



525 Main Street
Klamath Falls, Oregon 97601

Vol M01 Page 38894

Phone (541) 884-5137 • Fax (541) 883-9068

After recording return to:

Joanne Kissell
3442 Hollydale Drive
Los Angeles, CA 90039

Bargain and Sale Deed

MIKE KISSELL, STEVE KISSELL, and JOANNE KISSELL, sole heirs of the estate of Lloyd R. Kissell, **Grantor**, conveys to

JOANNE KISSELL, Grantee, the following described real property, situated County of Klamath, State of Oregon, described as follows:

That portion of Lot 15, Block 17, KLAMATH FALLS FOREST ESTATES SYCAN UNIT, situated North and East of a point East 1,650 feet and South 00°05'58" West 415 feet from the Northwest corner of said Lot 15, Block 17 and also that situated South and East of a point 1,650 feet and South 00°05'58" West 415 feet from the Northwest corner of said Lot 15, Block 17.

The true consideration for this conveyance is \$ 0.00 (here comply with the requirements of ORS 93.030)

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: JULY 30, 2001

Mike Kissell
Mike Kissell

Steve Kissell
Steve Kissell

Joanne Kissell
Joanne Kissell

State of Oregon, County of Klamath }ss:

This instrument was acknowledged before me on the _____ day of _____, _____
by _____

Until a change is requested all tax statements
shall be sent to the following address:

Joanne Kissell
3442 Hollydale Drive
Los Angeles, CA 90039

Notary Public for the State of Oregon
My commission expires _____

"See attached certificate"

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Los Angeles

} ss.

On July 30, 2001 before me,

Date

Janet Masl, Notary Public,

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

personally appeared Mike Kissell, Steve Kissell, and JoAnn Kissell,

Name(s) of Signer(s)

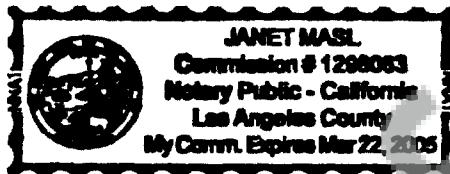
- personally known to me
 proved to me on the basis of satisfactory evidence

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.

WITNESS my hand and official seal.

Janet Masl

Signature of Notary Public



Place Notary Seal Above

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 DocumentTitle or Type of Document: Bargain and Sale DeedDocument Date: July 30, 2001 Number of Pages: 1Signer(s) Other Than Named Above: None**Capacity(ies) Claimed by Signer**

Signer's Name: _____

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

RIGHT THUMPRINT
OF SIGNER

Top of thumb here

Signer Is Representing: _____

CERTIFICATE OF DEATH

38896

STATE FILE NUMBER

STATE OF CALIFORNIA
4 BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Lloyd			2. MIDDLE Ralph			3. LAST (FAMILY) Kissell		
	4. DATE OF BIRTH MM/DD/CCYY 01/14/1928		5. AGE YRS. 68	6. IF UNDER 1 YEAR MONTHS	7. IF UNDER 24 HOURS DAYS	8. SEX M	9. DATE OF DEATH MM/DD/CCYY 07/21/1996	10. HOUR 1206	
	11. STATE OF BIRTH NB.		12. SOCIAL SECURITY NO. 506-36-1369		13. MILITARY SERVICE 19 TO 19 NONE		14. MARITAL STATUS Married		15. EDUCATION—YEARS COMPLETED 17
	16. RACE Cauc.		17. HISPANIC—SPECIFY YES		18. USUAL EMPLOYER Western Air		19. OCCUPATION Pipe Fitter		
	20. OCCUPATION Pipe Fitter		21. KIND OF BUSINESS Refrigeration		22. YEARS IN OCCUPATION 35			23. RESIDENCE—STREET AND NUMBER OR LOCATION 3442 Hollydale Dr.	
	24. CITY Los Angeles		25. COUNTY Los Angeles		26. ZIP CODE 90039		27. STATE OR FOREIGN COUNTRY California		28. NAME, RELATIONSHIP Steve Kissell - Son
	29. NAME OF SURVIVING SPOUSE—FIRST Joann		30. MIDDLE —		31. LAST (MAIDEN NAME) Shoup			32. NAME OF FATHER—FIRST Ralph	
	33. NAME OF MOTHER—FIRST Emma		34. MIDDLE —		35. LAST Kissell			36. MIDDLE —	
	37. BIRTH STATE OH.		38. BIRTH STATE NB.		39. DATE MM/DD/CCYY 07/23/1996			40. PLACE OF FINAL DISPOSITION 3 Miles off shoreline - Marina del Rey, CA.	
41. FUNERAL DIRECTOR AND LOCAL REGISTRAR CR/SEA		42. SIGNATURE OF EMBALMER ► not embalmed		43. LICENSE NO. —			44. NAME OF FUNERAL DIRECTOR San Fernando Mortuary		
45. DATE MM/DD/CCYY 07/23/1996		46. SIGNATURE OF LOCAL REGISTRAR F-1203 ► Mark		47. TIME INTERVAL BETWEEN ONSET AND DEATH mins			48. DEATH REPORTED TO CORONER YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
49. PLACE OF DEATH Residence		50. IF HOSPITAL, SPECIFY ONE: IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER		51. FACILITY OTHER THAN HOSPITAL: 104. COUNTY Los Angeles			52. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		
53. STREET ADDRESS—STREET AND NUMBER OR LOCATION 3442 Hollydale Dr.		54. TIME INTERVAL BETWEEN ONSET AND DEATH 4 MOS		55. DEATH REPORTED TO CORONER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			56. 105. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		
57. IMMEDIATE CAUSE (A) Respiratory Arrest		58. DUE TO (B) Metastatic Adenocarcinoma		59. DUE TO (C) Chronic Obstructive Pulmonary Disease			60. DUE TO (D)		
61. CAUSE OF DEATH		62. 106. DEATH REPORTED TO CORONER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		63. 107. DEATH REPORTED TO CORONER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			64. 108. DEATH REPORTED TO CORONER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
65. 109. BIOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		66. 110. AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		67. 111. USED IN DETERMINING CAUSE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
68. 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 none		69. 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE no		70. 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT LAST BEEN ALIVE MM/DD/CCYY MM/DD/CCYY 05/20/1996 07/15/1996			71. 115. SIGNATURE AND TITLE OF CERTIFIER ► <i>Howard Romero</i> 116. LICENSE NO. 20A6432 117. DATE MM/DD/CCYY 07/22/1996		
72. 118. MANNER OF DEATH NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/>		73. 119. INJURY AT WORK YES <input type="checkbox"/> NO <input type="checkbox"/>		74. 120. INJURY DATE MM/DD/CCYY		75. 121. HOUR		76. 122. PLACE OF INJURY	
77. 123. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		78. 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		79. 125. SIGNATURE OF CORONER OR DEPUTY CORONER ►		80. 126. DATE MM/DD/CCYY JUL 24 1996		81. 127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Linda Smith County Clerk Fee \$ 31.00	
82. STATE REGISTRAR		83. CENSUS TRACT		84. FAX AUTH. #		85. 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Linda Smith County Clerk Fee \$ 31.00			

State of Oregon, County of Klamath
Recorded 08/02/01 at 2:40 p.m.In Vol. M01 Page 38894
Linda Smith,
County Clerk Fee \$ 31.00