

70220

NOV 20 P3:19 Vol. 177 Page 42663

WELLS FARGO BANK

P.O. BOX 3075

PORTLAND, OR 97208

Grantor's Name and Address

CRAIG J. ROVZAR &amp; DONNA ROVZAR MERRILL

Grantee's Name and Address

After recording, return to: (Name, Address, Zip):

KEY TITLE COMPANY

P.O. BOX 1456

EUGENE OR 97440 ATTN: BETSY

Until requested otherwise, send all tax statements to (Name, Address, Zip):

CRAIG J. ROVZAR AND DONNA ROVZAR MERRILL

SPACE RESERVED  
FOR  
RECORDER'S USE

Fee: \$30.00

ATC 0104867

STATE OF OREGON,

County of Klamath

ss.

I certify that the within instrument was received for record on the 20th day of November, 1998, at 3:19 o'clock P.M., and recorded in book/reel/volume No. M98 on page 42663 and/or as fee/file/instrument/microfilm/reception No. 70220-Deed

Records of said County.

Witness my hand and seal of County affixed.

Bernetha G. Letsch, Co. Clerk

NAME

TITLE

By Kathleen Rose, Deputy.

## BARGAIN AND SALE DEED

WELLS FARGO BANK, SUCCESSOR IN INTEREST TO FIRST KNOW ALL BY THESE PRESENTS that INTERSTATE BANK OF OREGON, N.A., AS TRUSTEE UNDER AGREEMENT DATED 12-6-55, BETWEEN SAID TRUSTEE AND LLOYD LEROY PORTER, AS TRUSTOR hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto CRAIG J. ROVZAR AND DONNA ROVZAR MERRILL, HUSBAND AND WIFE, hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of that certain real property, with the tenements, hereditaments and appurtenances thereto belonging or in any way appertaining, situated in Klamath County, State of Oregon, described as follows, to-wit:

Lots 16, 17 18 and the West 5 feet of Lot 19, Block 35, MOUNTAIN VIEW ADDITION TO THE CITY OF KLAMATH FALLS, in the County of Klamath, State of Oregon.

GRANTOR CONVEYS THE ABOVE DESCRIBED REAL PROPERTY AND IMPROVEMENTS LOCATED THEREON IN "AS IS" CONDITION. GRANTEE ACCEPTS THIS DEED AND ACKNOWLEDGE THAT GRANTOR HAS MADE NO REPRESENTATIONS OR WARRANTIES CONCERNING THE PROPERTY. GRANTOR HAS ADVISED GRANTEE TO HAVE THE PROPERTY INSPECTED BY PROFESSIONAL INSPECTORS AND GRANTEE HAS CONDUCTED EVERY INSPECTION OF THE PROPERTY WHICH THEY DESIRE TO MAKE AND ACCEPT THE PROPERTY IN ITS PRESENT CONDITION WITH EVERY DEFECT, INCLUDING MATERIAL DEFECTS.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 130,000.00. However, the actual consideration consists of or includes other property or value given or promised which is part of the whole (indicate which) consideration. (The sentences between the symbols @, if not applicable, should be deleted. See ORS 93.030.)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument this 19th day of November, 1998; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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.

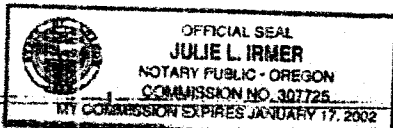
By Charles Rearrick  
WELLS FARGO BANK N.A. TRUSTEE, CHARLES REARRICK  
AVP

By Michael S. Macnab  
WELLS FARGO BANK N.A. TRUSTEE, Michael S. Macnab  
Vice President

STATE OF OREGON, County of Multnomah

ss.

This instrument was acknowledged before me on November 19, 1998, by Charles Rearrick as Assistant Vice President and Michael S. Macnab as Vice President of Wells Fargo Bank, N.A.



Notary Public for Oregon

My commission expires 1/17/2002

1. DATE OF BIRTH (Mo., Day, Year)		2. DATE OF DEATH (Mo., Day, Year)		3. PLACE OF BIRTH (City, State, Country)		4. PLACE OF DEATH (City, State, Country)		5. SEX (Specify Yes or No)		6. RACE (Specify Yes or No)	
1a 5-3-14-7-35		2a 5-16-83		3a Klamath Falls, Oregon		4a Klamath Falls, Oregon		5a Male		6a White	
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS (Specify Yes or No)		9. OCCUPATION (Specify Yes or No)		10. EDUCATION (Specify Yes or No)		11. RELIGION (Specify Yes or No)		12. MANNER OF DEATH (Specify Yes or No)	
7a 533-14-7-35		8a Single		9a None		10a None		11a None		12a Natural	
13. NAME OF DECEASED (Last, First, Middle)		14. NAME OF REGISTRAR (Last, First, Middle)		15. NAME OF WITNESS (Last, First, Middle)		16. NAME OF WITNESS (Last, First, Middle)		17. NAME OF WITNESS (Last, First, Middle)		18. NAME OF WITNESS (Last, First, Middle)	
13a George T. Porter		14a Sarah Jeanette Kennedy		15a Isabelle Porter		16a Isabelle Porter		17a Isabelle Porter		18a Isabelle Porter	
19. RELATIONSHIP (Specify Yes or No)		20. RELATIONSHIP (Specify Yes or No)		21. RELATIONSHIP (Specify Yes or No)		22. RELATIONSHIP (Specify Yes or No)		23. RELATIONSHIP (Specify Yes or No)		24. RELATIONSHIP (Specify Yes or No)	
19a Spouse		20a Spouse		21a Spouse		22a Spouse		23a Spouse		24a Spouse	
25. NAME AND ADDRESS OF FACILITY (Specify Yes or No)		26. NAME AND ADDRESS OF FACILITY (Specify Yes or No)		27. NAME AND ADDRESS OF FACILITY (Specify Yes or No)		28. NAME AND ADDRESS OF FACILITY (Specify Yes or No)		29. NAME AND ADDRESS OF FACILITY (Specify Yes or No)		30. NAME AND ADDRESS OF FACILITY (Specify Yes or No)	
25a Davenport's Chapel of the Good Shepherd		26a Davenport's Chapel of the Good Shepherd		27a Davenport's Chapel of the Good Shepherd		28a Davenport's Chapel of the Good Shepherd		29a Davenport's Chapel of the Good Shepherd		30a Davenport's Chapel of the Good Shepherd	
31. NAME AND ADDRESS OF DECEASED (Specify Yes or No)		32. NAME AND ADDRESS OF DECEASED (Specify Yes or No)		33. NAME AND ADDRESS OF DECEASED (Specify Yes or No)		34. NAME AND ADDRESS OF DECEASED (Specify Yes or No)		35. NAME AND ADDRESS OF DECEASED (Specify Yes or No)		36. NAME AND ADDRESS OF DECEASED (Specify Yes or No)	
31a 6420 South Sixth Street, Klamath Falls, Oregon 97601		32a 6420 South Sixth Street, Klamath Falls, Oregon 97601		33a 6420 South Sixth Street, Klamath Falls, Oregon 97601		34a 6420 South Sixth Street, Klamath Falls, Oregon 97601		35a 6420 South Sixth Street, Klamath Falls, Oregon 97601		36a 6420 South Sixth Street, Klamath Falls, Oregon 97601	
37. NAME OF ATTENDING PHYSICIAN (Specify Yes or No)		38. NAME OF ATTENDING PHYSICIAN (Specify Yes or No)		39. NAME OF ATTENDING PHYSICIAN (Specify Yes or No)		40. NAME OF ATTENDING PHYSICIAN (Specify Yes or No)		41. NAME OF ATTENDING PHYSICIAN (Specify Yes or No)		42. NAME OF ATTENDING PHYSICIAN (Specify Yes or No)	
37a Blake D. Berven, MD, 2016 Clover, Klamath Falls, Oregon 97601		38a Blake D. Berven, MD, 2016 Clover, Klamath Falls, Oregon 97601		39a Blake D. Berven, MD, 2016 Clover, Klamath Falls, Oregon 97601		40a Blake D. Berven, MD, 2016 Clover, Klamath Falls, Oregon 97601		41a Blake D. Berven, MD, 2016 Clover, Klamath Falls, Oregon 97601		42a Blake D. Berven, MD, 2016 Clover, Klamath Falls, Oregon 97601	
43. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		44. REGISTRAR (Specify Yes or No)		45. REGISTRAR (Specify Yes or No)		46. REGISTRAR (Specify Yes or No)		47. REGISTRAR (Specify Yes or No)		48. REGISTRAR (Specify Yes or No)	
43a MAY 16 1983		44a Yes		45a Yes		46a Yes		47a Yes		48a Yes	
49. CAUSE OF DEATH (Specify Yes or No)		50. CAUSE OF DEATH (Specify Yes or No)		51. CAUSE OF DEATH (Specify Yes or No)		52. CAUSE OF DEATH (Specify Yes or No)		53. CAUSE OF DEATH (Specify Yes or No)		54. CAUSE OF DEATH (Specify Yes or No)	
49a Acute myocardial infarction		50a Acute myocardial infarction		51a Acute myocardial infarction		52a Acute myocardial infarction		53a Acute myocardial infarction		54a Acute myocardial infarction	
55. DUE TO OR AS A CONSEQUENCE OF (Specify Yes or No)		56. DUE TO OR AS A CONSEQUENCE OF (Specify Yes or No)		57. DUE TO OR AS A CONSEQUENCE OF (Specify Yes or No)		58. DUE TO OR AS A CONSEQUENCE OF (Specify Yes or No)		59. DUE TO OR AS A CONSEQUENCE OF (Specify Yes or No)		60. DUE TO OR AS A CONSEQUENCE OF (Specify Yes or No)	
55a Severe aortic stenosis		56a Severe aortic stenosis		57a Severe aortic stenosis		58a Severe aortic stenosis		59a Severe aortic stenosis		60a Severe aortic stenosis	
61. OTHER SIGNIFICANT CONDITIONS (Specify Yes or No)		62. OTHER SIGNIFICANT CONDITIONS (Specify Yes or No)		63. OTHER SIGNIFICANT CONDITIONS (Specify Yes or No)		64. OTHER SIGNIFICANT CONDITIONS (Specify Yes or No)		65. OTHER SIGNIFICANT CONDITIONS (Specify Yes or No)		66. OTHER SIGNIFICANT CONDITIONS (Specify Yes or No)	
61a A SHD		62a A SHD		63a A SHD		64a A SHD		65a A SHD		66a A SHD	
67. AUTOPSY (Specify Yes or No)		68. AUTOPSY (Specify Yes or No)		69. AUTOPSY (Specify Yes or No)		70. AUTOPSY (Specify Yes or No)		71. AUTOPSY (Specify Yes or No)		72. AUTOPSY (Specify Yes or No)	
67a No		68a No		69a No		70a No		71a No		72a No	
73. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		74. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		75. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		76. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		77. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		78. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
73a No		74a No		75a No		76a No		77a No		78a No	
79. ACCIDENT (Specify Yes or No)		80. DATE OF INJURY (Mo., Day, Year)		81. HOUR OF INJURY		82. DESCRIBE HOW INJURY OCCURRED		83. STREET OR R.F.D. NO.		84. CITY OR TOWN	
79a No		80a 5-16-83		81a 3:19		82a None		83a 42664		84a Klamath Falls, Oregon	
85. PLACE OF INJURY (Specify Yes or No)		86. PLACE OF INJURY (Specify Yes or No)		87. PLACE OF INJURY (Specify Yes or No)		88. PLACE OF INJURY (Specify Yes or No)		89. PLACE OF INJURY (Specify Yes or No)		90. PLACE OF INJURY (Specify Yes or No)	
85a None		86a None		87a None		88a None		89a None		90a None	

Return To: Karen S. Nicolas  
402 Trinity, City. 97601

HS-2 (Rev. 1/80)

STATE OF OREGON  
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Christine F. Jones, Deputy Registrar

Date MAY 16 1983

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Karen S. Nicolas the 20th day of November A.D. 19 98 at 3:19 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 42664.

FEE \$10.00

By Bernetha G. Letsch, County Clerk  
Kathleen Ross