'01 AUG 15 PM2:48

WESTERN TITLE & ESCROW COMPANY

WARRANTY DEED -- STATUTORY FORM

MARGUERITE M SUTT, Grantor,

conveys and warrants to

GARY A HALLEMAN and CHERYL D HALLEMAN, husband and wife, Grantee,

the following described real property, free of encumbrances except as specifically set forth herein, to wit:

Lot 1 Block 24 THIRD ADDITION TO RIVER PINE ESTATES, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.
Exhibit "A" attached hereto and made a part hereof.

Tax Account No(s): 130496
Map/Tax Lot No(s): 2309-13C-200

This property is free from encumbrances, EXCEPT: All those items of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

The true consideration for this conveyance is $5,000.00 .

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 this X 11 day of August, 2001

X Marguerite M. Sutt
MARGUERITE M SUTT

STATE OF CALIFORNIA, COUNTY OF X Riverside) SS.

This instrument was acknowledged before me on August X 11, 2001 by MARGUERITE M SUTT.

X
(Notary Public)
My commission expires X 6/20/02

PATRICIA A. WHITLE
Commission # 1184473
Notary Public - California
Riverside County
My Comm. Expires Jun 20, 2002

After recording return to:
WESTERN TITLE & ESCROW COMPANY
497 OAKWAY ROAD, SUITE 340
EUGENE, OR 97401

Until a change is requested all tax statements shall be sent to the following address:
GARY A HALLEMAN AND CHERYL D HALLEMAN
1324 HAMMOCK STREET
EUGENE, OR 97401

TITLE NO. K57388
ESCROW NO. 30-U255001

K31

CERTIFICATION OF VITAL RECORD

EXHIBIT "A"

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

41146

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

39533006289

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEASED (First) Delmer	2. MIDDLE Ray	3. LAST (FAMILY) Sutt				
4. DATE OF BIRTH MM/DD/CCYY 07/08/1924	5. AGE 71	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HOURS HOURS / MINUTES	6. SEX M	7. DATE OF DEATH MM/DD/CCYY 08/04/1995	8. HOUR 0710
9. STATE OF BIRTH CA	10. SOCIAL SECURITY NO. 557-28-9938	11. MILITARY SERVICE 19 41 TO 19 45 YES / NO		12. MARITAL STATUS Married	13. EDUCATION — YEARS COMPLETED 12	
14. RACE White	15. HISPANIC ORIGIN? YES / NO X			16. USUAL EMPLOYER G.T.E.		
17. OCCUPATION Foreman 05	18. KIND OF BUSINESS Communications				19. YEARS IN OCCUPATION 30	

USUAL RESIDENCE

20. RESIDENCE — STREET AND NUMBER OR LOCATION 42560 Rambling Lane					
21. CITY Aguanga	22. COUNTY Riverside	23. ZIP CODE 92536	24. YRS IN COUNTY 25	25. STATE OR FOREIGN COUNTRY California	

INFORMANT

26. NAME, RELATIONSHIP Marguerite Sutt - Wife	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 42560 Rambling Lane - Aguanga, CA 92536

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST Marguerite	29. MIDDLE -	30. LAST MAIDEN NAME Fritz		
31. NAME OF FATHER — FIRST James	32. MIDDLE Lloyd	33. LAST Sutt	34. BIRTH STATE MO	
35. NAME OF MOTHER — FIRST Beulah	36. MIDDLE Unk	37. LAST MAIDEN Unk	38. BIRTH STATE CA	

DISPOSITION

39. DATE MM/DD/CCYY 08/08/1995	40. PLACE OF FINAL DISPOSITION Sea, South Pt of Point Loma	San Diego, CA	

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION Cr/Sea			42. LICENSE NO. -
44. NAME OF FUNERAL DIRECTOR Neptune Society-Riverside			47. DATE MM/DD/CCYY 08/08/1995

PLACE OF DEATH 38

100. PLACE OF DEATH Ramona Manor Conv. Hosp.	HOSPITAL / DOA / OTHER / RES. / OTHER		101. COUNTY Riverside
100a. STREET ADDRESS 485 W. Johnston Avenue			101a. CITY Hemet

CAUSE OF DEATH

IMMEDIATE CAUSE (A) Acute Vascular Collaspe	TIME INTERVAL BETWEEN ONSET AND DEATH: Minutes	108. DEATH REPORTED TO CORONER: YES / XX NO — REFERRAL NUMBER
DUE TO (B) Extreme Debility	Weeks	109. BIOPSY PERFORMED: YES / XX NO
DUE TO (C) Advanced Parkinson Disease	Months	110. AUTOPSY PERFORMED: YES / XX NO
DUE TO (D)		111. USED IN DETERMINING CAUSE: YES / NO

7855 7993 5320

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Progressive Supranuclear Palsey 3528

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 107 OR 112? IF YES, GIVE TYPE OF OPERATION AND DATE: no

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO. OC9086	117. DATE MM/DD/CCYY 08/07/1995
DECEDENT ATTENDED SINCE MM/DD/CCYY 07/31/1995	DECEDENT LAST SEEN ALIVE MM/DD/CCYY 08/03/1995	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: Joseph Karcher, M.D. 201 N Lausen - Hemet CA 92543

M.E./CORONER'S USE ONLY

119. MANNER OF DEATH: NATURAL / ACCIDENT / SUICIDE / HOMICIDE / PENDING INVESTIGATION / COULD NOT BE DETERMINED	120. INJURY AT WORK: YES / NO	121. INJURY DATE MM/DD/CCYY	122. HOUR / 123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE)			

638732

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

DATE ISSUED

CENSUS TRACT 44.03

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health. 06 / 19 / 1996

Herbert A Grine Jr. M.D.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

95-130753 — STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

39533006289 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

41147

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
	Delmer	Ray	Sutt

ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE
	M	08/04/1995	Hemet	Riverside

8. FATHER'S NAME AS STATED ON ORIGINAL	9. MOTHER'S NAME AS STATED ON ORIGINAL
James Leon Sutt	Beulah Unk Unk

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
	04.	07/08/192	06/08/1924
	37.	Unk	Thomas

REASON FOR CORRECTION	13. To correct the record.

AFFIDAVITS AND SIGNATURES	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON ▶ [signature]	15. TITLE/RELATIONSHIP TO PERSON IN PART I: Family Counselor	16. DATE SIGNED—MM/DD/CCYY: 04/30/1996
	17. AGE: legal	18. ADDRESS (STREET, CITY, STATE, ZIP): 4922 Arlington Avenue - Riverside, CA 92504	
USE BLACK INK ONLY	19. SIGNATURE OF SECOND PERSON ▶ [signature]	20. TITLE/RELATIONSHIP TO PERSON IN PART I: Family Counselor	21. DATE SIGNED—MM/DD/CCYY: 04/30/1996
	22. AGE: legal	23. ADDRESS (STREET, CITY, STATE, ZIP): 4922 Arlington Avenue - Riverside, CA 92504	

STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR ▶ OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY
638730	CERTIFIED COPY OF VITAL RECORDS	06/06/1996

STATE OF CALIFORNIA — OFFICE OF STATE REGISTRAR — 93 24430 95 N (Rev. 1/94)

COUNTY OF RIVERSIDE — DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health. 06/19/1996

Herbert A. Kline Jr. M.D.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY OF RIVERSIDE — COUNTY — SOUTHERN CALIFORNIA — MAY 9, 1893 — 1 OF 2

State of Oregon, County of Klamath
Recorded 08/15/01, at 2:48 p m.
In Vol. M01 Page 41145
Linda Smith, County Clerk Fee 31.00