

96 SEP 27 P2:45

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, That RALPH SAM SANTORO, herein called grantor, for the consideration hereinafter stated, to grantor paid by RALPH S. SANTORO, TRUSTEE OF THE RALPH S. SANTORO LIVING TRUST, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Klamath, State of Oregon, described as follows, to-wit:

See legal description marked Exhibit "A" attached hereto and by this reference made a part hereof as though fully set forth herein....

The true and actual consideration paid for this transfer, stated in terms of dollars, is other than money.

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 26th day of September, 1996; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.

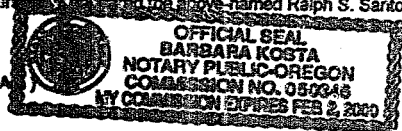
THIS INSTRUMENT DOES NOT GUARANTEE THAT ANY PARTICULAR USE MAY BE MADE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT. A BUYER SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Ralph S. Santoro
Ralph S. Santoro

STATE OF OREGON, County of Klamath) ss.

Personally appeared the above-named Ralph S. Santoro and acknowledged the foregoing instrument to be his voluntary act and deed.

(S E A)



Before me: Barbara Kosta
Notary Public for Oregon
My Commission Expires: 2-2-2000

Grantor:
Ralph S. Santoro
4220 Summers Lane
Klamath Falls OR 97603

Grantee:
Ralph S. Santoro Trustee
4220 Summers Lane
Klamath Falls, OR 97603

After recording return to:
Ralph S. Santoro, Trustee
4220 Summers Lane
Klamath Falls OR 97603

Until a change, send all tax statements
to same address

STATE OF OREGON, County of Klamath) ss.

I certify that the within instrument received for record
on the _____ day of _____, 19____, at _____ o'clock
_____ M., and recorded in book/real/volume No. _____
on page _____ or as fee/file/instrument/microfilm/
reception No. _____, Recorded of Deeds of said County.

Name: _____ Title _____

By: _____

EXHIBIT "A"

A parcel of land situated in the SE 1/4 SE 1/4 of Section 10, Township 39 South, Range 9 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at a 5/8 inch iron pin which is 1.5 feet North of an existing fence corner on the Westerly right of way line of Summers Lane, said point being South 00 degrees 21' 00" East a distance of 163.75 feet from the iron axle marking the Southeast corner of "SUMMERS PARK" Subdivision and said beginning point being South a distance of 2783.75 feet and West a distance of 30.00 feet from the Southeast corner of the NE 1/4 NE 1/4 of said Section 10 by the description of that property deeded from Franklin to Kelsey and described in Book 278 at Page 36, Deed Records of Klamath County, Oregon; thence South 89 degrees 39' 00" West at right angles to Summers Lane and along the South line of said property deeded from Franklin to Kelsey and the Westerly extension of said line a distance of 306.47 feet to a 5/8 inch iron pin 0.4 feet Northwest of an existing fence corner; thence South 00 degrees 14' 00" West a distance of 99.78 feet to a 5/8 inch iron pin 0.4 feet Southwest of an existing fence corner; thence South 89 degrees 44' 55" East a distance of 307.50 feet to a 5/8 inch iron pin 0.4 feet South of an existing fence corner, said point being on the Westerly right of way line of Summers Lane; thence North 00 degrees 21' 00" West along the Westerly right of way line of Summers Lane a distance of 103.00 feet to the point of beginning, with bearings being based on the centerline of Summers Lane and the East line of the SE 1/4 of said Section 10 as being North 00 degrees 21' 00" West.

CODE 41 map 3909-10DD tl 600

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Barbara Kosta the 27th day of September A.D., 19 96 at 2:45 o'clock p M., and duly recorded in Vol. M96 of Deeds on Page 30763.

Bernetha G. Letsch, County Clerk

By Kathleen Ross

FEE \$35.00

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS
OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

RECENT
BLACK INK

194734

LD. TAG NO.

90

Local File Number

1. DECEDENT'S NAME First: Lucille Middle: May Last: HAWKINS		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 22, 1996
4. SOCIAL SECURITY NUMBER 289-14-6003		5a. AGE Last Birthday (Years) 70	5b. Under 1 Year Mos. Days Hours Mins.
6. PLACE OF BIRTH (City and State or Foreign) Spring Valley, Ohio		7. DATE OF BIRTH (Month, Day, Year) June 22, 1925	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker	
14. KIND OF BUSINESS/INDUSTRY Own Home		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
16. SPOUSE (If Married, Widowed) James Hawkins		17. RESIDENCE - STATE Oregon	
18. COUNTY Klamath		19. CITY, TOWN OR LOCATION Bonanza	
20. STREET AND NUMBER 66416 Teal Drive		21. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. ZIP CODE 97623		23. 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	
24. RACE American Indian, Black, White, etc. (Specify) White		25. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (3-12) College (14 or 16) 8	
26. FATHER - NAME first middle last Edward - Tomlison		27. MOTHER - NAME first middle maiden Stella - Miller	
28. INFORMANT - NAME and relationship to deceased Cody Pemberton - Son		29. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory		31. LOCATION - City or Town, State Klamath Falls, Oregon	
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Edna A. Wil</i>		33. LICENSE NUMBER (Of Licensee) 3588	
34. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home		35. ADDRESS AND ZIP OF FACILITY 4711 Highway 39 Klamath Falls, Oregon 97603	
36. DATE FILED (Month, Day, Year) FEB 26 1996		37. REGISTRAR'S SIGNATURE <i>Edward J. Johnson</i>	
38. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
39. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
40. TIME OF DEATH 5:05 a.m.		41. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Blake Berven</i> M.D.			
43. DATE SIGNED (Month, Day, Year)			
44. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
45. TIME OF DEATH 5:05 a.m.		46. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
47. 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)			
48. DATE SIGNED (Month, Day, Year) COUNTY			
49. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING/MEDICAL EXAMINER (Type or Print) Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601			
50. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
51. 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) DUE TO, OR AS A CONSEQUENCE OF: Pneumonia		Interval between onset and death 24	
PART I (b) DUE TO, OR AS A CONSEQUENCE OF: COPD		Interval between onset and death 10 days	
PART I (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		Interval between onset and death	
52. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		53. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
54. DATE OF INJURY (Month, Day, Year)		55. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
56. TIME OF INJURY M		57. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
58. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		59. DESCRIBE HOW INJURY OCCURRED	
60. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		61. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED **FEB 26 1996**

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the _____ 27th day
of **September** A.D., 19 **96** at **2:45** o'clock **P** M., and duly recorded in Vol. **M96**
of **Deeds** on Page **30765**

FEE \$10.00

Return: James L. Hawkins
P. O. Box 386

Bernetha G. Lersch County Clerk

By *Ruth Ann Rosa*

Klamath Falls, OR 97601