN By Date VOID IF A	ng is a correct Klamath Count ACKERMAN, Registree	and complete to be personal to the personal to	WAS MEDICAL EXAMINER TO LSPECIFY PES OF AND 125 NO. YOR TOWN STATE HS-2 (I
P. C.	CC) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or Ab) 266 NO RAURY AT WORK IS SPECIFY YES OF Ab) 260 NO RESERVED FOR REGISTR STATE O County This reco	PLACE OF INJURY IMPROVED TO SEE THE SEE OF INJURY AND OF SEE OF S	hat the foregoin on file with the MARIAN By Date VOID IF A	ng is a correct Klamath Count ACKERMAN, Registree	and complete try Department of strar Vital Star	WAS MEDICAL EXAMINER TO LSPECIFY PES OF AND 125 NO. YOR TOWN STATE HS-2 (I
	ACCIDENT I SPECIFY PES OF PERSONNELL SPECIFY PES OF NO BRUNEY AT WORK I SPECIFY PES OF NO BESERVED FOR REGISTR. STATE O County This reco	PLACE OF INJURY IMPROVED TO SEE OF INJURY IMPORTS OF INJURY AND OF SEE OF INJURY AND OF SEE OF INJURY AND OF SEE OF OREGON OF Klamath Certifies the Company of Cartifies the Cartifies of See O	hat the foregoin on file with the MARIAN By Date VOID IF A AISED SEAL OF T	ng is a correct Klamath Count ACKERMAN, Registree	and complete to be personal to the personal to	WAS MEDICAL EXAMINER TO LSPECIFY PES OF AND 125 NO. YOR TOWN STATE HS-2 (I
	CC) PART OTHER SIGNIFICAN II ACCIDENT [Specify Yes or Ab) 266 NO RAURY AT WORK IS SPECIFY YES OF Ab) 260 NO RESERVED FOR REGISTR STATE O County This reco	PLACE OF INJURY IMPROVED TO SEE OF INJURY IMPORTS OF INJURY AND OF SEE OF INJURY AND OF SEE OF INJURY AND OF SEE OF OREGON OF Klamath Certifies the Company of Cartifies the Cartifies of See O	hat the foregoin on file with the MARIAN By Date VOID IF A AISED SEAL OF T	ng is a correct Klamath Count ACKERMAN, Registree	and complete to be personal to the personal to	WAS MEDICAL EXAMINER TO LSPECIFY PES OF AND 125 NO. YOR TOWN STATE HS-2 (I
S	ACCIDENT I SPECIFY FOS OF PART OTHER SIGNIFICANT I SPECIFY FOS OF NO SEQUENT AT WORK I SPECIFY FOS OF NO SESSERVED FOR REGISTR. STATE OF County This reco	PLACE OF INJURY IM 280 PLACE OF INJURY IM 280 PLACE OF INJURY IM office building, etc. ISO 281 ARTS USE OF OREGON of Klainath certifies the ord of death (SEAL) (SEAL) LID WITHOUT R. COUNTY OF KL.	hat the foregoin on file with the MARIAN By Date VOID IF A AISED SEAL OF T AMATH: ss.	ng is a correct Klamath Count ACKERMAN, Registree	and complete to be	WAS MEDICAL EXAMINER NO ISSUED FOR TOWN STATE HS-REF TRANSCRIPT OF A HCalth Services tistics Y Registrar SERVICES
S	ACCIDENT I SPECIFY PES OF ACCIDENT I SPECIFY PES OF ADIL 260 NO REJERVED FOR REGISTR. STATE OF County This reco	PLACE OF INJURY IMPROVED TO SEE OF OREGON OF Klainath Scertifies the ord of death (SEAL) LID WITHOUT R. COUNTY OF KL. LID WITHOUT R.	hat the foregoin of the with the foregoin on file with the MARIAN By Date VOID IF A AISED SEAL OF T AMATH: ss.	DESCRIBE HOW IN M 2161 LOCATION 260 TO ACKERMAN, Region ACKERMAN, Region SEP 1 2 1982 LTERED HE KLAMATH CO.	and complete try Department of Strar Vital Star Deputy	WAS MEDICAL EXAMINER TO ISOMERING POST AND ISOMERING OF AND ISOMERING POST AND ISOMERING
S	ACCIDENT I SPECIFY FOS OF PART OTHER SIGNIFICANT I SPECIFY FOS OF NO SEQUENT AT WORK I SPECIFY FOS OF NO SESSERVED FOR REGISTR. STATE OF County This reco	PLACE OF INJURY IMPORTANT OF PLACE OF INJURY IMPORTANT OF COUNTY OF KL.	hat the foregoin on file with the MARIAN By Date VOID IF A AISED SEAL OF T AMATH: ss. Den Fittle 96 at 11:45	ng is a correct of Klamath Count ACKERMAN, Reginate Klamath Count ACKERMAN, ACKERMA	and complete to be	WAS MEDICAL EXAMINER TO ISOME IN STATE YOR TOWN STATE HS-P of Ability Properties of Ab
S	ACCIDENT I SPECIFY PES OF ACCIDENT I SPECIFY PES OF ADIL 260 NO REJERVED FOR REGISTR. STATE OF County This reco	PLACE OF INJURY IMPORTANT OF PLACE OF INJURY IMPORTANT OF COUNTY OF KL.	hat the foregoin of the with the foregoin on file with the MARIAN By Date VOID IF A AISED SEAL OF T AMATH: ss.	ng is a correct of Klamath Count ACKERMAN, Reginate Klamath Count ACKERMAN, ACKERMA	and complete to y Department of Strar Vital Star Deputy DEPT OF HEALTH Star And duly recorded in the 10929 Bernetha G. Letsch, C.	WAS MEDICAL EXAMINER NO ISSUED PER OF AND AND ISSUED PER OF AND ISSUED PER
S	ACCIDENT I SPECIFY PES OF ACCIDENT I SPECIFY PES OF ADIL 260 NO REJERVED FOR REGISTR. STATE OF County This reco	PLACE OF INJURY IMPORTANT OF PLACE OF INJURY IMPORTANT OF COUNTY OF KL.	hat the foregoin on file with the MARIAN By Date VOID IF A AISED SEAL OF T AMATH: ss. Den Fittle 96 at 11:45	ng is a correct of Klamath Count ACKERMAN, Reginate Klamath Count ACKERMAN, ACKERMA	and complete to be been been been been been been been	WAS MEDICAL EXAMINER TO ISONOMY PER OF AND ISONOMY STATE HS-2 (Fig. 1) And ISONOMY STATE LIGHT SERVICES LIGHT MOS AND ISONOMY STATE LIGHT MOS