1999 JUL 14 PM 3:29

Vol M99 Page 28209

Aspen TITLE & ESCROW, INC.

WARRANTY DEED

Escrow NO.: 02049810
AFTER RECORDING RETURN TO:
ELIZABETH A. DIAZ
1405 Carter Dr
Grants Pass OR 97526

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

Loretta R. Cummins hereinafter called GRANTOR(S), convey(s) to Elizabeth A. Diaz hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

SEE LEGAL DESCRIPTION MARKED EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF AS THOUGH FULLY SET FORTH HEREIN . . . . .

"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."

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 $11,000.00.

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 1st day of July, 1999

Loretta R. Cummins
LORETTA R. CUMMINS

STATE OF OREGON, County of ~~Klamath~~ Yamhill) ss.

On this 2 day of July, 1999, personally appeared the above named Loretta R. Cummins and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me: Christina M Marsh
Notary Public for Oregon
My Commission Expires: 9/11/02

OFFICIAL SEAL
CHRISTINA M MARSH
NOTARY PUBLIC-OREGON
COMMISSION NO. 314593
MY COMMISSION EXPIRES SEP 1, 2002

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28210

EXHIBIT "A"

The Southwest diagonal 1/2 of the SW 1/4 SW 1/4 SE 1/4, EXCEPTING THEREFROM that portion, if any, lying Westerly of Gerber Road; AND the South 100 feet of the Northeast diagonal 1/2 of the SW 1/4 SW 1/4 SE 1/4; AND the South 100 feet of the SE 1/4 SW 1/4 SE 1/4; ALSO EXCEPTING a strip of land 30 feet on each side of the centerline of Gerber Road conveyed to the United States of America, by deed recorded in Deed Volume 64 at Page 564; ALL EXCEPTING THEREFROM any portion lying within the Gerber Reservoir; ALL being in Section 35, Township 38 South, Range 13 East of the Willamette Meridian, in the County of Klamath, State of Oregon.

CODE 36 MAP 3813 TL 3501

CERTIFICATION OF VITAL RECORD

206388 ID TAG NO.
328 Local File Number

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

28211 State File Number

DECEDENT

1. DECEDENT'S NAME: First: William; Middle: Edward; Last: CUMMINS; Suffix: III
2. DATE OF DEATH (Month, Day, Year): July 28, 1996
3. SOCIAL SECURITY NUMBER: 454-42-7909
4a. AGE (Last Birthday) Years: 65
4b. Under 1 Day: Min.
4c. Under 1 Day: Hours / Days / Months
5. DATE OF BIRTH (Month, Day, Year): June 20, 1931
6. BIRTHPLACE (City and State or Foreign Country): Muskegon, MI
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
8a. PLACE OF DEATH (Check only one): ☒ HOSPITAL Inpatient ☒ ER/Outpatient ☐ DOA ☐ OTHER (Nursing Home, Residence, etc.)
8b. FACILITY NAME (If not institution, give street and number): Providence Newberg Hospital
8c. CITY, TOWN, OR LOCATION OF DEATH: Newberg
8d. COUNTY OF DEATH: Yamhill
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Technical Sargeant
9b. KIND OF BUSINESS/INDUSTRY: U.S. Airforce
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Loretta
12a. RESIDENCE STATE: Oregon
12b. COUNTY: Yamhill
12c. CITY, TOWN OR LOCATION: Newberg
12d. STREET AND NUMBER: 2206 Hawthorne Loop
12e. INSIDE CITY LIMITS? ☒ Yes ☐ No
12f. ZIP CODE: 97132
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes
14. RACE (American Indian, Black, White, etc. Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary-Secondary (0-12) College (1-4 or 5+): 12

PERSONAL

16. FATHER NAME: First: Barry; Middle: M.; Last: Cummins
17. MOTHER NAME: First: Dorothy; Middle: ; Maiden: Behrens
18. INFORMANT NAME and relationship to deceased: Loretta Cummins, Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette National Cemetery
20c. LOCATION (City or Town, State): Portland, OR

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James W. Boardman
21b. LICENSE NUMBER (Or Licensee): 3532
22. NAME, ADDRESS AND ZIP OF FACILITY: Attrell's Funeral Chapel, 207 Villa Rd., Newberg, OR 97132
23. DATE FILED (Month, Day, Year): August 01, 1996
24. REGISTRAR'S SIGNATURE: Stanley Attrell
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 11:40 PM
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): An Vu MD
30. DATE SIGNED (Month, Day, Year): 7-30-96
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER) (Type or Print): An Vu, MD, 450 Villa Rd., Newberg, OR 97132
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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

CAUSE OF DEATH

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

35. 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) Sub Arachnoid hemmhage — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Hypertension — Interval between onset and death
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
37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month Day Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☐ 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

ORIGINAL VITAL STATISTICS COPY

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

DATE ISSUED AUG 01 1996

NANCY J. NUNLEY
COUNTY REGISTRAR

STATE OF OREGON 1859

YAMHILL COUNTY VITAL RECORDS

ANY ALTERATION OR ERASURE VOIDS

State of Oregon, County of Klamath
Recorded 7/14/99, at 3:29 p. m.
In Vol. M99 Page 28209
Linda Smith,
County Clerk Fee$ 40 - KR