

Conditional Use Permit
Restrictive Covenant

Know all men by these present that George H. Weber and Patricia M. Chandler, in consideration of the approval by Klamath County Oregon, of Conditional Use Permit Number Weber/Chandler C.U.P. 105-97 on the following described real property situated in Klamath County, Oregon:

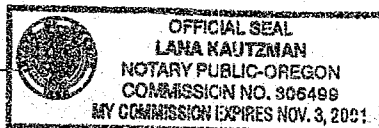
Portion NE SE Sec. 21, T 40S R 11E, T.A. 4011-21-102, Parcel 2, LP 16-85
Property description - R-4011-02100-00102-000
Account Number: R872417

hereby records this restrictive covenant prohibiting the permit grantee and successors in interest from filing complaints concerning accepted resource management practices that may occur on nearby lands devoted to commercial resource use.

George H. Weber + Patricia M. Chandler
George H. Weber and Patricia M. Chandler

Subscribed and sworn to before me this 14th day of April, 1998.

Lana Kautzman
Lana Kautzman
Notary Public



My commission expires: 11-03-01

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

George Weber
on this 14th day of April A.D., 1998
at 1:27 o'clock P. M. and duly recorded
in Vol. M98 of Deeds Page 12241

Bernetha G. Letsch, County Clerk

By Kathleen Ross
Fee, \$10.00 Deputy.
50c copy

RET:
GEORGE WEBER
5428 NORTHWOOD CT.
KLAMATH FALLS, OREGON
99603

10/30/04

98 APR 14 P 1:27

237601
D. P. MOYER
2/18
Local File Number

ORIGINAL VITAL STATISTICS COPY
DEPARTMENT OF HEALTH SERVICES
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME Ravinson		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 23, 1998	
4. SOCIAL SECURITY NUMBER 47A-14-3500		5. AGE (Last birthday) 75		6. DATE OF BIRTH (Month, Day, Year) November 26, 1922	
8. U.S. BIRTH PLACE Male City, SD		9. PLACE OF DEATH (Specify if other) Male City, SD		10. COUNTY OF DEATH Deschutes	
11. FACILITY NAME (If not institution, give exact address) St. Charles Medical Center					
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use initials) Game Management		13. KIND OF BUSINESS/INDUSTRY Game Management		14. MARITAL STATUS - At time of death Divorced	
15. RESIDENCE - STATE Oregon		16. COUNTY Lane		17. CITY/TOWN OR LOCATION Springfield	
18. INSIDE CITY Lane		19. ZIP CODE 97478		20. STREET AND NUMBER 430 S.W. 43rd Place	
21. FATHER - NAME first middle last Christian Buus		22. MOTHER - NAME first middle last May Benoit		23. INFORMANT - NAME and relationship to decedent Linda Lightle (Daughter)	
24. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Cascade Crematory, Inc.		26. LOCATION - City or Town, State Bend, Oregon	
27. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		28. OREGON LICENSE NO. (If Licensee) 3381		29. NAME, ADDRESS AND ZIP OF FACILITY Taber's Desert Hills Mortuary 1671 N.E. Forbes Ave., Bend, OR 97701	
30. DATE FILED (Month, Day, Year) March 27, 1998		31. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

RESERVED FOR REGISTRAR'S USE

27. TIME OF DEATH 7:50 P.M.		28. WAD MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. TIME OF DEATH 7:50 P.M.		32. DATE PROFOUNDED DEAD (Month, Day, Year, Hour) March 25, 1998 7:50 P.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) <i>[Signature]</i>				33. 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) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year)		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steven W. Cross MD 215 NW Kingwood Suite # 140 Redmond, Oregon 97756		35. DATE SIGNED (Month, Day, Year) March 26, 1998		COUNTY Deschutes	
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
37. PART I (a) blunt force chest trauma		38. INTERVAL BETWEEN ONSET AND DEATH 5 hours		39. PART I (b) blunt force chest trauma		38. INTERVAL BETWEEN ONSET AND DEATH	
39. PART I (c) blunt force chest trauma		38. INTERVAL BETWEEN ONSET AND DEATH		39. PART I (c) blunt force chest trauma		38. INTERVAL BETWEEN ONSET AND DEATH	
39. PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I.				37. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input 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 <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year) 3-25-98		41b. TIME OF INJURY 4:30 P.M.		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, parking, etc. (Specify) Home		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) Tax Lot 2208-1000-900 Crescent, OR		42. DESCRIBE HOW INJURY OCCURRED Fell off roof of building			

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED **March 27, 1998**

[Signature]
FLORENCE ARENDT-ORRIGNO
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Linda Lightle the 14th day of April A.D., 19 98 at 1:28 o'clock P.M., and duly recorded in Vol. M98 of Deeds on Page 12242

FEE \$10.00

Return: Linda Lightle
330 S. 43rd Pl.
Springfield, Or. 97478

By Kathleen Ross
Bernetha G. Letsch, County Clerk