

'01 AUG 15 PM 2:48


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

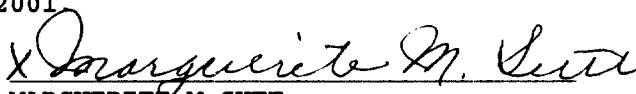
Map/Tax Lot No(s): 2309-13C-200

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 .

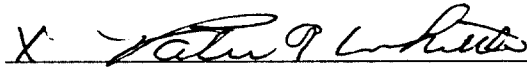
THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

 Dated this 11 day of August, 2001

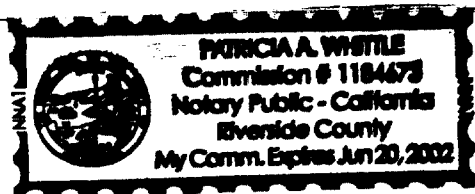

 MARGUERITE M SUTT

 STATE OF CALIFORNIA, COUNTY OF RIVERSIDE SS.

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


 (Notary Public)

 My commission expires 6/20/02

 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

39533006289

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Last)		2. MIDDLE	
Delmer		Ray	
3. LAST (FAMILY)		Sutt	
4. DATE OF BIRTH MM/DD/YYYY		5. AGE MM/DD/YYYY	
07/08/1924		71	
6. STATE OF BIRTH		7. DATE OF DEATH MM/DD/YYYY	
CA		08/04/1995	
8. SEX		9. HOURS	
M		0710	
10. STATE OF DEATH		11. MARITAL STATUS	
CA		Married	
12. EDUCATION - YEARS COMPLETED		13. OCCUPATION	
12		Foreman	
14. RACE		15. YEARS IN OCCUPATION	
White		30	
16. USUAL RESIDENCE		17. ADDRESS - STREET AND NUMBER	
Aguanga		42560 Rambling Lane	
18. CITY		19. STATE OR FOREIGN COUNTRY	
Aguanga		California	
20. NAME, RELATIONSHIP		21. ADDRESS - STREET AND NUMBER	
Marguerite Sutt - Wife		42560 Rambling Lane	
22. NAME OF SURVIVING SPOUSE - FIRST		23. MIDDLE	
Marguerite		Fritz	
24. NAME OF FATHER - FIRST		25. MIDDLE	
James		Sutt	
26. NAME OF MOTHER - FIRST		27. MIDDLE	
Beulah		Unk	
28. DATE MM/DD/YYYY		29. PLACE OF BIRTH	
08/08/1995		San Diego, CA	
30. TYPE OF DEATH		31. DATE MM/DD/YYYY	
Gr/Sea		08/08/1995	
32. NAME OF FUNERAL DIRECTOR		33. ADDRESS - STREET AND NUMBER	
Neptune Society - Riverside		1000 N. Main St.	
34. PLACE OF DEATH		35. CITY	
Ramona Manor Conv. Hosp.		Riverside	
36. STREET ADDRESS		37. CITY	
485 W. Johnston Avenue		Hemet	
38. DEATH WAS CAUSED BY		39. TIME INTERVAL BETWEEN ONSET AND DEATH	
Acute Vascular Collapse		Minutes	
40. DUE TO		41. DEATH REPORTED TO CORONER	
Extreme Debility		YES NO	
42. DUE TO		43. MOISTY PERFORMED	
Advanced Parkinson Disease		YES NO	
44. DUE TO		45. AUTOPSY PERFORMED	
Progressive Supranuclear Palsy		YES NO	
46. WAS OPERATED ON		47. TYPE OF OPERATION AND DATE	
NO		NO	
48. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE		49. LICENSE NO.	
DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		OC9086	
50. DATE MM/DD/YYYY		51. DATE MM/DD/YYYY	
07/31/1995		08/03/1995	
52. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS & ZIP		53. DATE MM/DD/YYYY	
Joseph Karcher, M.D. 201 N. Laursen - Hemet, CA 92543		08/07/1995	
54. MANNER OF DEATH		55. DATE MM/DD/YYYY	
NATURAL		08/07/1995	
56. SIGNATURE OF CORONER OR DEPUTY CORONER		57. DATE MM/DD/YYYY	
[Signature]		08/07/1995	
58. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		59. DATE MM/DD/YYYY	
[Signature]		08/07/1995	

41146

05

50

4/1/2

7/55

7/93

3320

CAUSE OF DEATH

3508

PHYSICIAN'S CERTIFICATION

MYE CORONER'S USE ONLY

STATE REGISTRAR

638732

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

06/19/1996

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.

Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

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

RIVERSIDE, CALIFORNIA

95-130753

AFFIDAVIT TO AMEND A RECORD

39533006289

STATE FILE NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL CONSTRAINTS, DISTANCE, AND SENTENCE LENGTH

STATE/LOCAL REGISTRAR USE ONLY	1. 	2. 	3. 
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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	
	4. SEX		5. DATE OF EVENT—MM/DD/CCYY		6. CITY OF OCCURRENCE	
ADDITIONAL INFORMATION TO LOCATE RECORD	M		08/04/1995		Hemet	
	7. COUNTY OF OCCURRENCE		Riverside			
	8. FATHER'S NAME AS STATED ON ORIGINAL				9. MOTHER'S NAME AS STATED ON ORIGINAL	
	James Earl Sutt				Beulah Unk Unk	

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

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

LIST ONE
ITEM PER
LINE

SEAL OF THE COUNTY OF KERN, CALIFORNIA
SOUTHERN CALIFORNIA
MAY 2, 1893

REASON FOR	12. To correct the record
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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.
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**TWO
PERSONS
MUST SIGN
THIS FORM**

USE
BLACK INK
ONLY

STATE/LOCAL
REGISTRAR
USE ONLY

14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART 1	16. DATE SIGNED—MM/DD/CCYY
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W. H. H. H. H.

15. TITLE/RELATIONSHIP TO PERSON IN PART I

16. DATE SIGNED—MM/DD/CCYY

17. AGE 21 18. ADDRESS (STREET, CITY, STATE, ZIP) 1000 1st St, New York, NY 10001

legal 4922 Arlington Avenue - Riverside, CA 92504

19. SIGNATURE OF SECOND PERSON

20. TITLE/RELATIONSHIP TO PERSON IN PART 1

21. DATE SIGNED—MM/DD/CCYY

B. musca

Family Counselor

06/20/1996

22. AGE 23. ADDRESS (STREET, CITY, STATE, ZIP)

legal 4922 Arlington Avenue - Riverside, CA 92504

24. SIGNATURE OF STATE OR LOCAL REGISTRAR

24. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY

OFFICE OF THE STATE DEPARTMENT
OF VITAL STATISTICS CERTIFICATE

06/06/1996

STATE OF CALIFORNIA STATE OF CALIFORNIA STATE SECRETAR...

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

06 / 19 / 1996

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

State of Oregon, County of Klamath
Recorded 08/15/01, at 2:48 p.m.

4114.5

In Vol. M01 Page

Linda Smith,
County Clerk Fee 31.00