



WARRANTY DEED

Vol MO1 Page 10941

ASPEN TITLE & ESCROW, INC. #01052480
AFTER RECORDING RETURN TO:
DANIEL C. HOWARD
TINA M. HOWARD

19026 Crane St.
Bely, Or. 97622

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

JOANNE KNIGHT, hereinafter called GRANTOR(S), convey(s) and warrants to DANIEL C. HOWARD AND TINA M. HOWARD, AS TENANTS BY THE ENTIRETY 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 \$13,000.00.

In construing this deed and where the context so requires, the singular includes the plural.

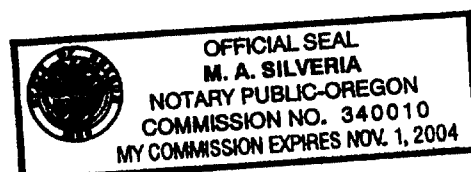
IN WITNESS WHEREOF, the grantor has executed this instrument this 19th day of MARCH, 2001.

Joanne Knight
JOANNE KNIGHT

STATE OF OREGON, County of Klamath)ss.

On MARCH 19 2001, personally appeared the above named JOANNE KNIGHT and acknowledged the foregoing instrument to be HER voluntary act and deed.

Before me: M. A. Silveria
Notary Public for Oregon
My Commission Expires: 11-01-04



A tract of land situated in Tract "I", NORTH BLY, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at the most Easterly corner of said Tract "I"; thence South 61 degrees 07' West 298.1 feet to the Easterly right of way line to the Klamath Falls-Lakeview Highway; thence North 20 degrees 06' West along said right of way line 100.12 feet; thence North 61 degrees 07' East 280 feet, more or less, to the East boundary of Tract "I"; thence South along said East boundary to the point of beginning.

A portion of Lots "I" and "D", NORTH BLY, in the County of Klamath, State of Oregon, more particularly described as follows:

Beginning at the Northeast corner of Lot "D"; thence Southeasterly along the East line of Lots "D" and "I" to a point which is 100 feet Northwest of the Southeast corner of Lot "I"; thence Southwest and parallel to the South line of Lot "D" to the Northwest corner of that parcel deeded to Oliver Berry by Deed recorded in Volume 323 at Page 68, Deed Records of Klamath County, Oregon; thence North 28 degrees 53' West 200.88 feet to a point; thence South 61 degrees 07' West 25.4 feet to the most Easterly corner of the M. L. Johnson land; thence North 20 degrees 6' West 100 feet, more or less, to the North line of Lot "D"; thence East along the Northerly line of Lot "D" 135.4 feet to the point of beginning.

CODE 58 MAP 3614-34DC TL 400

CERTIFICATION OF VITAL RECORD

State of Oregon, County of Klamath
Recorded 03/19/01, at 3:25 p. m.
In Vol. M01 Page 10941
Linda Smith,
County Clerk Fee\$ 3/00

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
136-
CERTIFICATE OF DEATH

10943

State File Number

PRINT IN
PERMANENT
BLACK INK

197440
I.D. TAG NO.

96-45
Local File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

11

CERTIFIER

12

13

14

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

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First: Albert Middle: Wesley Last: FRY			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 3, 1996
4. SOCIAL SECURITY NUMBER 541-09-0239	5a. AGE-Last Birthday (Years) 87	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Nelson, Wisconsin	7. DATE OF BIRTH (Month, Day, Year) January 28, 1909
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) Lake District Long Term Care Facility		9c. CITY, TOWN, OR LOCATION OF DEATH Lakeview		9d. COUNTY OF DEATH Lake
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Sawyer		10b. KIND OF BUSINESS/INDUSTRY Lumber		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Alta Fry				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Bly	13d. STREET AND NUMBER 61115 Stewart Street	
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15. ZIP CODE 97622	16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17. RACE American Indian, Black, White, etc. (Specify) White	18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 8
19. FATHER - NAME first middle last George Michael Fry		20. MOTHER - NAME first middle maiden Irene Minnie Hetrick		21. INFORMANT - NAME and relationship to decedent Alta Fry, Wife
22. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Roseburg Memorial Gardens		24. LOCATION - City or Town, State Roseburg, Oregon
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Daniel L. St. Clair		26. LICENSE NUMBER (Of Licensee) 1413		27. NAME, ADDRESS AND ZIP OF FACILITY Ousley Osterman-Hofftutter Funeral Chpl 410 Center St., Lakeview, OR 97630
28. DATE SIGNED (Month, Day, Year) September 5, 1996		29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
30. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
31. TIME OF DEATH 1850 M	32. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33a. TIME OF DEATH M	33b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
34. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Dr. William J. Strieby, MD		35. 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)	
36. DATE SIGNED (Month, Day, Year) 9/5/96		37. DATE SIGNED (Month, Day, Year) COUNTY	
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Dr. William J. Strieby, MD 630 South J Street Lakeview OR 97630			
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

40. 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.)		Interval between onset and death
(a) <u>Infarction of brain</u>		Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
41. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Alzheimer's disease</u>		42. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
43. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		44. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
45. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide	46a. DATE OF INJURY (Month, Day, Year)	46b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No
46c. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)	46d. DESCRIBE HOW INJURY OCCURRED	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED September 5, 1996 ORIGINAL - VITAL STATISTICS COPY

EDWARD J. JOHNSON II
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE