

NN

CHESTER N. MATSEN
8598 Cameo Way
Hilmar, Ca 95324

STATE OF OREGON,

Vol M00 Page 43018

R E T, INC. Grantor's Name and Address
c/o Pauline Browning
HC15, Box 495C
Hanover, NM 88041

R E T, INC. Grantee's Name and Address
c/o Pauline Browning
HC15, Box 495C
Hanover, NM 88041

SPACE RESERVED
FOR
RECORDER'S USE

State of Oregon, County of Klamath

Recorded 11/30/00, at 2:10 p. m.

In Vol. M00 Page 43018

Linda Smith, County Clerk Fee \$ 26.00 puty.

Until requested otherwise, send all tax statements to (Name, Address, Zip):
R E T, INC.
c/o Pauline Browning
HC15, Box 495C
Hanover, NM 88041

WARRANTY DEED

CHESTER N. MATSEN AND FLORENCE MATSEN

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by

hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property with the improvements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in _____ County, State of Oregon, described as follows, to-wit:

LOT 04, BLOCK 115, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT 4

KLAMATH COUNTY, OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

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

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state):

and that grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 1500.00 However, the actual consideration consists of or includes other property or value given or promised which is ☐ the whole ☐ part of the (indicate which) consideration. (The sentence 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 on Oct. 20 - 00; 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.

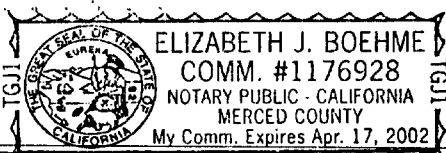
Chester N. Madsen

STATE OF California, County of Merced

This instrument was acknowledged before me on October 20, 2000 by Chester N. Madsen

This instrument was acknowledged before me on October 20, 2000 by Chester N. Madsen

as Seller of Hilmar Ca 95324



Notary Public for California
My commission expires 4/17/02

lot 2

CERTIFICATION OF VITAL RECORD

STANISLAUS COUNTY

DEPARTMENT OF PUBLIC HEALTH

43019

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER											
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) FLORENCE		2. MIDDLE AUGUSTA		3. LAST (FAMILY) MATSEN												
	4. DATE OF BIRTH MM/DD/CCYY 10/01/1905		5. AGE YRS. 88		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 01/03/1994										
	8. HOUR 1002		9. STATE OF BIRTH WA		10. SOCIAL SECURITY NO. 572-16-7194		11. MILITARY SERVICE None										
	12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 8		14. RACE Caucasian												
	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER self		17. OCCUPATION Homemaker												
USUAL RESIDENCE	20. RESIDENCE—STREET AND NUMBER OR LOCATION 5806 Larsen Ave.																
	21. CITY Hilmar		22. COUNTY Merced		23. ZIP CODE 95324		24. YRS IN COUNTY 43										
	25. STATE OR FOREIGN COUNTRY California																
INFORMANT	26. NAME, RELATIONSHIP Chester N. Matsch - Husband				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 5806 Larsen Ave., Hilmar, CA 95324												
	28. NAME OF SURVIVING SPOUSE—FIRST Chester		29. MIDDLE N.		30. LAST (MARRIED NAME) Matsch												
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST Augusta		32. MIDDLE -		33. LAST Greasch		34. BIRTH STATE Unk.										
	35. NAME OF MOTHER—FIRST Unknown		36. MIDDLE -		37. LAST (MARRIED) Unknown		38. BIRTH STATE Unk.										
	39. DATE MM/DD/CCYY 01/10/1994																
DISPOSITION	40. PLACE OF FINAL DISPOSITION residence: 5806 Larsen Ave., Hilmar, CA																
	41. TYPE OF DISPOSITION CR-RES		42. SIGNATURE OF EMBALMER not embalmed				43. LICENSE NO. -										
	44. NAME OF FUNERAL DIRECTOR Neptune Society		45. LICENSE NO. FD1332		46. SIGNATURE OF LOCAL REGISTRAR <i>L. Paikoff</i>		47. DATE MM/DD/CCYY 01/10/1994										
PLACE OF DEATH	101. PLACE OF DEATH Emanuel Medical Center				102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY Stanislaus										
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 825 Delbon Ave.				106. CITY Turlock												
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Pneumonia				TIME INTERVAL BETWEEN ONSET AND DEATH days		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
	(B) C.O.P.D.				years		109.opsy PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
	(C)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
	(D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO										
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 1-7 none																
PHYSI- CIAN'S CERTIFI- CATION	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. none				114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 05/06/1992												
	115. SIGNATURE AND TITLE OF CERTIFIER <i>R. Bjarnason</i>				116. LICENSE NO. 2045161		117. DATE MM/DD/CCYY 01/03/1994										
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Ronald V. Bjarnason, M.D., 8397 N. Lander, Hilmar, CA 95324																
CORONER'S USE ONLY	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
	121. INJURY DATE MM/DD/CCYY 01/03/1994																
	122. HOUR 1002																
STATE REGISTRAR	123. PLACE OF INJURY 5806 Larsen Ave., Hilmar, CA				124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) None												
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) 5806 Larsen Ave., Hilmar, CA 95324				126. SIGNATURE OF CORONER OR DEPUTY CORONER -												
127. DATE MM/DD/CCYY 01/26/1994				128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER -													
<table border="1"> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>FAX AUTH. #</td><td>CENSUS TRACT</td> </tr> </table>								A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT								

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Public Health.

L. Paikoff
L.S. PAIKOFF, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
01/26/1994

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

070474

Lot 2

