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'98 MAY 26 AM 1:16

Vol. 1198 Page 17566

DONNALU THOMAS

conveys and warrants to

RANDY D. WELLETTE and JUDIE A. WELLETTE

, Grantor,

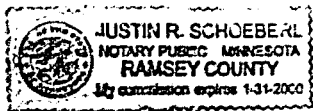
the following described real property situated in KLAMATH
free of encumbrances except as specifically set forth herein, to-wit:

County OR

, Grantee,

LOTS 17 AND 18 IN BLOCK 4 OF TRACT NO. 1069, ACCORDING TO THE OFFICIAL PLAT
THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGONThis conveyance is subject to and excepts: RIGHTS OF THE PUBLIC IN STREETS, ROADS AND HIGHWAYS,
COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, EASEMENTS
OF RECORD.The true consideration for this conveyance is \$ 160,000.00"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: 05/14/1998Donnal Thomas
DONNALU THOMASSTATE OF MINNESOTACounty of Lyon

) ss.

This instrument was acknowledged before me on MAY, 1998 by
DONNALU THOMASMy commission expires: 1/31/2000

Until a change is requested, all tax statements shall be sent to the following address:

Mr. and Mrs. Randy Wellette: 3618 Plum Tree Dr., Eugene, Or 97402

After recording return to: Western Pioneer Title Co., P.O. Box 10146, Eugene, Oregon 97440

17567

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of First American Title the 26th day
of May A.D., 19 98 at 11:16 o'clock A.M., and duly recorded in Vol. M98
of Deeds on Page 17566

FEE \$35.00

By Bernetha G. Leisch, County Clerk
Kathleen Ross

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
OREGON DEPARTMENT OF HUMAN RESOURCES
K-51853 HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

178302
 NO. TAG NO.

55

Local File Number

136

State File Number

1. DECEDENT'S NAME First: William Middle: Otto Last: THOMAS			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) January 26, 1996
4. SOCIAL SECURITY NUMBER 565-42-8471			5a. AGE-Last Birthday (Years) 58	5b. Under 1 Year Mo: Days Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) San Bernardino, CA			7. DATE OF BIRTH (Month, Day, Year) April 10, 1937	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input 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"/> OOL <input 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) Little Deschutes River Rd/Tract 1069/Blk4/Lot 18			9c. CITY, TOWN, OR LOCATION OF DEATH Crescent	
9d. COUNTY OF DEATH Klamath				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Military Personnel Specialist			10b. KIND OF BUSINESS/INDUSTRY Army National Guard	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			12. SPOUSE (if Married, Widowed) Donna Thomas	
13a. RESIDENCE - STATE Oregon			13b. CITY, TOWN OR LOCATION Crescent	
13c. STREET AND NUMBER River Rd/Blk 4/Lot 18			13d. COUNTY OF DEATH Klamath	
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			15. ZIP CODE 97733	
16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			17. RACE American Indian, Black, White, etc. (Specify) White	
18. DECEDENT'S EDUCATION (Specify only highest grade completed) 12			19. DECEDENT'S EDUCATION (Elementary/Secondary (9-12) College (14 or 16))	
20. FATHER - NAME (first middle last) William Orlando Thomas			21. MOTHER - NAME (first middle last) Edith Leota Bagwell	
22. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Cascade Crematory, Inc.	
24. LOCATION - City or Town, State Bend, Oregon			25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
26. LICENSE NUMBER (of Licensee) 3500			27. NAME, ADDRESS AND ZIP OF FACILITY Central Pines Funeral Home PO Box 1530 LaPine, OR 97739	
28. DATE FILED (Month, Day, Year) FEB 05 1996			29. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			31. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
32. TIME OF DEATH 10:36 P.M.	33. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34a. TIME OF DEATH M	34b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
35. 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>		36. 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>	
37. DATE SIGNED (Month, Day, Year) 1/29/96		38. DATE SIGNED (Month, Day, Year) COUNTY	
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Stephen B. Kornfeld, MD 1501 NE Medical Ctr Dr Bend, OR 97701			
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

41. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)				Interval between onset and death
(a) metastatic Rectal Ca				18 mo
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(b) IB				Interval between onset and death
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				
42. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
44. MANNER 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 <input type="checkbox"/> Other				45. DATE OF INJURY (Month, Day, Year)
46. TIME OF INJURY M				47. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
48. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)				49. DESCRIBE HOW INJURY OCCURRED
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED **FEB 05 1996**

EDWARD J. JOHNSON II
 STATE REGISTRAR

Return to: Western Title
 P.O. Box 10146 Eugene, OR 97440

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **First American Title** the **26th** day of **May** A.D., 1998 at **11:16** o'clock **A.M.**, and duly recorded in Vol. **M98** of **Deeds** on Page **17568**.

FEE \$10.00

By **Bernetha G. Letsch, County Clerk**