



WARRANTY DEED

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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,

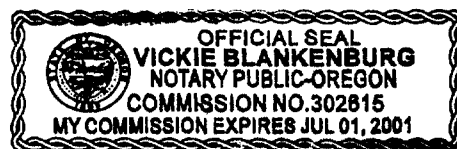
and will warrant and defend the same against all persons who may  
lawfully claim the same, except as shown above.

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

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BOOK

Vital Records Unit

227

Local File Number

State File Number

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AND BOOK  
FURNISHING  
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DECEASED—NAME First Middle Last FRANK I. TAYLOR		DATE OF DEATH (month, day, year) June 21, 1983	
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE—Last birthday (years) 78
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center	IF HOSP. OR INST. Indicate DOA, OP/Emg., Rm., Inpatient (Specify) Inpatient
STATE OF BIRTH (If not in U.S., name country) Oklahoma		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
SOCIAL SECURITY NUMBER 446-16-8707		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Grounds Keeper	SPOUSE (IF MARRIED, WIDOWED) Lorell Taylor
RESIDENCE—STATE Oregon		COUNTY Klamath	CITY, TOWN, OR LOCATION Malin
FATHER—NAME first middle last W. Richard Taylor		MOTHER—Maiden Name first middle last Effie - Deleal	INFORMANT—NAME and relationship to deceased Lorell "Tomie" Taylor, wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY—NAME Malin Community Cemetery	LOCATION city or town state Malin, Oregon 97632
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) William J. Davenport		NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601		DATE SIGNED (Mo., Day, Yr.) 06-22-83	HOUR OF DEATH 9:50 P. M.
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 22 1983		REGISTRAR Blanche Francis	
PART I IMMEDIATE CAUSE (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Sympatric cell carcinoma of lung DUE TO, OR AS A CONSEQUENCE OF: (c)		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) Ischemic heart disease		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No		DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c
INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g
STREET OR R.F.D. NO. 26d		CITY OR TOWN 26e	STATE 26f
RESERVED FOR REGISTRAR'S USE			

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