



EXHIBIT "A"  
DESCRIPTION OF PROPERTY

That portion of Lots 47 and 48 of OLD ORCHARD MANOR in the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon, described as follows:

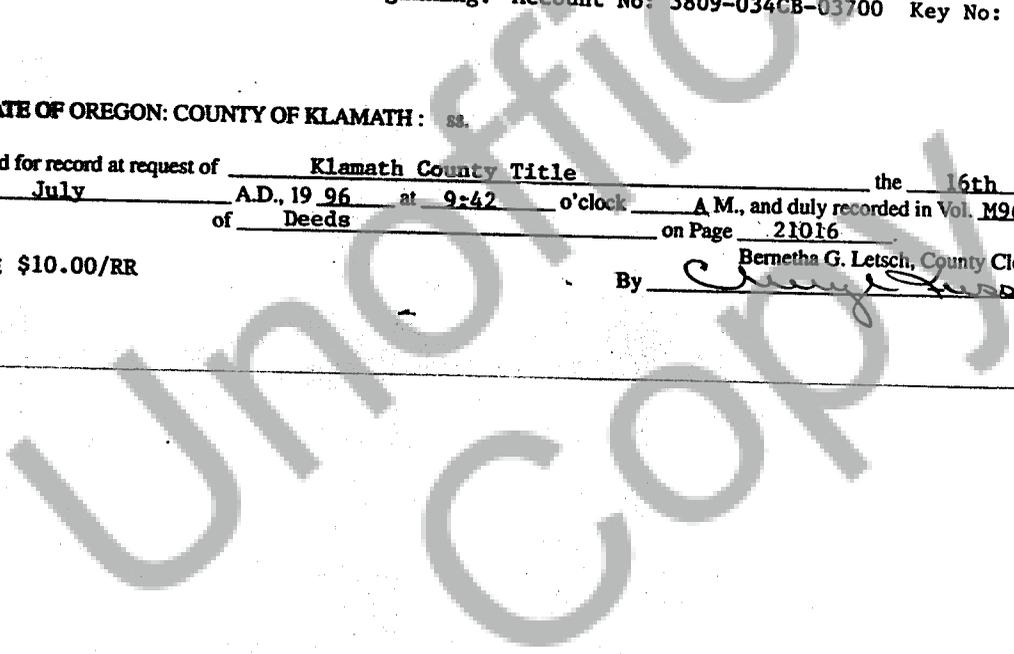
Beginning at the Northeast corner of said Lot 48; thence South along the East line of said lot, 34.3 feet to a point; thence West parallel to the South line of said lot to a point which is 34.3 feet South of the Northwest corner of said lot; thence North along the West line of said Lot 48 and Lot 47 to a point which is 42.7 feet North of the Southwest corner of said Lot 47; thence East parallel to the South line of said Lot 47 to a point on the East line of said Lot 47 which is 42.7 feet North of the Southeast corner of said Lot 47; thence South along the East line of said lots to the point of beginning. Account No: 3809-034CB-03700 Key No: R443915

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 16th day of July A.D., 19 96 at 9:42 o'clock A.M., and duly recorded in Vol. M96 of Deeds on Page 21016.

FEE \$10.00/RR

By Bernetha G. Letsch, County Clerk



1. DECEDENT'S NAME First: <b>Adelaide</b> Middle: <b>Margaret</b> Last: <b>HARMON</b>			2. SEX <b>F</b>	3. DATE OF DEATH (Month, Day, Year) <b>Dec. 21, 1992</b>
4. SOCIAL SECURITY NUMBER <b>562/36/4533</b>	5a. AGE-Last Birthday (Years) <b>62</b>	5b. Under 1 Year Mo. Days Hour	6. BIRTHPLACE (City and State or Foreign Country) <b>Pueblo, CO.</b>	7. DATE OF BIRTH (Month, Day, Year) <b>May 15, 1930</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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <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>Merle West Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		9d. COUNTY OF DEATH <b>Klamath</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>John</b>		13a. RESIDENCE - STATE <b>Oregon</b>		
13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>		13d. STREET AND NUMBER <b>920 Applewood Street</b>
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <b>97603</b>		14. 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
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-1) <b>2</b>		
17. FATHER - NAME first middle last <b>Russell E. Ready</b>		18. MOTHER - NAME first middle maiden <b>Ruth Frances Derrington</b>		19. INFORMANT - NAME and relationship to decedent <b>John Harmon / Husband</b>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input 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>Klamath Cremation Service</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. ...</i>		21b. LICENSE NUMBER (If Licensee) <b>3409</b>	22. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601</b>	
23. DATE FILED (Month, Day, Year) <b>DEC 24 1992</b>		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
27. TIME OF DEATH <b>1505 M</b>				
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
29. On the basis of my personal examination, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>J. ...</i>				
30. DATE SIGNED (Month, Day, Year) <b>12-22-92</b>				
31. TIME OF DEATH <b>M</b>				
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>				
32. 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)				
33. DATE SIGNED (Month, Day, Year) COUNTY				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Or. / 97601</b>				
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
36. 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>Brain Stem Hemorrhage</b>			Interval between Onset and death <b>12 hours</b>	
PART I (b) DUE TO, OR AS A CONSEQUENCE OF:				
PART I (c) 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 <b>Emphysema, morbill obesity</b>				
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. 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		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY <b>M</b>	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. DESCRIBE HOW INJURY OCCURRED		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)				

96 JUL 16 9 42 AM '92

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

John E. Harmon, Jr.  
920 Applewood St.  
Klamath Falls, OR 97601

DATE ISSUED: **DEC 29 1992**

*Charles Barcus*  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: 88

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