

**WARRANTY DEED**

Unless a change is requested, all tax statements shall be sent to  
Grantee at the following address:

KAREN LUNDGREN  
64555 OLD REDMOND-BEND HIGHWAY  
BEND OR 97701

After recording, this Deed shall be delivered to:

DANIEL C. RE  
747 SW INDUSTRIAL WAY  
BEND OR 97702

The true consideration for this transfer is \$NONE.

KAREN LUNDGREN, Successor Trustee of the Leonard Lundgren Trust Agreement dated  
March 4, 1987, Grantor, conveys and warrants to KAREN LUNDGREN, the following  
described real property:

**The following described parcels located in Township 24 South, Range 8 East,  
Willamette Meridian in Klamath County, Oregon:**

NE ¼, Section 19  
E ½ NW ¼, Section 19  
Lot #2, Section 19  
N ½ Lot #3, Section 19  
N ½ SE ¼, Section 19  
NE ¼ SW ¼, Section 19

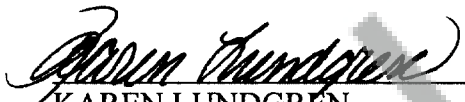
and more specifically described on Exhibit A attached hereto.

SUBJECT TO all exceptions to coverage contained in grantor's policy or policies of title  
insurance insuring grantor's title to the subject property, if grantor has any such policy or policies  
of title insurance in effect, and if not, subject to all encumbrances, easements and restrictions  
of record and which an accurate survey or inquiry of parties in possession of the property would  
disclose.

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

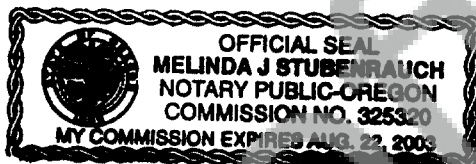
APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED  
USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR  
FOREST PRACTICES AS DEFINED IN ORS 30.930.

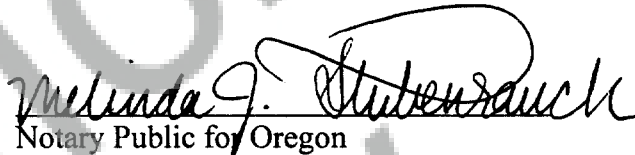
DATED 9-15-99.

  
KAREN LUNDGREN  
SUCCESSOR TRUSTEE OF THE  
LEONARD LUNDGREN TRUST DTD 3/4/87

STATE OF OREGON, County of Deschutes, ss:

The foregoing instrument was acknowledged before me this 15 day of  
September, 1999, by KAREN LUNDGREN.



  
Notary Public for Oregon

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

The following described property in Section 19, Township 24 South, Range 8 East, Willamette Meridian, in Klamath County, Oregon: The NE1/4, the E1/2 NW1/4, Government Lot 2, the N1/2 of Government Lot 3, and the NE1/4 SW1/4; EXCEPTING THEREFROM that portion thereof lying within the boundaries of Crescent Cut-Off Road; AND EXCEPTING THEREFROM that certain 150 foot wide strip of land conveyed to Central Pacific Railway Company, a Utah corporation, by Deed dated November 2, 1912, recorded December 2, 1912 in Volume 38 at page 223, Microfilm Records of Klamath County, Oregon, for railroad right of way, said strip being described as follows: A strip of land 150 feet in width, being 75 feet in width on each side of and parallel with the located "E" centerline of the proposed construction of the said Central Pacific Railway Company's railroad, as the same is now (1912) surveyed, staked out and located over and across Section 19, Township 24 South, Range 8 East, Willamette Meridian, Klamath County, Oregon.

# CERTIFICATION OF VITAL RECORD

H-13656

I.D. TAG NO.

432

Local File Number

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

136-

15408

State File Number

### DECEDENT

1

2

3

4

5

6

### PARENTS

### DISPOSITION

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8

9

### REGISTRAR

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11

### CERTIFIER

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### CAUSE OF DEATH

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1. DECEDENT'S NAME <b>Leonard LUNDGREN</b>				2. SEX <b>M</b>		3. DATE OF DEATH (Month, Day, Year) <b>June 22, 1998</b>	
4. SOCIAL SECURITY NUMBER <b>542-01-1713</b>		5a. AGE - Last Birthday (Years) <b>86</b>		5b. Under 1 Year Mos. Days		5c. Under 1 Day Hours Mins.	
6. BIRTHPLACE (City and State or Foreign) <b>St. Helens, OR</b>				7. DATE OF BIRTH (Month, Day, Year) <b>January 14, 1912</b>			
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"/> DOW <input checked="" type="checkbox"/> OTHER <input 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) <b>64555 Old Bend-Redmond Highway</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Bend</b>		9d. COUNTY OF DEATH <b>Deschutes</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Owner-Operator</b>				10b. KIND OF BUSINESS/INDUSTRY <b>Airline</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
12. SPOUSE (If Married, Widowed) <b>Karen</b>							
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Deschutes</b>		13c. CITY, TOWN OR LOCATION <b>Bend</b>		13d. STREET AND NUMBER <b>64555 Old Bend-Redmond Highway</b>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>97701</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>4</b>							
17. FATHER - NAME first middle last <b>Emil E. Lundgren</b>				18. MOTHER - NAME first middle maiden <b>Matilda Frances Bernhardt</b>			
19. INFORMANT - NAME and relationship to deceased <b>Karen Lundgren - wife</b>							
20a. 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)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Central Oregon Cremation Assn.</b>			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Richard S. Williams</i>				21b. OREGON LICENSE NO. (If Licensee) <b>0163</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Niswonger-Reynolds, Inc. 105 NW Irving Bend, OR 97701</b>	
23. DATE FILED (Month, Day, Year) <b>June 23, 1998</b>				24. REGISTRAR'S SIGNATURE <i>Jacqueline Deat</i>			
RESERVED FOR REGISTRAR'S USE							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH <b>5:26 A M</b>				28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>Matthew Lasala</i>				30. DATE SIGNED (Month, Day, Year) <b>6/22/98</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Matthew Lasala MD 18 NW Oregon Avenue Bend, OR 97701</b>				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. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				34. DATE SIGNED (Month, Day, Year) COUNTY			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER							
35a. TIME OF DEATH				35b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)			
36. PART I (a) <b>Cerebrovascular disease</b>				Interval between onset and death <b>Years</b>			
(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			
37. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				40. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. DATE OF INJURY (Month, Day, Year)		41f. TIME OF INJURY <b>M</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		41g. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41h. DESCRIBE HOW INJURY OCCURRED		41i. 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 DESCHUTES COUNTY REGISTRAR.

State of Oregon, County of Klamath  
Recorded 04/12/01, at 11:27a.m.  
In Vol. M01 Page 15405  
**Linda Smith,**  
County Clerk Fee 36.00

DATE ISSUED

*June 23, 1998*

