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01 AUG 3 AM 11:40

VIRGINIA F. BALL

P O Box 45466

Tacoma, Wa 98445-0466

Grantor's Name and Address

PACIFIC SERVICE CORPORATION

c/o Pauline Browning

HC71, Box 495C

Hanover, NM 88041

Grantor's Name and Address

PACIFIC SERVICE CORPORATION

c/o Pauline Browning

HC71, Box 495C

Hanover, NM 88041

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

PACIFIC SERVICE CORPORATION

c/o Pauline Browning

HC71, Box 495C

Hanover, NM 88041

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STATE OF OREGON,

) ss.

SPACE RESERVED  
FOR  
RECORDER'S USE

State of Oregon, County of Klamath

Recorded 08/03/01 at 11:40a m.

In Vol. M01 Page 39031

Linda Smith,

County Clerk Fee \$ 26<sup>00</sup>

Deputy.

## WARRANTY DEED

KNOW ALL BY THESE PRESENTS that

**VIRGINIA F. BALL**

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by

**PACIFIC SERVICE CORPORATION 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:**LOTS 7 & 8, BLOCK 87, KLAMATH FALLS FOREST ESTATES, HIGHWAY 66, PLAT 4****KLAMATH COUNTY, OREGON**

(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 \$ 3000.00However, the actual consideration consists of or includes other property or value given or promised which is ☐ the whole ☐ part of the (indicate which) consideration. (The sentence between the symbols ☐ if not applicable, should be deleted. See ORS 92.032.)

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 July 16, 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.

Virginia F. Ball  
VIRGINIA F. BALLSTATE OF OREGON, County of Price

) ss.

This instrument was acknowledged before me on July 16, 2001  
by Virginia F. Ball

This instrument was acknowledged before me on

by  
as  
ofO. J. Acott  
Notary Public for Oregon Washington  
My commission expires 11-1-2003

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

39032

OFFICE  
USE  
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

307

## Health CERTIFICATE OF DEATH

146

307

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME First: <b>BRICE</b> Last: <b>OSCAR</b> Middle: <b>BALL</b>				2. SEX (M / F) <b>MALE</b>		3. DEATH DATE (Mo, Day, Yr) <b>JANUARY 20, 1996</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>77</b>		5. UNDER 1 YEAR MOS: <b>77</b> DAYS: <b>77</b> HOURS: <b>77</b> MINS: <b>77</b>		6. BIRTHDATE (Mo, Day, Yr) <b>AUG 26, 1918</b>		7. BIRTHPLACE (City, State or Foreign Country) <b>WABASH, INDIANA</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>NO</b>		9. COUNTY OF DEATH <b>PIERCE</b>		10. PLACE OF DEATH—BY BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> IN CARE NURSING HOME <input type="checkbox"/> IN HOSPITAL <input type="checkbox"/> IN HOME <input type="checkbox"/> OTHER PLACE <b>10439 SALES RD #2</b>		11. SMOKING IN LAST 15 YEARS? (Yes / No) <b>NO</b>	
12. CITY, TOWN OR LOCATION OF DEATH <b>TACOMA</b>				13. SURVIVING SPOUSE (If wife, give maiden name) <b>VIRGINIA MARPLE</b>			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): <b>MARRIED</b>				15. SOCIAL SECURITY NO.: <b>553-16-2415</b>			
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): <b>CRANE OPERATOR</b>				17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>8</b> College (13-16): <b>8</b>			
18. KIND OF BUSINESS OR INDUSTRY: <b>EQUIPMENT RENTAL</b>				19. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>NO</b>			
20. RESIDENCE—NUMBER AND STREET <b>408 State Street</b>		21. CITY/TOWN OR LOCATION <b>Weston</b>		22. INSIDE CITY LIMITS? <b>Yes</b>		23. COUNTY <b>Umatilla</b>	
24. LENGTH OF RES. IN CO. <b>15 yrs</b>		25. STATE <b>OR</b>		26. ZIP CODE <b>97886</b>		27. RACE (Specify) <b>WHITE</b>	
28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>HOWARD BALL</b>				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>GOLDIE SCOTT</b>			
30. INFORMANT—NAME <b>VIRGINIA BALL</b>				31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP <b>408 State Street, Weston, OR 97886</b>			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>REMOVAL/BURIAL</b>		33. DATE (Mo, Day, Yr) <b>1-22-96</b>		34. CEMETERY/CREMATORY—NAME <b>GREENWOOD MEMORIAL PARK</b>		35. LOCATION—CITY/TOWN, STATE <b>SAN DIEGO, CALIFORNIA</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>Charles J. Lloyd</i>				37. NAME OF FACILITY <b>WEST HOME FUNERAL CHAPEL</b>			
38. ADDRESS OF FACILITY <b>4400 CALIFORNIA SEATTLE, WASHINGTON</b>							
39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				40. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
41. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Jay B. Zippitzkin</i>				42. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Jay B. Zippitzkin</i>			
43. DATE SIGNED (Mo, Day, Yr) <b>1-20-96</b>		44. HOUR OF DEATH (24 Hrs.) <b>0500</b>		45. DATE SIGNED (Mo, Day, Yr)		46. HOUR OF DEATH (24 Hrs.)	
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				48. PRONOUNCED DEAD (Mo, Day, Yr)			
49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>JAY B. ZIPPITZKIN MD 1003 South 5th St., Tacoma, WA 98405</b>				50. ME/CORONER FILE NUMBER			
51. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Metastatic Esophageal Cancer to Liver</b>				INTERVAL BETWEEN ONSET AND DEATH <b>8 months</b>	
B. DUE TO, OR AS A CONSEQUENCE OF:		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
D. DUE TO, OR AS A CONSEQUENCE OF:		E. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
52. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				53. AUTOPSY? (Yes / No) <b>NO</b>		54. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>NO</b>	
55. ACC. SUICIDE, HOW, UNDET. OR PENDING INVEST. (Specify)		56. INJURY DATE (Mo, Day, Yr)		57. HOUR OF INJURY (24 Hrs.)		58. DESCRIBE HOW INJURY OCCURRED:	
59. INJURY AT WORK? (Yes / No)		60. PLACE OF INJURY—AT HOME, FARM, STREET, ETC. (Specify)		61. STREET OR RFD NO., CITY/TOWN, STATE		62. DATE RECEIVED (Mo, Day, Yr.) <b>JAN 25 1996</b>	
63. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				64. SIGNATURE OF REGISTRAR <i>Therese m v</i>			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DOHS 8-150) DOH 01-003 (7/94)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.