

WARRANTY DEED

MTC40089MS

RODNEY E. PFEIFFER and BARBARA J. PFEIFFER, as tenants by the entirety,
Grantor(s) hereby grant, bargain, sell and convey to:

CLAY L. TUCKER,

Grantee(s) and grantee's heirs, successors and assigns the following described
real property, free of encumbrances except as specifically set forth herein in
the County of KLAMATH and State of Oregon, to wit:

SEE EXHIBIT A WHICH IS MADE A PART HEREOF BY THIS REFERENCE

SUBJECT TO: all those items of record and those apparent upon the land, if
any, as of the date of this deed and those shown below, if any:
and the grantor will warrant and forever defend the said premises and every
part and parcel thereof against the lawful claims and demands of all persons
whomsoever, except those claiming under the above described encumbrances.

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 and actual consideration for this conveyance is \$ 12,000.00.

Until a change is requested, all tax statements shall be sent to Grantee at the
following address: 730 GRANT STREET, KLAMATH FALLS, OR 97601

Dated this 19th day of December, 1996.

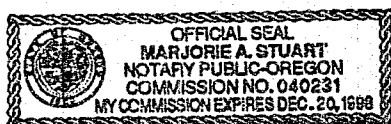
Rodney E. Pfeiffer
RODNEY E. PFEIFFER

Barbara J. Pfeiffer
BARBARA J. PFEIFFER

STATE OF Oregon SS. December 19 19 96
COUNTY OF Klamath

Personally appeared the above named Rodney E. Pfeiffer and Barbara
J. Pfeiffer

and acknowledged the foregoing instrument to be their voluntary act.



Before me:

Margaret A. Stuart

Notary Public for Oregon

My commission expires 12-20-98

(seal)

ESCROW NO. MT40089-MS

Return to:

CLAY L. TUCKER
730 GRANT STREET
KLAMATH FALLS, OR 97601

EXHIBIT "A"
LEGAL DESCRIPTION

That portion of Lots 4 and 6, TRACT 1265 DEVONRIDGE, and being more particularly described as follows:

Beginning at the Southeasterly corner of Lot 6, TRACT 1265 DEVONRIDGE; thence, along the Easterly line of said Lot 6 North 27 degrees 57' 36" West 179.73 feet; thence, South 48 degrees 20' 08" West 65.39 feet; thence South 00 degrees 12' 06" West 113.88 feet; thence, South 76 degrees 32' 59" East 120.09 feet to the Southwesterly corner of said Lot 6; thence, Northeasterly 31.90 feet along the arc of a 50.00 foot radius curve to the right, the long chord of which bears North 32 degrees 13' 16" East 31.36 feet to the point of beginning.

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 30th day
of December A.D., 19 96 at 11:07 o'clock A.M., and duly recorded in Vol. M96
of Deeds on Page 40257

Bernetha G. Letsch, County Clerk

FEE \$35.00

by

Kathleen Ross

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE FILE NUMBER		DEATH OF CALIFORNIAN USE BLACK INK, PRINT OR TYPE, PRINTED OR ALPHABETIC (SEE INSTRUCTIONS, 7/93)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST GIVEN VIRGINIA		2. MIDDLE EDNA		3. LAST FAMILY SINGLETON			
4. DATE OF BIRTH MM/DD/YYYY 06/13/1929		5. AGE YRS. 66		6. SEX F		7. DATE OF DEATH MM/DD/YYYY 12/08/1995	
8. TIME OF DEATH 1650		9. SOCIAL SECURITY NO. 366-24-1434		10. MARRIAGE STATUS MARRIED		11. YEARS IN OCCUPATION 35	
12. RACE CAUCASIAN		13. SPECIES HUMAN		14. USUAL EMPLOYER McDONNELL-DOUGLAS		15. YEARS IN OCCUPATION 35	
16. USUAL RESIDENCE—STREET AND NUMBER OR LOCATION 13269 5th. STREET		17. CITY YUCAIPA		18. COUNTY SAN BERNARDINO		19. ZIP CODE 92399	
20. STATE OR FOREIGN COUNTRY CALIFORNIA		21. DECEASED'S RELATIONSHIP TO DECEASED MARTIN SINGLETON - HUSBAND		22. ADDRESS AND ADDRESS STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP 13269 5th. STREET YUCAIPA, CA 92399		23. DATE OF DEATH 12/12/1995	
24. NAME OF SURVIVING SPOUSE—FIRST MARTIN		25. MIDDLE BANDOLPH		26. LAST FAMILY SINGLETON		27. BIRTH STATE IL	
28. NAME OF FATHER—FIRST JOHN		29. MIDDLE LESTER		30. LAST FAMILY GILLET		31. BIRTH STATE SCOT.	
32. NAME OF MOTHER—FIRST EUPHORIA		33. MIDDLE LESTER		34. LAST FAMILY STEWART		35. BIRTH STATE SCOT.	
36. DATE MM/DD/YYYY 12/13/1995		37. PLACE OF DEATH FOREST LAWN REX BX 4472 LINCOLN AVENUE CYPRESS, CA 90630		38. TYPE OF DEATH B		39. SIGNATURE OF DECEASED NOT EXHIBITED	
40. NAME OF FUNERAL DIRECTOR FOREST LAWN FURNITARY CYPRESS		41. LICENSE NO. EG-105		42. ADDRESS AND ADDRESS STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP 13269 5th. STREET YUCAIPA, CA 92399		43. DATE MM/DD/YYYY 12/12/1995	
44. PLACE OF DEATH LOMA LINDA UNIV. MED. CTR.		45. TYPE OF DEATH B		46. SIGNATURE OF DECEASED NOT EXHIBITED		47. DATE MM/DD/YYYY 12/12/1995	
48. STREET, ADDRESS—STREET AND NUMBER OR LOCATION 11234 ANDERSON STREET		49. CITY LOMA LINDA		50. COUNTY SAN BERNARDINO		51. ZIP CODE 92354	
52. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE IN 107) IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST		53. HRS HRS		54. DEATH REPORTED TO CORONER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		55. REFERRAL NUMBER	
56. DUE TO (B) MYOCARDIAL INFARCTION		57. DAYS DAYS		58.opsy PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		59. AUTHORITY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
60. DUE TO (C) ATHEROSCLEROTIC HEART DISEASE		61. YRS YRS		62. USED IN DETERMINING CAUSE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		63. USED IN DETERMINING CAUSE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
64. DUE TO (D) 1853		65. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 HYPERTENSION, HYPERCHOLESTEROLEMIA, STROKE, URINARY TRACT INFECTION		66. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE CARDIAC STENT DEPLOYMENT 11/28/1995		67. SIGNATURE AND TITLE OF CERTIFIER TAKKIN LO MD., 11234 ANDERSON ST. LOMA LINDA 92354	
68. DATE MM/DD/YYYY 12/08/1995		69. DATE MM/DD/YYYY 12/08/1995		70. LICENSE NO. G60988		71. DATE MM/DD/YYYY 12/08/1995	
72. TYPE OF DEATH NATURAL		73. MARRIAGE STATUS MARRIED		74. DATE MM/DD/YYYY 12/08/1995		75. PLACE OF DEATH LOMA LINDA	
76. SIGNATURE OF CORONER OR DEPUTY CORONER		77. DATE MM/DD/YYYY		78. TYPE OF DEATH NATURAL		79. SIGNATURE OF CORONER OR DEPUTY CORONER	
80. STATE REGISTRAR		81. DATE MM/DD/YYYY		82. TYPE OF DEATH NATURAL		83. SIGNATURE OF CORONER OR DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

SS

DATE ISSUED DEC 15 1995

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON : COUNTY OF KLAMATH: SS.

Filed for record at request of Amerititle the 30th day of December A.D. 19 96 at 11:07 o'clock A. M., and duly recorded in Vol. M96 of Deeds on Page 40259

Return: Martin R. Singleton
13269 5th St.
Yucaipa, Ca. 92399
by Bernetha G. Letsch, County Clerk

FEE \$10.00