



WARRANTY DEED

ASPEN TITLE ESCROW NO.:01052618

AFTER RECORDING RETURN TO:
RAMON Z. NAVARRO AND REYNALDA M. NAVARRO
2507 7TH STREET
MALIN, OR 97632

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

LORELL TAYLOR hereinafter called GRANTOR(S), convey(s) and warrants to RAMON Z. NAVARRO AND REYNALDA M. NAVARRO, HUSBAND AND WIFE, hereinafter called GRANTEE(S), all that real property situated in the County of Klamath, State of Oregon, described as:

STARTING AT A POINT 100 FEET SOUTH OF THE NORTHEAST CORNER OF LOT 1, BLOCK 34, CITY OF MALIN, THEN WEST TO THE WESTERLY BOUNDARY OF LOT 2, SOUTH TO THE SOUTHWESTERN CORNER OF LOT 2, THEN SOUTHEASTERLY TO THE SOUTHEAST CORNER OF LOT 1, THEN NORTH 87.4 FEET TO THE POINT OF BEGINNING, IN THE COUNTY OF KLAMATH, STATE OF OREGON.

CODE 13, MAP 4112-15CB, TAXLOT 300

"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,

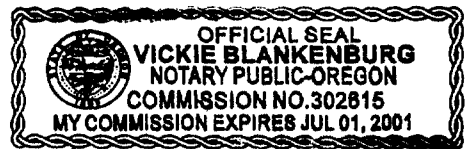
and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$40,000.00.

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 13th day of April, 2001.

Lorell Taylor
LORELL TAYLOR



STATE OF OREGON, County of Klamath)ss.

On April 13, 2001, personally appeared Lorell Taylor who acknowledged the foregoing instrument to be his/her/their voluntary act and deed.

Vickie Blankenburg
Notary Public for: Klamath Falls, OR
My Commission Expires: 7/01/01

CERTIFICATE OF DEATH

15964

Vital Records Unit

TYPE IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

227

Local File Number

State File Number

IDENT

DEATH CERTIFICATE INSTRUCTIONS SEE HANDBOOK

POSITION

OFFICER

REGISTER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE DURING THE PERIODIC USE LAST

USE OF DEATH

| | | | | | |
|---|--|---|---|--|---|
| 1 DECEASED—NAME First Middle Last FRANK I. TAYLOR | | | 2 DATE OF DEATH (month, day, year) June 21, 1983 | | |
| 3 RACE White, Black, American Indian, etc. (specify) White | | 4 SEX Male | 5 AGE—Last birthday (years) 78 | | 6 DATE OF BIRTH (month, day, year) January 6, 1905 |
| 7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls | | 7b HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) West Medical Center | | 7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) Inpatient | 7d COUNTY OF DEATH Klamath |
| 8 STATE OF BIRTH (if not in U.S.A., name country) Oklahoma | | 9 CITIZEN OF WHAT COUNTRY U.S.A. | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married | | 11 SPOUSE (IF MARRIED, WIDOWED) Lorell Taylor |
| 12 SOCIAL SECURITY NUMBER 446-16-8707 | | 13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Grounds Keeper | | | 14 KIND OF BUSINESS OR INDUSTRY Community Park |
| 15a RESIDENCE—STATE Oregon | | 15b COUNTY Klamath | 15c CITY, TOWN, OR LOCATION Malin | 15d STREET AND NUMBER OR R.F.D., ZIP P.O. Box 122 97632 | 15e Inside City Limits (specify yes or no) Yes |
| 16 FATHER—NAME first middle last W. Richard Taylor | | 17 MOTHER—Maiden Name first middle last Effie - Deleal | | 18 INFORMANT—NAME and relationship to deceased Lorell "Tomie" Taylor, wife | |
| 19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial | | 19b CEMETERY OR CREMATORY—NAME Malin Community Cemetery | | 19c LOCATION city or town state Malin, Oregon 97632 | |
| 20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) William J. Davenport | | 20b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601 | | | |
| 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) Blake D. Berven | | | 21b DATE SIGNED (Mo., Day, Yr.) 06-22-83 | 21c HOUR OF DEATH 9:50 P. M. | |
| 21d NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601 | | | | | |
| 21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | |
| 22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 22 1983 | | | 22b REGISTRAR (Signature) Clerk | | |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | |
| PART I (a) (b) (c) Respiratory Failure Synovial cell carcinoma of lung | | | | Interval between onset and death Sudden 2 mos | Interval between onset and death |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) (b) (c) 1950's malic bronchitis | | | | | |
| 24 ACCIDENT (Specify Yes or No) No | | 25 DATE OF INJURY (Mo., Day, Yr.) | 26 HOUR OF INJURY | 27 DESCRIBE HOW INJURY OCCURRED | |
| 28 INJURY AT WORK (Specify Yes or No) No | | 29 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | 30 LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE | |

RESERVED FOR REGISTRAR'S USE

State of Oregon, County of Klamath
Recorded 04/16/01, at 10:55a.m.
In Vol. M01 Page 15963
Linda Smith,
County Clerk Fee \$ 26.00