

20228



FIRST AMERICAN TITLE CO.  
OF DESCHUTES COUNTY  
P.O. Box 4620  
Sunriver, OR 97707

K-48929  
**STATUTORY WARRANTY DEED**

**WARREN W. WINSTEAD**

conveys and warrants to STANLEY L. BEECROFT AND PEARL LABELLE BEECROFT, HUSBAND AND WIFE Grantor,  
the following described real property free of liens and encumbrances, except as specifically set forth herein: Grantee,  
SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

TAX ACCOUNT NO: 23 10 16 D 500 (136294 & 56520)

This property is free of liens and encumbrances, EXCEPT:

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 consideration for this conveyance is \$ 87,500.00 (Here comply with the requirements of ORS 93.030)

Dated this 17 day of June, 19 96

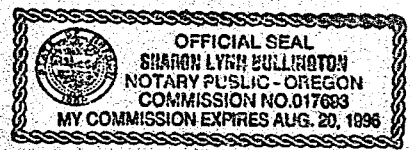
Warren W. Winstead  
WARREN W. WINSTEAD

STATE OF OREGON  
County of Marion } ss.

BE IT REMEMBERED, That on this 17 day of June, 19 96, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named WARREN W. WINSTEAD

known to me to be the identical individual described in and who executed the within instrument and acknowledged to me that HE executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



Sharon Lynn Bullington  
Notary Public for Oregon.  
My Commission expires Aug 20, 1996

Title Order No. \_\_\_\_\_  
Escrow No. 9640027

After recording return to:  
STANLEY L. BEECROFT  
PO BOX 1735  
LAPINE OR 97739  
Name, Address, Zip  
Until a change is requested all tax statement shall be sent to the following address:  
STANLEY L. BEECROFT  
PO BOX 1735  
LAPINE OR 97739  
Name, Address, Zip

THIS SPACE RESERVED FOR RECORDER'S USE

## EXHIBIT "A"

DESCRIPTION

The following described real property situate in Klamath County, Oregon:

The N $\frac{1}{2}$ S $\frac{1}{2}$ NW $\frac{1}{2}$ SE $\frac{1}{2}$  of Section 16, Township 23 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon,

SAVING AND EXCEPTING THEREFROM the following:

A parcel of land in the Northeast part of the N $\frac{1}{2}$ S $\frac{1}{2}$ NW $\frac{1}{2}$ SE $\frac{1}{2}$  of Section 16, Township 23 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon, and more particularly described as follows:

Beginning at a point, being a #5 X 48" steel rod set along the west line of Kurtz Road 30 feet from the centerline thereof, from which the SE/16 corner of said Section 16 bears S. 02°53'27" E. 487.98 feet; thence S. 88°47'02" W. 504.53 feet to a point, being a #5 X 48" steel rod; thence N. 00°28'33" E. 161.26 feet to a point, being a #5 X 48" steel rod; thence N. 88°38'09" E. 504.51 feet to a point along said West line of Kurtz Road and 30 feet from the centerline thereof, being a 2" X 60" steel pipe; thence S. 00°27'19" W. 162.57 feet to the point of beginning.

## SUBJECT TO:

1. Easement, including the terms and provisions thereof, as disclosed by Deed from George E. Howard to C. W. Reeve and Leona M. Reeve, dated June 8, 1964, recorded June 9, 1964, in Volume 353 page 395, Deed records of Klamath County, Oregon, as follows: "...and the Easterly 30 feet of the West half of the East half in Section 16, Twp. 23 S., R. 10 E.W.M., for the purpose of ingress and egress for use in common with other, overs, over, upon and across."

18488

125809  
I.D. TAG NO.

257

Local File Number

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

State File Number

DECEDENT

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PARENTS

DISPOSITION

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REGISTRAR

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1. DECEDENT'S First Middle Last <b>Frances Laverda WINSTEAD</b>		2. SEX <b>F</b>	3. DATE OF DEATH (Month, Day, Year) <b>May 2, 1993</b>
4. SOCIAL SECURITY NUMBER <b>541-22-9795</b>		5a. AGE-Last Birthday (Years) <b>69</b>	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) <b>Hoquim, WA.</b>		7. DATE OF BIRTH (Month, Day, Year) <b>July 19, 1923</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <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) <b>St. Charles Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Bend</b>	
9d. COUNTY OF DEATH <b>Deschutes</b>			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Homemaker</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed) <b>Warren</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Deschutes</b>	
13c. CITY, TOWN OR LOCATION <b>LaPine</b>		13d. STREET AND NUMBER <b>Midstate Road</b>	
14a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14b. ZIP CODE <b>97739</b>	
14c. 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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) <b>8</b>			
17. FATHER - NAME first middle last <b>Andrew Franklin Mode</b>		18. MOTHER - NAME first middle maiden <b>Lillian Rue</b>	
19. INFORMANT - NAME and relationship to decedent <b>Warren Winstead - Husband</b>			
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>LaPine Community Cemetery</b>	
20c. LOCATION - City or Town, State <b>LaPine, Oregon</b>			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donald R. Phillips</i>		21b. LICENSE NUMBER (Of Licensee) <b>3500</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Central Pines Funeral Home</b>		23. Box 1530 LaPine, Oregon 97739	
24. REGISTRAR'S SIGNATURE <i>Florence Abeno-Torrigno</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
26. DATE SIGNED (Month, Day, Year) <b>May 5 1993</b>		27. DATE SIGNED (Month, Day, Year) <b>May 5 1993</b>	
28. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
28a. TIME OF DEATH <b>2:16 P.M.</b>		28b. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Dr. Daniel M. Skotte</i>			
30. DATE SIGNED (Month, Day, Year) <b>May 4, 1993</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Dr. Daniel M. Skotte 51384 South Highway 97 LaPine, Oregon 97739</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) <b>STROKE</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II (b) <b>OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
34. 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		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
40. DESCRIBE HOW INJURY OCCURRED			
41. DATE OF INJURY			
42. TIME OF INJURY			
43. PLACE OF INJURY			
44. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
45. DESCRIBE HOW INJURY OCCURRED			
46. DATE OF INJURY			
47. TIME OF INJURY			
48. PLACE OF INJURY			
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
50. DESCRIBE HOW INJURY OCCURRED			
51. DATE OF INJURY			
52. TIME OF INJURY			
53. PLACE OF INJURY			
54. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
55. DESCRIBE HOW INJURY OCCURRED			
56. DATE OF INJURY			
57. TIME OF INJURY			
58. PLACE OF INJURY			
59. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
60. DESCRIBE HOW INJURY OCCURRED			
61. DATE OF INJURY			
62. TIME OF INJURY			
63. PLACE OF INJURY			
64. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
65. DESCRIBE HOW INJURY OCCURRED			
66. DATE OF INJURY			
67. TIME OF INJURY			
68. PLACE OF INJURY			
69. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
70. DESCRIBE HOW INJURY OCCURRED			
71. DATE OF INJURY			
72. TIME OF INJURY			
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77. TIME OF INJURY			
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80. DESCRIBE HOW INJURY OCCURRED			
81. DATE OF INJURY			
82. TIME OF INJURY			
83. PLACE OF INJURY			
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85. DESCRIBE HOW INJURY OCCURRED			
86. DATE OF INJURY			
87. TIME OF INJURY			
88. PLACE OF INJURY			
89. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
90. DESCRIBE HOW INJURY OCCURRED			
91. DATE OF INJURY			
92. TIME OF INJURY			
93. PLACE OF INJURY			
94. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
95. DESCRIBE HOW INJURY OCCURRED			
96. DATE OF INJURY			
97. TIME OF INJURY			
98. PLACE OF INJURY			
99. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
100. DESCRIBE HOW INJURY OCCURRED			

ORIGINAL VITAL STATISTICS COPY  
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE DESCHUTES COUNTY REGISTRAR.DATE ISSUED: May 5, 1993FLORENCE ABENO-TORRIGNO  
COUNTY REGISTRAR  
DESCHUTES COUNTY, OREGON

STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 21st day  
of June A.D., 19 96 at 11:18 o'clock A.M., and duly recorded in Vol. M96  
of Deeds on Page 18486

FEE \$40.00

By Bernetha G. Letsch, County Clerk