



Aspen

TITLE & ESCROW, INC.

WARRANTY DEED

ASPEN TITLE ESCROW NO. 03045629

AFTER RECORDING RETURN TO:
BEVERLY J. SANDERS, TRUSTEE

Aspen Title

UNTIL A CHANGE IS REQUESTED ALL TAX
STATEMENTS TO THE FOLLOWING ADDRESS:
SAME AS ABOVE

REBECCA K. CLINTON and JANA LACKOWSKI and CONNIE MC CARNEY,
hereinafter called GRANTOR(S), convey(s) to BEVERLY J. SANDERS,
TRUSTEE OF THE BEVERLY J. SANDERS TRUST DATED MARCH 20, 1995,
hereinafter called GRANTEE(S), all that real property situated
in the County of Klamath, State of Oregon, described as:

Lot 45, FIRST ADDITION TO SUMMERS LANE HOMES, in the County of
Klamath, State of Oregon.

Code 41 Map 3909-11BA TL 3600

"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 30.390."

and covenant(s) that grantor is the owner of the above described
property free of all encumbrances except covenants, conditions,
restrictions, reservations, rights, rights of way and easements
of record, if any, and apparent upon the land, contracts and/or
liens for irrigation and/or drainage, and will warrant and
defend the same against all persons who may lawfully claim the
same, except as shown above.

The true and actual consideration for this transfer is
\$82,000.00.

In construing this deed and where the context so requires, the
singular includes the plural.

IN WITNESS WHEREOF, the grantor has executed this instrument
this 9th day of January, 1997.

Rebecca K. Clinton
REBECCA K. CLINTON

Jana Lackowski
JANA LACKOWSKI

Connie McCarney by Rebecca K. Clinton attorney in fact
CONNIE MC CARNEY

STATE OF OREGON, County of Klamath)ss.

On January 10, 1997, personally appeared the above named
REBECCA K. CLINTON and JANA LACKOWSKI and ~~CONNIE MC CARNEY~~ and
acknowledged the foregoing instrument to be their voluntary act
and deed.

Before me: Carole A. Kinsler
Notary Public for Oregon

My Commission Expires: 8-15-2000

"This Notary Certificate is prepared on a separate page and is attached to the document entitled Warranty Deed, containing one (1) page and is attached to that document by means of staple."

STATE OF OREGON)

) ss.

County of Klamath)

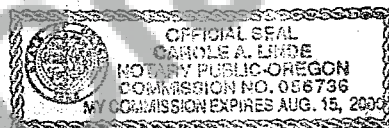
The foregoing instrument was acknowledged before me this 10th day of January, 1997, by Rebecca K. Clinton as attorney in fact for Connie Mc Carney, on behalf of said principal.

Before me:

Carole A. Linde

Notary Public for Oregon

My commission expires: August 15, 2000.



STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 10th day
of January A.D., 19 97 at 3:56 o'clock P M., and duly recorded in Vol. M97
of Deeds on Page 861

Bernetha G. Letsch, County Clerk

FEE \$35.00

Lynette M. [Signature]

086731
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

ATC. 0304502

136-

State File Number

1. DECEDENT'S NAME First: Ralph Middle: K. Last: Schouboe		2. SEX M	3. DATE OF DEATH (Month, Day, Year) April 22, 1991			
4. SOCIAL SECURITY NUMBER 540-10-2299		5a. AGE - Last Birthday (Years) 72	5b. Under 1 Year Max. Days Hour Min.	5c. Under 1 Day Hour Min.	6. BIRTHPLACE (City and State or Foreign Country) Portland, Oregon	7. DATE OF BIRTH (Month, Day, Year) April 26, 1918
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 type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input checked="" 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) Plum Ridge Care Center				9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Railroad Engineer		10b. KIND OF BUSINESS/INDUSTRY Transportation		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Margaret
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4791 Onyx St.
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97603		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 Specify		15. RACE (American Indian, Black, White, etc. (Specify)) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (11-12)		17. FATHER - NAME first middle last Ralph Schouboe				
18. MOTHER - NAME first middle maiden Mitylene (Billie) Smith		19. INFORMANT - NAME and relationship to decedent Margaret Schouboe-Wife				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" 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) Klamath Memorial Park		20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jack L. Laddell</i>		21b. LICENSE NUMBER (Or License) 3147		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St. K-Falls, Ore. 97601		
23. DATE FILED (Month, Day, Year) APR 24 1991		24. REGISTRAR'S SIGNATURE <i>Dance Kennedy</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 6:10 P.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Ralph Breitenstein</i>				
30. DATE SIGNED (Month, Day, Year) 4-23-91		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ralph Breitenstein / M.D. / 2622 Campus Dr. / Klamath Falls/Or. / 97601				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. 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. (a) <i>Coronary artery disease</i> (b) <i>Due to, or as a consequence of:</i> (c) <i>OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.</i>				
34. MAINER 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"/> Homicide <input type="checkbox"/> Legal Intervention		35. DATE OF INJURY (Month, Day, Year) 4-23-91		36. TIME OF INJURY M		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk
38. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) At home		39. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4791 Onyx St. Klamath Falls, Oregon		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL CERTIFICATE OF DEATH
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV.

DATE ISSUED **APR 24 1991***Donna Q. Verling*
DONNA Q. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Aspen Title & Escrow** the **10th** day
of **January** A.D., 19 **97** at **3:56** o'clock **P** M., and duly recorded in Vol. **M97**
of **Deeds** on Page **863**

FEE \$10.00 RETURN: ASPEN

Bernetha G. Leach, County Clerk

Lynette M. Leach