

BARGAIN AND SALE DEED

KNOW ALL MEN BY THESE PRESENTS that TERRY ANN MIHAILOV, Successor Trustee under that certain revocable trust known as THE MARGARET B. DAVIS TRUST, dated the dated October 24, 1991, and amended and restated on the March 31, 1997, hereinafter called Grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto TERRY ANN MIHAILOV and BARRY L. MIHAILOV, husband and wife, as tenants by the entirety, hereinafter called Grantees, and unto Grantees' heirs, successors and assigns, all of that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County of Klamath, State of Oregon, more particularly described as follows:

Nine and 97/100ths (9.97) acres near Sprague River, Klamath Falls, Klamath County, Oregon, described as follows, to-wit:

The SW1/4NW1/4SW1/4 of Section 31, Township 35 South, Range 13 East of the Willamette Meridian, in the County of Klamath, State of Oregon.

To Have and To Hold the same unto said Grantees and Grantees' heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is None.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF THE 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.

AFTER RECORDING, RETURN TO, AND UNTIL FURTHER NOTICE, SEND TAX STATEMENTS TO:
Terry and Barry Mihailov
P.O. Box 1596
Sheldon, WA 98584

1 - BARGAIN AND SALE DEED

EX

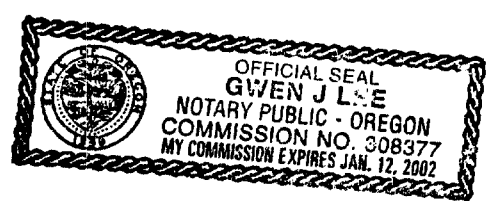
IN WITNESS WHEREOF, the Grantor has executed this instrument this 17 day of May, 2001.

Terry Ann Mihailov
Terry Ann Mihailov
Successor Trustee

STATE OF OREGON)
) ss.
County of Jackson)

Personally appeared the above-named Terry Ann Mihailov, and acknowledged this instrument to be her voluntary act and deed on the 17 day of May, 2001.

Gwen J Lee
Notary Public for Oregon
My commission expires: 1-12-2002



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CERTIFICATION OF TRUST

STATE OF OREGON)
County of Jackson) ss.

The undersigned, having been duly sworn, hereby deposes and says:

1. Name. My or our names and current addresses are as follows:

Margaret B. Davis
616 Faich St.
Ashland, OR 97520

2. Trust Name. The complete name and original execution date of the trust (referred to within as "the Trust") to which this Certification applies is as follows:

The Margaret B. Davis Trust 10-24-91

3. Amendments and Modifications. The Trust has been amended or modified by writings dated as follows (State "none" if applicable): Amended and Completely restated 3-31-97

4. Trustors. The names of all trustors of the Trust are as follows, along with each trustor's current address or, if deceased, the trustor's date and place of death:

Margaret B. Davis
616 Faich St.
Ashland, OR 97520

5. Trust Taxpayer Identification Number. The Trust taxpayer identification number ("TIN") is 546-03-6041. The following statement (mark one and fill in blank if applicable) describes this TIN:

- (a) This is an employer identification number.
- (b) This is the trustor Social Security number of Margaret B. Davis.

6. Trustees. All of the current trustees of the Trust and their corresponding current addresses are as follows:

Margaret B. Davis
616 Faich St.
Ashland, OR 97520

7. Trust Powers. The trustees of the Trust have trust powers which include at least all those trust powers contained in the Uniform Trustees' Powers Act set forth in Oregon Revised Statutes 128.003 to and including 128.045.

8. Multiple Trustees. If only one trustee is listed above in Section 6, this Section 8 does not apply. If more than one trustee is listed above in section 6, then the following statement (mark one and fill in blank if applicable) describes this Trust:

X (a) All trustees are required to sign in order to exercise Trust powers.

_____ (b) If fewer than all trustees are required to sign in order to exercise Trust powers, the number necessary to sign is _____.

9. Successor Trustee. The following successor trustee is designated in the Trust to assume the powers of a trustee who dies, resigns or is otherwise unable to perform the duties and responsibilities of a trustee. (Identify all successor trustees if the Trust provides more than one successor trustee):

1. Terry Ann Mihailov
 2. Barry L. Mihailov
 3. Shawn Marie Marshall + Harold A. Silver, Jr. or th
Surviv

The following describes other circumstances under which a successor trustee or trustees will assume Trust powers. (State "None" if applicable): None

10. Revocability or Irrevocability. The following statement describes this Trust. (Mark one and fill in the blank if applicable):

_____ (a) The Trust is currently irrevocable.

X (b) The Trust is currently revocable, and the following person or persons hold the power to revoke the Trust:
Margaret B. Davis

11. Power to Modify or Amend Trust. The following statement describes this Trust. (Mark one and fill in blank if applicable):

_____ (a) The Trust currently cannot be modified or amended.

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X (b) The Trust currently can be modified or amended, and the following person or persons hold the power to modify or amend the Trust: Margaret B. Davis

12. Title to Trust Assets. The following is the manner in which title to assets of the Trust should be taken: Margaret B. Davis Trustee of the Margaret B. Davis Trust

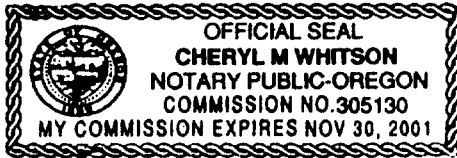
13. Statement Regarding Revocation, Modification or Amendment. The Trust has not been revoked, modified or amended in any manner that would cause the representations contained in this Certification to be incorrect.

Margaret B. Davis
Signature
Printed name: Margaret B. Davis

Signature
Printed name:

Subscribed to and sworn to before me this 19th day of January, 1998.

Cheryl M. Whitson
Notary Public for Oregon
My commission expires: 11-30-2001



State of Oregon, County of Klamath
Recorded 05/22/01, at 9:03 a m.
In Vol. M01 Page 23374
Linda Smith,
County Clerk Fee \$ 41.00

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