

NN
01 MAY 2 PM 3:20Vol M01 Page 20111

GEORGE GIBBER, JR.
7625 Putnam Rd.
Vacaville, Ca 95688-9296

Grantor's Name and Address

W V T SERVICE, INC.,
c/o Pauline Browning
HC71, Box 495C

Hanover, NM 88041

Grantee's Name and Address

W V T SERVICE, INC.,
c/o Pauline Browning
HC71, Box 495C

Hanover, NM 88041

Until requested otherwise, send all tax statements to (Name, Address, Zip):

W V T SERVICE, INC.,
c/o Pauline Browning
HC71, Box 495C
Hanover, NM 88041

STATE OF OREGON, } ss.
County of _____

I certify that the within instrument was received for recording on _____, at _____ o'clock _____ M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Records of this County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____, Deputy.

SPACE RESERVED
FOR
RECORDER'S USE

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that

GEORGE GIBBER JR & IZMA P GIBBER, HUSBAND & WIFE AS TENANTS BY ENTIRETY ***
hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by

W V T SERVICE, INC., A NEVADA CORPORATION

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 tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in **KLAMATH COUNTY** County, State of Oregon, described as follows, to-wit:

LOT 08, BLOCK 14, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT 1

KLAMATH COUNTY, OREGON

***APPEARS IN TITLE AS ISMA P. GIBBER

(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 \$ **2500.00** ~~to have and to hold unto the grantee and grantee's heirs, successors and assigns forever~~

~~which consideration shall be paid to the grantor or to the person or persons to whom the same may be assigned, and the grantor shall execute and deliver to the grantee a deed of conveyance in fee simple of the above described premises, together with all the rights and appurtenances thereto in any way appertaining, unto the grantee and grantee's heirs, successors and assigns forever.~~

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 on **4-20-2001**; 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.

GEORGE GIBBER, JR.

IZMA P. GIBBER

Izma P. Gibber

STATE OF OREGON, County of _____) ss.

This instrument was acknowledged before me on _____,

by _____,

This instrument was acknowledged before me on _____,

by _____,

as _____,

of _____.

Notary Public for Oregon

My commission expires _____

3/4

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Solano

} ss.

On 4-20-2001

Date

, before me,

Benjamin M. Amos, Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

IZMA P. G. bbyr

Name(s) of Signer(s)

☐ personally known to me☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal Above

WITNESS my hand and official seal.

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Agreement for Sale / warrant, deed

Document Date:

4-20-2001

Number of Pages:

2

Signer(s) Other Than Named Above:

NO other signers**Capacity(ies) Claimed by Signer**

Signer's Name: _____

☐ Individual☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

CERTIFICATE OF DEATH 2011338907005170

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST (GIVEN) George		1B. MIDDLE —		1C. LAST (FAMILY) Gibber		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR 3. SEX November 24, 1989 1029 Male	
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. June 3, 1906		7. AGE IN YEARS 83	
8. STATE OF BIRTH CA		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER George Gibber Sr.		10B. STATE OF BIRTH CZECH	
11A. FULL MAIDEN NAME OF MOTHER Mary Bano		11B. STATE OF BIRTH CZECH		12. MILITARY SERVICE? 42 1943 <input type="checkbox"/> NONE			
13. SOCIAL SECURITY NO. 523-16-3504		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Izma Triplett			
16A. USUAL OCCUPATION Carpenter		16B. USUAL KIND OF BUSINESS OR INDUSTRY Construction		16C. USUAL EMPLOYER E. B. Standish		16D. YEARS IN OCCUPATION 19 Yrs.	
17. EDUCATION—YEARS COMPLETED 12 Yrs.		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 326 Berryessa Drive		18B. CITY Vacaville		18C. ZIP CODE 95687	
19A. PLACE OF DEATH VA Medical Center		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP		19C. COUNTY Contra Costa		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Izma Gibber (Wife) 326 Berryessa Drive Vacaville, Ca. 95687	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardiopulmonary Arrest		22. WAS DEATH REPORTED TO CORONER? YES T-9-815 <input type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Disseminated Prostate Cancer		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. Repair Rt. Hip Fracture 11-24-89			
27A. DECEDENT ATTENDED SINCE 11-22-89		27B. DECEDENT LAST SEEN ALIVE 11-24-89		27C. PHYSICIAN'S SIGNATURE AND TITLE George Picetti, M.D.		27D. DATE SIGNED 11-27-89	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Wandal Brunner		28B. DATE SIGNED 11-27-89		29. MANNER OF DEATH—Specify one: Natural, accident, suicide, homicide, pending investigation or could not be determined —			
30A. PLACE OF INJURY —		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY 12-15-89		30D. HOUR —	
31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) Off Coast of San Francisco		32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) —					
33A. DISPOSITION(S) Cr./Sc.		33B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS San Francisco, Ca.		33C. DATE 12-15-89		33D. SIGNATURE OF EMBALMER Not Embalmed	
33E. LICENSE NUMBER 388		33F. SIGNATURE OF LOCAL REGISTRAR Wandal Brunner		33G. REGISTRATION DATE NOV 29 1989		33H. CENSUS TRACT 000	

-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

<p>Certification Statement</p> <p>Signature of Certifying official _____</p> <p>Office of Certification _____</p> <p>State of California, Health Services-Public Health Division, Bureau _____</p>	<p>This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office</p> <p style="text-align: right;">Official Title _____</p> <p style="text-align: right;">Local Registrar _____</p> <p style="text-align: right;">Date of Certification _____</p> <p style="text-align: right;">DEC 28 1989</p>
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State of Oregon, County of Klamath
Recorded 05/02/01, at 3:20 p.m.
In Vol. M01 Page 20111
Linda Smith,
County Clerk Fee \$ 31.00