

55133

'98 MAR 24 P2:30

Vol. 1798 Page 9398

After recording, return to:

Joel L. Augue
Hagen, Dye, Hirschy & DiLorenzo, P.C.
888 SW Fifth Avenue, Ste. 1000
Portland, OR 97204

Until requested otherwise
send all tax statements to:

Wallace Rock Pit, LLC
9450 Buesing Road
Klamath Falls, OR 97603

BARGAIN AND SALE DEED

FRANK H. WALLACE and PEGGY L. WALLACE, Grantors, convey to **WALLACE ROCK PIT, LLC**, an Oregon limited liability company, Grantee, all of Grantors' right, title, and interest in the real property situated in Klamath County, Oregon and described as follows:

The South half of the Northeast quarter (S1/2NE1/4) of Section Five (5) Township Forty-One (41) South of Range Ten (10) East of the Willamette Meridian..

SUBJECT TO that easement described in instrument recorded in M-95 on page 13120, records of Klamath County, Oregon.

TOGETHER WITH that 40 foot ingress and egress easement shown on the recorded plat/partition for land partition 30-94 described in the land partition map attached hereto as Exhibit A.

The true consideration for this conveyance is other property or value given.

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.

DATED the 19 day of March, 1998.

GRANTORS:

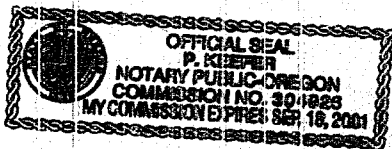
Frank H. Wallace
Frank H. Wallace

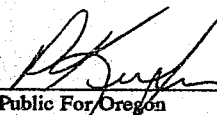
Peggy L. Wallace
Peggy L. Wallace

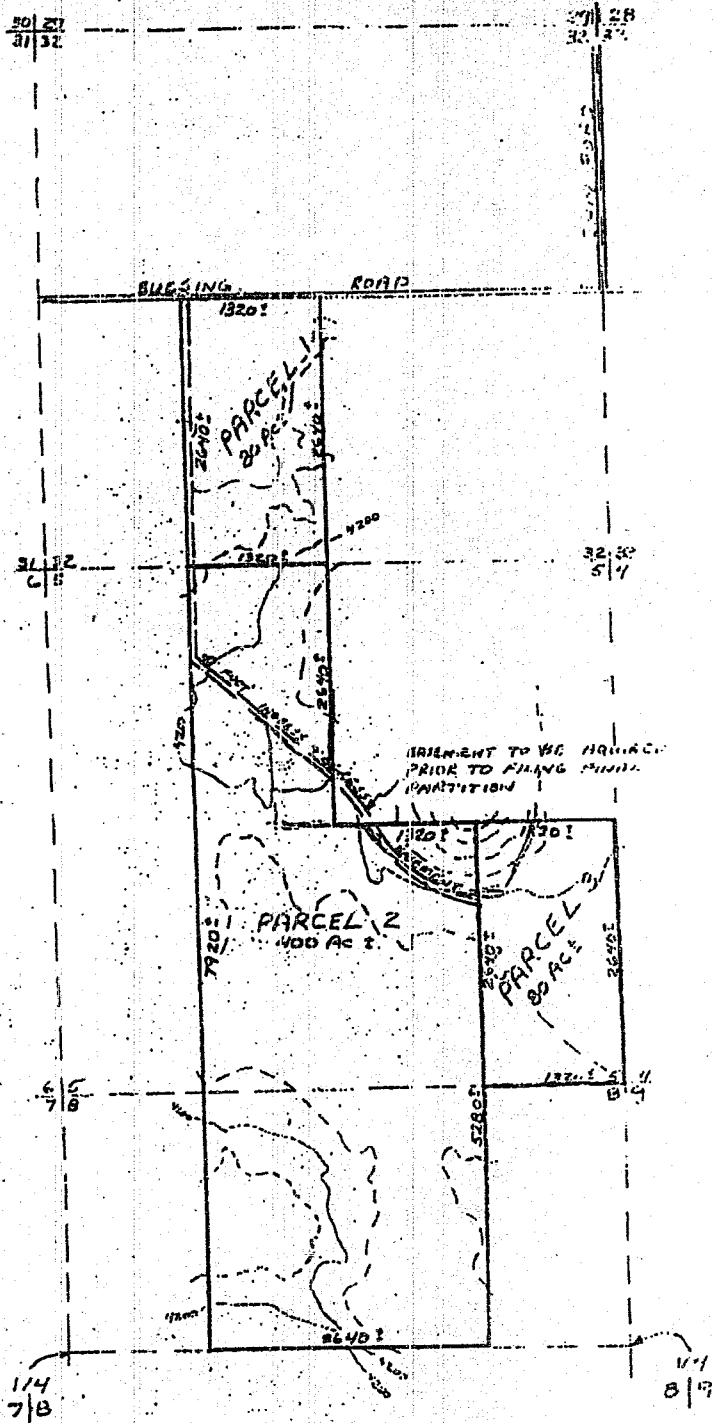
405

STATE OF OREGON/County of Klamath) ss.

This instrument was acknowledged before me on March 19, 1998, by Frank H. Wallace and Peggy L. Wallace.




Notary Public For Oregon



CONTOURS FROM 7.5' QUAD MAP

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 24th day
of March A.D., 19 93 at 2:30 o'clock P. M., and duly recorded in Vol. M98
of _____ Deeds on Page 9398.

FEE \$40.00

By Bernetha G. Letsch, County Clerk
Kathleen Ross

258391

LD, TAG NO.

135

Local File Number

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136

State File Number

1. DECEASED'S NAME Dora Pearl BOYE		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) March 17, 1998	
4. SOCIAL SECURITY NUMBER		5a. AGE Last Birthday (Year) 71		5b. Under 1 Year Mo. Day Hours	
6. BIRTH PLACE (City and State or Foreign Country) Klamath Falls, OR		7. DATE OF BIRTH (Month, Day, Year) February 2, 1927			
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Outpatient <input type="checkbox"/> Other (Specify)					
8b. Facility Name (If not institution, give street and number) Klamath Regional Rehabilitation Center					
8c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls					
8d. COUNTY OF DEATH Klamath					
9a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) More					
9b. KIND OF BUSINESS/INDUSTRY Medical Profession - Nursing					
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married					
11. SPOUSE (If Married, Widowed) -					
12. STREET AND NUMBER 10639 Old Fort Road					
13a. RESIDENCE - STATE Oregon					
13b. COUNTY Klamath					
13c. CITY, TOWN OR LOCATION Klamath Falls					
13d. STREET AND NUMBER 10639 Old Fort Road					
14. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
15. RACE American Indian, Black, White, etc. (Specify) White					
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (1-4 or 5+) 2+					
17. FATHER - NAME first middle last Otto - - - Boye					
18. MOTHER - NAME first middle last Pearl - - - Lund					
19. INFORMANT - NAME and relationship to deceased Pearl Oldfield - Mother					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) Eternal Hills Crematory					
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon					
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Harrison					
21b. OREGON LICENSE NO. (If Licensee) 3224					
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Memorial Gardens 4711 Hwy. 38, Klamath Falls, OR					
23. DATE FILED (Month, Day, Year) MAR 19 1998					
24. REGISTRAR'S SIGNATURE Edward J. Johnson					

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 0955		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		32. 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) [Signature]	
30. DATE SIGNED (Month, Day, Year) March 18, 1998		33. DATE SIGNED (Month, Day, Year)		COUNTY	

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Sean Dow M.D. 1800 Main Street, Klamath Falls OR 97601	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

36. PART I (a) CPD DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death VCS	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I:		Interval between onset and death	

37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. PLACE OF INJURY - (If home, farm, street, factory, office building, etc. (Specify))		41d. DESCRIBE HOW INJURY OCCURRED			
41e. 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 OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED **MAR 19 1998**EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of John Harris the 24th day of March A.D., 19 98 at 2:30 o'clock P M., and duly recorded in Vol. M98 of Deeds on Page 9401

Return: John Harris Bernetha G. Letsch, County Clerk

FEE \$10.00

10210 Gale Rd.
Bonanza, Or. 97623By Kathleen Rosa