



51046

98 JAN -2 P3:20

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STATUTORY WARRANTY DEED

IDA LEA GIVAN; AND JESSE F. FRANCIS AND HILDA E. FRANCIS, TRUSTEES OR THEIR SUCCESSORS IN TRUST UNDER THE FRANCIS LOVING TRUST DATED JANUARY 16, 1990, Grantor, conveys and warrants to KENNETH HUFFORD AND LESLIE HUFFORD, HUSBAND AND WIFE, Grantee,

the following described real property free of liens and encumbrances, except as specifically set forth herein: GOVERNMENT LOTS 1 AND 2 AND THE E1/2 NW1/4 OF SECTION 18, TOWNSHIP 30 SOUTH, RANGE 11 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON.

THE SOUTH 1/2 OF SECTION 11, THE NORTH 1/2 OF SECTION 13, AND THE NORTH 1/2 OF SECTION 14, ALL IN TOWNSHIP 30 SOUTH, RANGE 10, EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON.

This property is free of liens and encumbrances, EXCEPT: Reservations and restrictions of record, rights of way, and easements of record and those apparent upon the land, contracts and/or liens for irrigation and/or drainage.

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 consideration for this conveyance is \$ 690,000.00 (Here comply with the requirements of ORS 93.030)

Dated this 30 day of December, 19 97

Ida Lea Givan
IDA LEA GIVAN

Hilda E. Francis - Trustee
HILDA E. FRANCIS, TRUSTEE

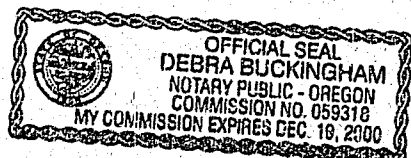
Hilda E. Francis
HILDA E. FRANCIS, INDIVIDUALLY

STATE OF OREGON
County of KLAMATH } ss.

BE IT REMEMBERED, That on this 2ND day of JANUARY, 19 98, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named IDA LEA GIVAN AND HILDA E. FRANCIS

known to me to be the identical individual described in and who executed the within instrument and acknowledged to me that THEY executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



Debra Buckingham
My Commission expires 12-19-2000 Notary Public for Oregon.

Title Order No. K-51186
Escrow No. K51186D

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:
KEN HUFFORD
PO BOX 21
NORTH POWDER, OR 97867
Name, Address, Zip

Until a change is requested all tax statements shall be sent to the following address:
KEN HUFFORD
PO BOX 21
NORTH POWDER, OR 97867
Name, Address, Zip

PRINT IN PERMANENT BLACK INK

079700
LD. TAG NO.

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

105

Local File Number

State File Number

1. DECEDENT'S NAME First: Jesse Middle: Freddie Last: FRANCIS			2. SEX M	3. DATE OF DEATH (Month, Day, Year) October 7, 1991	
4. SOCIAL SECURITY NUMBER 543-20-6753	5a. AGE-Last Birthday (Years) 67	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Medford, Oregon	
7. DATE OF BIRTH (Month, Day, Year) July 24, 1924		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Highway			
9a. FACILITY NAME (If not institution, give street and number) Silver Lake Highway & Forest Service# 49		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9c. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retires) Rancher		10b. KIND OF BUSINESS/INDUSTRY Cattle Industry		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Hilda Francis		13a. RESIDENCE - STATE Oregon			
13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Chiloquin		13d. STREET AND NUMBER P.O. Box 213	
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. ZIP CODE 97624		16. 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	
17. FATHER - NAME first middle last Henry E. Francis		18. MOTHER - NAME first middle maiden Annie L. Skeen		19. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wilson Cemetery		22. INFORMANT - Name and relationship to deceased Hilda Francis Spouse	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Riggs</i>		24. LICENSE NUMBER (Of Licensee) 49-1275		25. NAME, ADDRESS AND ZIP OF FACILITY Ohair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601	
26. DATE FILED (Month, Day, Year)		27. REGISTRAR'S SIGNATURE			
28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		29. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
30. TO BE COMPLETED BY CERTIFYING PHYSICIAN					
31. TIME OF DEATH M 8:35A		32. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
33. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>					
34. DATE SIGNED (Month, Day, Year)					
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon C. Mc Kellar M.D.M.E. 2300 Clairmont Street Klamath Falls, Oregon 97601					
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
37. 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) Multiple Traumatic Injuries			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:					
PART I (b) Multiple Traumatic Injuries			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:					
PART I (c) Multiple Traumatic Injuries			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.					
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		39. DATE OF INJURY (Month, Day, Year) 10-7-91	40. TIME OF INJURY 8:35A M	41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk
43. DESCRIBE HOW INJURY OCCURRED Driver of Pickup Truck broadsided by Log Truck at intersection		44. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
45. PLACE OF INJURY (Specify Building, etc.) Klamath Falls Highway		46. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
47. LOCATION (Street and Number or Rural Route Number, City or Town, State) Silver Lake Highway & Forest Road# 49		RESERVED FOR REGISTRAR'S USE			

STATE OF OREGON: COUNTY OF KLAMATH ss:

Filed for record at request of First American the 2nd day of January A.D., 19 98 at 3:20 o'clock P M., and duly recorded in Vol. M98 of Deeds on Page 104

FEE \$35.00

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