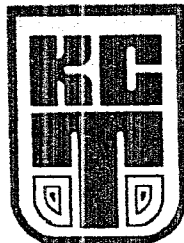


19663



KLAMATH COUNTY TITLE COMPANY

Vol. m96 Page 17300

K-49375-S STATUTORY WARRANTY DEED (Individual or Corporation)

RANDY OREN MULLANIX

, Grantor.

conveys and warrants to PAUL DONAHOE, JR. AND DONNA JEAN DONAHOE, HUSBAND AND WIFE

, Grantee.

the following described real property in the County of KLAMATH and State of Oregon.

Beginning at a point on the Southeasterly right of way line of the County Road known as the Depot Road extending from the City of Malin, Oregon, to the Great Northern Depot, which point of beginning is South 89 degrees 59' East 296.4 feet; thence South 256.9 feet; thence North 71 degrees 00' East 118 feet more or less from the brass cap monument marking the Northeast corner of Lot 14, Section 16, Township 41 South, Range 12 East of the Willamette Meridian, which point of beginning is also the Northeast corner of that certain parcel of land conveyed to Kenneth Dutton and Elvora Dutton, husband and wife, in Book 218 at page 318, Deed records of Klamath County, Oregon; thence South along East line of Dutton property 114.4 feet; thence East 40 feet; thence North 128.15 feet, more or less, to the Southwesterly right of way line of said Depot Road; thence South 71 degrees 00' West 42.3 feet to the point of beginning, being a parcel of land in Lot 15 Section 16, Township 41 South, Range 12 East of the Willamette Meridian.

This property is free of liens and encumbrances, EXCEPT: SUBJECT TO: Reservations and restrictions of record, rights of way, and easements of record and those apparent upon the land, contracts and/or liens for irrigation and/or drainage.

The true consideration for this conveyance is \$ 15,000.00 (Here comply with the requirements of ORS 93.030*).

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.

DATED this 12th day of June 19 96. If a corporate grantor, it has caused its name to be signed by resolution of its board of directors.

Randy Oren Mullanix
RANDY OREN MULLANIX

CORPORATE ACKNOWLEDGEMENT

STATE OF OREGON, County of Klamath)ss.

The foregoing instrument was acknowledged before me
this 12th day of June 19 96
by RANDY OREN MULLANIX

STATE OF OREGON, County of _____)ss.

The foregoing instrument was acknowledged before me
this _____ day of _____ 19 _____
by _____ and
by _____
of _____

a corporation, on behalf of the corporation:

Sue Nova
Notary Public for Oregon

My commission expires:

June 8, 1999

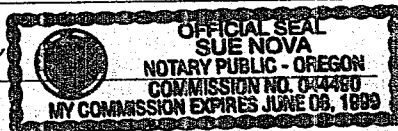
After recording return to:
PAUL AND DONNA DONAHOE
P O BOX 175
MALIN OR 97632

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address:

SAME

NAME, ADDRESS, ZIP



Notary Public for Oregon
My commission expires:

THIS SPACE RESERVED FOR RECORDER'S USE

17301

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title the 12th day
of June A.D., 19 96 at 11:28 o'clock AM., and duly recorded in Vol. M96
of Deeds on Page 17300.

FEE \$35.00

By Bernetha G. Letsch, County Clerk
[Signature]

094953
I.D. TAG NOOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

State File Number

Local File Number

Return to:
Richard Fairclough
280 Main St.
Klamath Falls,
OR 97601

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1. DECEDENT'S NAME Arba Ruth OWENS		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) December 22, 1994
4. SOCIAL SECURITY NUMBER 448-22-1236		5. AGE Last Birthday (Years) 64	6. DATE OF BIRTH (Month, Day, Year) January 14, 1930
7. PLACE OF BIRTH (City and State or Foreign) Pauls Valley, OK		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Marie West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. COUNTY OF DEATH Klamath		12. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)	
13. DECEDENT'S USUAL OCCUPATION (The kind of work done during most of working life. Do not use retired.) Secretary		14. KIND OF BUSINESS/INDUSTRY Banking	
15. RESIDENCE - STATE Oregon		16. STREET AND NUMBER 1431 Joe Wright Road	
17. CITY, TOWN, OR LOCATION Klamath		18. ZIP CODE 97603	
19. 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		20. RACE American Indian, Black, White, etc. (Specify) White	
21. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 5+)		22. DECEDENT'S EDUCATION 1	
23. FATHER'S NAME (first, middle, last) Robert L. Hughes		24. MOTHER'S NAME (first, middle, last) Addie J. Stewart	
25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wynnewood Cemetery		26. INFORMANT - Name and relationship to decedent William H. Owens Spouse	
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. LOCATION - City or Town, State Wynnewood, Oklahoma	
29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael O'Neil</i>		30. LICENSE NUMBER FOR LICENSEE CO-3287	
31. DATE FILED (Month, Day, Year) DEC 27 1994		32. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601	
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 <i>Nancy Kennedy</i>	
35. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		36. TO BE COMPLETED BY CERTIFYING PHYSICIAN	
37. TIME OF DEATH 8:34 A.M.		38. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <i>M.D.</i>		40. DATE SIGNED (Month, Day, Year) December 23, 1994	
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIED MEDICAL EXAMINER (Type or Print) Robert F. Bohnen M.D. 2610 Uhrmann Road, Klamath Falls, Oregon 97601		42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
43. 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.) PART I (a) Adenocarcinoma of breast with metastases DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		44. INTERVAL BETWEEN ONSET AND DEATH 23 years	
45. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause listed in PART I: None		46. DID TOBACCO USE CONTRIBUTE TO THE CAUSE? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
47. 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		48. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
49. DATE OF INJURY (Month, Day, Year)		50. TIME OF INJURY	
51. PLACE OF INJURY - At home, in a street, factory, office, building, etc. (Specify)		52. DESCRIBE HOW INJURY OCCURRED	
53. LOCATION (Street and Number or Rural Route Number, City or Town, State)		54. IF YES, were findings mentioned in accompanying cause of death?	

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

DATE ISSUED: **DEC 27 1994**Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 12th day of June A.D., 19 96 at 11:28 o'clock A M., and duly recorded in Vol. M96 of Deeds on Page 17302

FEE \$10.00

By Bernetha G. Letsch, County Clerk