

BILL OF SALE

In consideration of the sum of Fifteen Thousand and no/100 Dollars (\$15,000.00), the receipt of which is hereby acknowledged, I, Dianne Watson, hereinafter "Seller," do hereby grant, bargain, sell, transfer, and deliver unto Robert Kingzett, hereinafter "Buyer," the following described personal property in Klamath County, Oregon:

A 20% (twenty percent) interest in that personal property located on Lot 17 Tract G-1 Odell Lake Recreation Unit, Deschutes National Forest, Klamath County, Oregon, including the residence, storage building, wood shed, boat dock, and all other improvements located thereon, as well as all appliances, furniture, and fixtures affixed to said improvements. Klamath County Tax Account No. 126018.

I covenant to and with the above-named buyer that I am the owner of a 20% (twenty per cent) interest in said personal property, that the same is free from all encumbrances, with the exception of any property taxes of record, and that I, my heirs, executors, and administrators shall warrant and defend the same against the lawful claims of all persons whomsoever.

DATED this 9 day of November, 1995.

Dianne Watson
DIANNE WATSON

STATE OF OREGON)
) SS:
County of Lane)

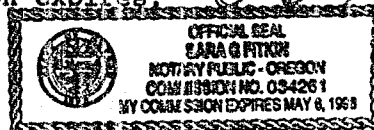
I, Dianne Watson, being first duly sworn, depose and say that I am a twenty percent (20%) owner of the property described in the foregoing Bill of Sale, that the same has been paid for in full, and that on this date the same is free and clear of liens and encumbrances of every kind and nature, except for any property taxes of record.

Dianne Watson
DIANNE WATSON

SUBSCRIBED AND SWORN to before me this 9th day of NOVEMBER, 1995.

Sara G. Filkin
Notary Public for Oregon
My commission expires: 5-6-98

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return: Robert Kingzett
1225 Pacific Terrace KFO 97601

Filed for record at request of Robert Kingzett the 19th day of November A.D., 1996 at 3:46 o'clock P. M., and duly recorded in Vol. 196 of Deeds on Page 36474.

FEE \$30.00
50¢ copy

Bernetha G. Letsch County Clerk
By Bethann Ross

217587
10. TAG NO.
523
Local File Number

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

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7
8
9

REGISTRAR

0

1

CERTIFIER

2

3

4

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

5

6

1. DECEDENT'S NAME First: Dorothy Middle: Vivian Last: SCHROEDER		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) November 12, 1996
4. SOCIAL SECURITY NUMBER 543-30-9115		5a. AGE-Last Birth day (Years) 82	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTH PLACE (City and State or Foreign Country) Canon City, CO		7. DATE OF BIRTH (Month, Day, Year) May 21, 1914	
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> BOA <input 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) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	
14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife		15. SPOUSE (If Married, Widowed, Divorced) Rudolph T.	
16. KIND OF BUSINESS/INDUSTRY Homemaking		17. STREET AND NUMBER 1424 California Avenue	
18. RESIDENCE - STATE Oregon		19. CITY, TOWN, OR LOCATION Klamath Falls	
20. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. ZIP CODE 97601	
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify by No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		23. RACE - American Indian, Black, White, etc. (Specify) White	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (3-12) College (1-4 or 5+) 12		25. FATHER - NAME first middle last Austin J. Thorpe	
26. MOTHER - NAME first middle maiden Lillie - Cobley		27. INFORMANT - NAME and relationship to deceased Rudolph T. Schroeder, husband	
28. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) Burial		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Haven of Rest Mausoleum	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Paul C. Davis</i>		31. LICENSE NUMBER (Of Licensee) FS-0124	
32. DATE FILED (Month, Day, Year) NOV 18 1996		33. NAME, ADDRESS AND ZIP OF FACILITY (Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194)	
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL C尸 CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		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 ~ 1330 PM		38. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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>Charles Christensen</i>			
40. DATE SIGNED (Month, Day, Year) November 14, 1996			
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Charles Christensen, MD, 1900 Main Street, 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. Carcinic or Respiratory Arrest.			
PART I (a) Pneumonia		Interval between onset and death 1 week	
(b) COPD		Interval between onset and death 20 yrs	
(c) CHF		Interval between onset and death	
44. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I			
45. Did toxic substances contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
46. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
47. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
48. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		49. DATE OF INJURY (Month, Day, Year)	
50. TIME OF INJURY		51. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
52. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		53. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

DATE ISSUED: NOV 18 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Return: Rudolph Schroeder
1424 Calif. Ave. KFO 97601

Filed for record at request of Rudolph Schroeder
of November A.D., 19 96 at 3:47 o'clock P.M., and duly recorded in Vol. M96
of Deeds on Page 36475

FEE \$10.00

Bernetha G. Letsch County Clerk
By *Kathleen Ross*