NS JOSEPH JOHN MOORE
33901 DIANA DRIVE
HYDESVILLE CA 95547
FLORENCE MOORE
425 3RD AVE. RIODELL CA 95562
Grantor's Name and Address

MARK & MYRNA MOORE
1208 MONUMENT RD.
RIO DELL CA 95562
Grantee's Name and Address

After recording, return to (Name, Address, Zip):
MARK & MYRNA MOORE
1208 MONUMENT RD.
RIO DELL CA 95562

Until requested otherwise, send all tax statements to (Name, Address, Zip):
MARK & MYRNA MOORE
1208 MONUMENT RD.
RIO DELL CA. 95562

C99-419

SPACE RESERVED FOR RECORDER'S USE

Vol M99 Page 18214

STATE OF OREGON, County of ..... } ss.

I certify that the within instrument was received for record on the ..... day of ....., 19....., at ..... o'clock .....M., and recorded in book/reel/volume No. ..... on page ..... and/or as fee/file/instrument/microfilm/reception No. ....., Records of said County.

Witness my hand and seal of County affixed.

NAME ..... TITLE .....

By ....., Deputy.

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that JOSEPH JOHN MOORE AND FLORENCE MOORE hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto MARK & MYRNA MOORE AND MYRNA MOORE hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in KLAMATH County, State of Oregon, described as follows, to-wit:

EXHIBIT A

PARCEL ONE

LOT 168, RESUBDIVISION OF THE SOUTHERLY PORTION OF TRACTS B AND C, FRONTIER TRACTS, A PLATTED PORTION OF KLAMATH COUNTY, OREGON, ACCORDING TO THE DULY RECORDED PLAT THEREOF.

PARCEL TWO

LOT 169 OF THE RESUBDIVISION OF THE SOUTHERLY PORTION OF TRACTS B AND C, FRONTIER TRACTS, A PLATTED PORTION OF KLAMATH COUNTY, OREGON.

(SEE REVERSE SIDE)

(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 $ NONE ..... ① ~~However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration.~~ ② (The sentence between the symbols ①, 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 6 day of MAY, 1999; 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.

Joseph John Moore

Florence Moore

California
STATE OF ~~OREGON~~, County of Humboldt) ss.

This instrument was acknowledged before me on May 6, 1999,
by Joseph John Moore and Florence Moore

This instrument was acknowledged before me on ....., 19.....,
by .....
as their voluntary act and deed
of .....

S. HOLCOMB
Comm. #1149935
NOTARY PUBLIC
HUMBOLDT COUNTY, CALIFORNIA
My commission expires Aug. 30, 2001

S. Holcomb
Notary Public for ~~Oregon~~ California
My commission expires 8-30-01

99 MAY -3 PM 2:50

SUBJECT TO THE RESERVATION THAT NO COMMERCIAL ENTERPRISE OR ENTERPRISES SHALL BE OPERATED ON THE ABOVE DESCRIBED REAL PROPERTY.

PARCEL THREE

LOT 170 OF THE RESUBDIVISION OF THE SOUTHERLY PORTION OF TRACTS B AND C, FRONTIER TRACTS, A PLATTED PORTION OF KLAMATH COUNTY, OREGON, ACCORDING TO THE DULY RECORDED PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

SUBJECT TO THE RESERVATION THAT NO COMMERCIAL ENTERPRISES OR ENTERPRISE SHALL BE OPERATED ON THE ABOVE DESCRIBED REAL PROPERTY.

CERTIFICATION OF VITAL RECORD

18216

COUNTY OF HUMBOLDT

Eureka, California 95501

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

3-88-12-000989

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
RICHARD	SHINEY	MOORE

2. DATE OF DEATH (MONTH, DAY, YEAR)	2D. HOUR
December 11, 1988	0520

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS MINUTES
Male	White	NO	June 1, 1922	66 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER
NB	John Moore - NB	Nellie Beards - MO

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME
U.S.A.	19 4 2 TO 19 4 5	559-24-6600	Married	Florence Coppini

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS IN THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Sawyer	36	The Pacific Lumber Co; Scotia, California	Lumber

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
420 3rd Avenue		Rio Dell

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Humcoldt	California	Mrs. Florence Moore (Wife) 420 3rd Avenue Rio Dell, CA 95562

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
Redwood Memorial Hospital	Humboldt	3300 Renner Drive?	Fortuna

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) Aspiration pneumonia		72"
DUE TO, OR AS A CONSEQUENCE OF: (B) Disseminated Bronchogenic Ca		1 year
DUE TO, OR AS A CONSEQUENCE OF: (C)		

22A. WAS DEATH REPORTED TO CORONER?	22B. WAS DISPO PERFORMED?	22C. WAS AUTOPSY PERFORMED?
Yes RMS-88	No	No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Upper Gastrointestinal Bleed

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No

PHYSICIAN'S CERTIFICATION

24A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. DATE PRONOUNCED DEAD (MO., DA., YR.)	24B. I LAST SAW DECEDENT ALIVE (MO., DA., YR.)	25B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	25C. DATE SIGNED	25D. PHYSICIAN'S LICENSE NUMBER
Dec 9, 1988 Dec 11, 1988		K. Lattery	12 DEC 88	G03753
12/9/88	12/11/88			

25A. I ATTENDED DECEDENT SINCE (MO., DA., YR.): 12/11/88

25E. TYPE PHYSICIAN'S NAME AND ADDRESS: Kevin White, MD, 3304 Renner Dr., Fortuna, CA 95540

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK?	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

33A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND THE CAUSES STATED. (IS RECEIVED BY LAW I HAVE HELD AN INQUEST)

36B. CORONER—SIGNATURE AND DEGREE OR TITLE	36C. DATE SIGNED

37. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME OF CEMETERY OR CREMATORY	39. LICENSE NO. AND SIGNATURE
Burial	14 DEC 1988	St. Timothy's Catholic Cemetery, Eureka, California 95501	7312

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Gbole's Fortuna Mortuary	F-697	Rebecca A. Stanley, Deputy	12 December 1988

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-1111-BR

State of Oregon, County of Klamath
Recorded 5/11/99, at 2:56 PM
at the referenced page, Vol. M99.
Linda Smith, County Clerk
Fee $ 40.00

Linda Smith

CC61529

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF HUMBOLDT

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Humboldt County Recorder

DATE ISSUED MAY 03 1999

Carolyn Emich, Recorder
HUMBOLDT COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Recorder

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE