

## BARGAIN AND SALE DEED

ALL TAX STATEMENT SHALL BE SENT TO:  
PATRICIA S. WISHON  
P. O. BOX 648  
LAPINE OREGON 97739

PATRICIA S. WISHON AS SPOUSE OF THE ESTATE OF PAUL RAY YAGER  
, GRANTOR, CONVEYS TO PATRICIA WISHON, GRANTEE, THE FOLLOWING  
PARCELS OF REAL PROPERTY:

LOT 12 IN BLOCK 40 OF CRESENT, ACCORDING TO THE OFFICIAL PLAT  
THERE ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH  
COUNTY, OREGON.

3.00 ACRES IN SECTION 3, TWP 24 RANGE E. W. M. 9, KLAMATH  
COUNTY, OREGON.

## SUBJECT TO:

1. EXCEPTIONS OF RECORD.

THE TRUE CONSIDERATION FOR THIS CONVEYANCE IS NONE.

THIS INSTRUMENT WILL NOT ALLOW USE OF PROPERTY DESCRIBED IN  
THIS INSTRUMENT IN VIOLATION OF THE APPLICABLE LAND USE LAWS  
AND REGULATIONS. BEFORE SINGING OR ACCEPTING THIS INSTRUMENT  
THE PERSON ACQUIRING FEE TITLE OF THE PROPERTY SHOULD CHECK  
WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO  
VERIFY USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST  
FARMING OR FOREST PRACTICES AS DEFINED IN ORS. 30.930.

DATED THIS July 29<sup>th</sup> DAY OF 1986

1. BARGAIN AND SALE DEED  
PARCEL 8 (FORMERLY PARCEL 43)  
PARCEL 10 (FORMERLY PARCEL 42)

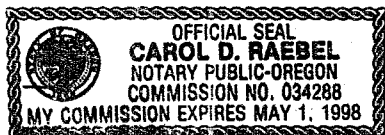
*Patricia S. Wishon*  
PATRICIA S. WISHON  
SPOUSE OF THE DECEASED  
PAUL RAY YAGER

96 AUG 15 P131

25187

STATE OF OREGON)  
COUNTY OF DESHUTES)

ON THIS 29th DAY OF July 1996  
PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED PERSON  
PATRICIA S. WISHON SPOUSE OF THE DECEASED PAUL RAY YAGER,  
AND ACKNOWLEDGED THE FORGOING INSTRUMENT TO BE HER VOLUNTARY  
ACT.



Carol D. Raebel  
NOTARY PUBLIC FOR OREGON  
MY COMMISSION EXPIRES 5-1-98

STATE OF OREGON: COUNTY OF KLAMATH: ss.

FILED FOR RECORD AT REQUEST OF \_\_\_\_\_  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_ A. D;  
19 \_\_\_\_\_ AT \_\_\_\_\_ OCLOCK \_\_\_\_\_ AM;  
AND DULY RECORDED IN VOL. \_\_\_\_\_ OF DEEDS ON PAGE \_\_\_\_\_  
FEE: \_\_\_\_\_ BY \_\_\_\_\_  
COUNTY CLERK

2 BARGIN AND SALE DEED  
PARCEL 8 (FORMERLY PARCEL 43)  
PARCEL 10 (FORMERLY PARCEL 42)J!

25188

000502

STATE OF WASHINGTON DEPARTMENT OF HEALTH  
VITAL RECORDS

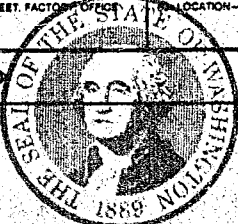
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME—FIRST, MIDDLE, LAST <b>PAUL RAY YAGER</b>			2 SEX <b>MALE</b>		3 DEATH DATE (Mo., Day, Yr.) <b>NOV. 29, 1991</b>		146						
4 AGE LAST BIRTHDAY (Yr.) <b>61</b>		5 UNDER 1 YEAR MOS. DAYS <b>11 15</b>		6 UNDER 1 DAY HOURS MINS <b>11 15</b>		7 BIRTHDATE (Mo., Day, Yr.) <b>SEPT. 13, 1930</b>		8 BIRTH STATE (If not in USA, give country) <b>BEND, OREGON</b>		9 CITIZEN OF WHAT COUNTRY? <b>USA</b>		10 COUNTY OF DEATH <b>LEWIS</b>	
11 CITY, TOWN OR LOCATION OF DEATH <b>CENTRALIA</b>				12 PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. ROOM/OUT PTN 4 <input type="checkbox"/> HOSP. 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE <b>PROVIDENCE HOSPITAL-CENTRALIA</b>				13 SMOKING IN LAST 15 YEARS? (Yes/No) <b>NO</b>					
14 MARITAL STATUS — Married, Never Married, Widowed <b>MARRIED</b>		15 SURVIVING SPOUSE (If wife, give maiden name) <b>PATRICIA WISHON</b>				16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>YES</b>		17 SOCIAL SECURITY NO. <b>543-30-9121</b>		18 HIGH SCHOOL GRADUATE? (Yes/No) <b>NO</b>			
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT list retired) <b>RANCHER</b>				20 KIND OF BUSINESS OR INDUSTRY <b>RANCHING</b>				21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) <b>NO</b>		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind. and Hispanic, etc.) (Specify) <b>WHITE</b>			
23 RESIDENCE — NUMBER AND STREET <b>HIGHWAY 97, SOUTH</b>				24 CITY/TOWN OR LOCATION <b>LAPINE</b>		25 INSIDE CITY (Mo., Day, Yr.) <b>NO</b>		26 COUNTY <b>DESCHUTES</b>		27 STATE <b>OREGON</b>		28 ZIP CODE <b>97739</b>	
29 FATHER'S NAME—FIRST, MIDDLE, LAST <b>RAY YAGER</b>						30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>DORA S. SLY</b>							
31 INFORMANT—NAME <b>PAUL D. YAGER, SON</b>				32 MAILING ADDRESS <b>3654 N.E. 45TH</b>				CITY OR TOWN <b>REDMOND</b>		STATE <b>OREGON</b>		ZIP <b>97756</b>	
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>CREMATION</b>		34 DATE (Mo., Day, Yr.) <b>DEC 4 1991</b>		35 CEMETERY/CREMATORY—NAME <b>CREMATORY OF CENTRAL OREGON</b>				36 LOCATION—CITY/TOWN, STATE <b>BEND, OREGON</b>					
37 FUNERAL DIRECTOR SIGNATURE <i>July L Brown</i>		38 NAME OF FACILITY <b>STICKLIN FUNERAL CHAPEL</b>				39 ADDRESS OF FACILITY <b>1437 SO. GOLD CENTRALIA, WA 98531</b>							
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER							
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>X</b>						41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>Terry S Wilson M.D.</i>							
42 DATE SIGNED (Mo., Day, Yr.)				43 HOUR OF DEATH (24 Hrs.)		44 DATE SIGNED (Mo., Day, Yr.) <b>11-30-91</b>				45 HOUR OF DEATH (24 Hrs.) <b>1710</b>			
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						47 PRONOUNCED DEAD (Mo., Day, Yr.) <b>11-29-91</b>				48 HOUR PRONOUNCED DEAD (24 Hrs.) <b>1710</b>			
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>TERRY WILSON, CORONER 1015 BIG HANAFORD ROAD CENTRALIA, WASHINGTON 98531</b>													
50 PART I: ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.													
IMMEDIATE CAUSE: (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.						(A) <i>Adeno Carcinoma of throat c Met's</i> DUE TO, OR AS A CONSEQUENCE OF: (B) <i>WITH METASTASES</i> DUE TO, OR AS A CONSEQUENCE OF: (C)							
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						52 AUTOPSY? (Yes/No) <b>NO</b>		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>NO</b>					
54 ACC. SUICIDE MO. UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo., Day, Yr.)		56 HOUR OF INJURY (24 Hrs.)		57 DESCRIBE HOW INJURY OCCURRED							
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)				60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
61 REGISTRAR SIGNATURE <i>Thomas A Bell, M.D.</i>						62 DATE RECEIVED (Mo., Day, Yr.) <b>DEC 02 1991</b>							

AMENDED BY AFFIDAVIT  
DATE **11/29/95**  
BY **539** ITEM **1215**



DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)

DOH 01-003 (7/90)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Patricia S Wishon the 15th day of August A.D., 19 96 at 1:31 o'clock PM., and duly recorded in Vol. M96 of Deeds on Page 25186.

FEE \$40.00

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