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Vol. M98 Page 10643

Aspen TITLE & ESCROW, INC.

WARRANTY DEED

ATC #03047288
AFTER RECORDING RETURN TO:
BECKIE GRIFFIN
626 NORTH 9TH STREET
KLAMATH FALLS, OR 97601

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

LYLE G. GREEN, hereinafter called GRANTOR(S), convey(s) and warrants to BECKIE GRIFFIN, hereinafter called GRANTEE(S), all that real property situated in the County of KLAMATH, State of Oregon, described as:

The Southeasterly one-half of Lot 8, Block 63, NICHOLS ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath, State of Oregon.

CODE 1 MAP 3809-29DC TL 18600

"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."

B6

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 $53,000.00.

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 16th day of March, 1998.

Lyle G. Green
LYLE G. GREEN

STATE OF OREGON, County of Klamath)ss.

The foregoing instrument was acknowledged before me this 18th day of March, 1998, by Lyle G. Green. ~~Attorney in fact for Lyle G. Green, on behalf of said Principal.~~

Carole A. Linde
Notary Public for Oregon
My Commission Expires: 8/15/00.

OFFICIAL SEAL
CAROLE A. LINDE
NOTARY PUBLIC-OREGON
COMMISSION NO. 056735
MY COMMISSION EXPIRES AUG. 15, 2000

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PERMANENT BLACK INK

224329 I.D. TAG NO.

566 Local File Number

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

130- State File Number

DECEDENT

1 DECEDENT'S NAME: First: Eunice; Middle: Mable; Last: GREEN
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): December 16, 1996
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE (Last Birthday) (Years): 83
5b If Under 1 Year: Days / Hours / Minutes
5c If Under 1 Day: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign Country): St. Lawrence, SD
7 DATE OF BIRTH (Month, Day, Year): July 13, 1913
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No
9a. PLACE OF DEATH (Check only one): [X] HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Merle West Medical 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): Nurse aide
10b. KIND OF BUSINESS/INDUSTRY: Klamath Valley Hospital
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed): Lyle Green
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 626 N. 9th Street
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] No [ ] Yes Specify:
15 RACE American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME: First: Albert; Middle: E.; Last: Heinzerling
18 MOTHER - NAME: First: Nora; Middle: Blanche; Maiden: Rush
19 INFORMANT - NAME and relationship to deceased: Lyle Green - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Cremation [ ] Removal from State [X] Burial [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Wendell H. Portnoff
21b LICENSE NUMBER (Of Licensee): AF - 1511
22 NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 HWY 39 Klamath Falls, OR 97603
23. DATE FILED (Month, Day, Year): DEC 19 1996
24 REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] NA
26. WAS GIFT MADE? [ ] YES [ ] NO [ ] NA

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1100 M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [ ] 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): Ralph B Breitenstein M.D.
30. DATE SIGNED (Month, Day, Year): 10-18-96

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): H
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)
33 DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ralph Breitenstein, M.D. 2622 Campus Drive Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

36. 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) Congestive heart failure — Interval between onset and death: 2 mo
DUE TO, OR AS A CONSEQUENCE OF: (b) Renal failure — Interval between onset and death: unknown
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Pulmonary fibrosis, Cervical endometrial
37 Did tobacco use contribute to the death? [ ] Yes [ ] Probably [X] No [ ] Unknown
38 AUTOPSY [ ] Yes [X] No
39 Were autopsy findings considered in determining cause of death? [ ] Yes [ ] No [X] NA
40. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention [ ] Other
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c INJURY AT WORK? [ ] Yes [X] No
41d DESCRIBE HOW INJURY OCCURRED
41e PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: DEC 19 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF HEALTH KLAMATH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 1st day of April A.D., 19 98 at 3:14 o'clock P M., and duly recorded in Vol. M98 of Deeds on Page 10643.

FEE $35.00

Bernetha G. Leisch, County Clerk
By Kathleen Ross