1999 OCT 14 PM 2:16

Aspen TITLE & ESCROW, INC.

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WARRANTY DEED

ASPEN TITLE & ESCROW INC. NO. 01050212

AFTER RECORDING RETURN TO:
JAMES D. STORY, ET AL
2775 Avalon
Klamath Falls, OR 97603

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

MAURICE CHAPPEL AND JENNIE CHAPPEL, TRUSTEES OR THEIR SUCCESSORS IN TRUST, UNDER THE CHAPPEL LOVING TRUST DATED SEPTEMBER 23, 1997, hereinafter called GRANTOR(S), convey(s) and warrants to JAMES D. STORY and BOBBIE J. STORY and DANA MARIE AZEVEDO and JUSTIN ROBERT AZEVEDO, not an tenants in common, but with full rights of survivorship, hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

The W 1/2 of Lot 3, Block 3, FIRST ADDITION TO ALTAMONT ACRES, in the County of Klamath, State of Oregon.

CODE 41 MAP 3909-3CD TL 400

"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 $35,000.00.

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 7th day of October, 1999.

THE CHAPPEL LOVING TRUST DATED SEPTEMBER 23, 1997

See attached
MAURICE CHAPPEL, TRUSTEE

Jennie Chappel
JENNIE CHAPPEL, TRUSTEE

See attached
MAURICE CHAPPEL, INDIVIDUALLY

Jennie Chappel
JENNIE CHAPPEL, INDIVIDUALLY

STATE OF OREGON, County of Klamath)ss.

On 10/12, 1999, personally appeared MAURICE CHAPPEL AND JENNIE CHAPPEL, BOTH AS TRUSTEES OF THE CHAPPEL LOVING TRUST DATED SEPTEMBER 23, 1997 AND INDIVIDUALLY who acknowledged the foregoing instrument to be their voluntary act and deed.

M. J. Linton
Notary Public for Oregon
My Commission Expires: 4/21/2001

OFFICIAL SEAL
M J LINTON
NOTARY PUBLIC - OREGON
COMMISSION NO. 300384
MY COMMISSION EXPIRES APRIL 21, 2001

A/36-

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PRINT OR TYPE IN PERMANENT BLACK INK

264670
I.D. TAG NO.

98-407-79
Local File Number

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

40880
136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Maurice; Middle: Alvin; Last: CHAPPEL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 26, 1998
4. SOCIAL SECURITY NUMBER: 531-28-5540
5a. AGE-Last Birthday (Years): 65
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Washougal, WA
7. DATE OF BIRTH (Month, Day, Year): May 4, 1932
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 203 Shadow Ranch Lane
9c. CITY, TOWN, OR LOCATION OF DEATH: Roseburg
9d. COUNTY OF DEATH: Douglas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Area Operator
10b. KIND OF BUSINESS/INDUSTRY: Pacific Power
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Jennie L.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Douglas
13c. CITY, TOWN OR LOCATION: Roseburg
13d. STREET AND NUMBER: 203 Shadow Ranch Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97470
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Walter G. Chappel
18. MOTHER - NAME first middle maiden: Clara Evelyn Koch
19. INFORMANT - NAME and relationship to deceased: Jennie Chappel- Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Chapel of the Roses Crematory
20c. LOCATION - City or Town, State: Roseburg, Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ronald L. Spencer
21b. OREGON LICENSE NO. (Of Licensee): 3663
22. NAME, ADDRESS AND ZIP OF FACILITY: Wilson's Chapel of the Roses, 965 W. Harvard, Roseburg, OR 97470
23. DATE FILED (Month, Day, Year): APR 28 1998
24. REGISTRAR'S SIGNATURE: Lois Raymond

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:30 P. M
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)
30. DATE SIGNED (Month, Day, Year): 4/27/98
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Donald Stoddard, MD, 1813 W. Harvard Blvd. #426, Roseburg, OR 97470
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

36. PART I
(a)
DUE TO, OR AS A CONSEQUENCE OF:
(b) Lung Cancer — Interval between onset and death: Unk
DUE TO, OR AS A CONSEQUENCE OF:
(c) Cardiopulmonary failure — Interval between onset and death: Unk

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 M
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 DOUGLAS COUNTY REGISTRAR.

DATE ISSUED: APR 28 1998

Donna Clarke
DONNA CLARKE
COUNTY REGISTRAR
DOUGLAS COUNTY, OREGON

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

State of Oregon, County of Klamath
Recorded 10/14/99, at 2:14 p.m.
In Vol. M99 Page 40874
Linda Smith, County Clerk
Fee$ 35.00