

01 NOV 19 PM2:51

After Recording Return to:
LLOYD W. MAXWELL
BETTY L. MAXWELL
516 OHIO COURT
NAMPA, ID. 83686-6197
Until a change is requested all tax statements
Shall be sent to the following address:
LLOYD W. MAXWELL
BETTY L. MAXWELL
516 OHIO COURT
NAMPA, ID. 83686-6197

Vol. M01 Page 59197

State of Oregon, County of Klamath
Recorded 11/19/01 2:51 p m.
In Vol. M01, Page 59197
Linda Smith, County Clerk
Fee \$ 31.00 # of Pgs 3

WARRANTY DEED
(INDIVIDUAL)

MERRIAM J. BALDUCCI WHITSETT, who acquired title as Merriam J. Balducci, herein called grantor, convey(s) to LLOYD W. MAXWELL and BETTY L. MAXWELL, husband and wife all that real property situated in the County of KLAMATH, State of Oregon, described as:

See Exhibit A attached hereto and made a part hereof.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$900.00.
(here comply with the requirements of ORS 93.930)

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 November 13, 2001.

Merriam J. Balducci Whitsett
MERRIAM J. BALDUCCI WHITSETT

STATE OF Montana, County of Flathead) ss.

On November 16, 2001 personally appeared the above named MERRIAM J. BALDUCCI WHITSETT and acknowledged the foregoing instrument to be her voluntary act and deed.

This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00054029

Before me: Rochelle L. Fartino
Notary Public for ~~Oregon~~ Montana
My commission expires: 01-01-2003

Official Seal

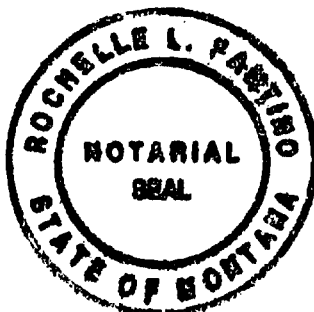


Exhibit A

A portion of the N 1/2 SW 1/4 of Section 17, Township 24 South, Range 7 East of the Willamette Meridian, in the County of Klamath, State of Oregon, more particularly described as follows:

Commencing at a point where the North-South center line of said Section 17 intersects the Northeasterly line of the highway right of way of Oregon State Highway 58; thence along said Northeasterly line of said right of way in a general Northwesterly direction, a distance of 1600 feet; thence at right angles to said highway right of way line in a general Northeasterly direction 189.0 feet; thence North 25.0 feet, more or less, to a point on the North line of a certain private roadway running approximately East and West, which is the true point of beginning; thence North 112.0 feet, more or less, to its intersection with the South line of the Mid-State electric power line right of way which runs approximately in a Southeasterly direction; thence along said South line of said power line right of way in a general Southeasterly direction 125.0 feet; thence due South a distance of 62.0 feet, more or less, to its intersection with the North line of said private roadway; thence along said North line of said private roadway in a general Westerly direction 100.0 feet, more or less, to the true point of beginning.

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION VITAL STATISTICS SECTION

58199

40996

I.D. TAG NO

1146

Local File Number

OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES Vital Records Unit CERTIFICATE OF DEATH

138

State File Number

DECEDENT

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1. DECEDENT'S NAME First: Aldo Middle: Alfredo Last: BALDUCCI		2. SEX M	3. DATE OF DEATH (Month, Day, Year) July 27, 1988
4. SOCIAL SECURITY NUMBER 386-12-4406	5a. AGE - Last Birthday 65	5b. UNDER 1 YEAR Months: Days: Hours: Mins:	5c. UNDER 1 DAY Hours: Mins:
6. BIRTHPLACE (City and State or Foreign Country) Saulte Ste. Marie, Ont, Can		7. DATE OF BIRTH (Month, Day, Year) June 29, 1923	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Incident <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify):	
9b. FACILITY NAME (If not institution, give street and number) Salem Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Salem	9d. COUNTY OF DEATH Marion
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Assistant Superintendent		10b. KIND OF BUSINESS/INDUSTRY Utilities	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Merriam		13. COUNTY OF DEATH Marion	
13a. RESIDENCE - CITY Oregon	13b. COUNTY Marion	13c. CITY, TOWN, OR LOCATION Salem	13d. STREET AND NUMBER 6642 Fairway Ave SE
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97306	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17. EDUCATION College (1-4 or 5-)	

PARENTS

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17. FATHER - NAME first middle last Adolfo Balducci	18. MOTHER - NAME first middle maiden Assunta Carocci	19. INFORMANT - NAME and relationship to decedent Merriam Balducci - wife
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette Memorial Mausoleum
20c. LOCATION - City or Town, State Albany, Oregon		

DISPOSITION

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21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	21b. LICENSE NUMBER (Of Licensee) 3465	22. NAME, ADDRESS AND ZIP OF FACILITY Fisher Funeral Home, Inc., P.O. Box 156 306 SW Washington, Albany - OR 97321
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CERTIFIER

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TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
23. TIME OF DEATH 11:40 A. M.	24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27a. TIME OF DEATH M	27b. DATE PRONOUNCED DEAD (Month, Day, Year) M
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>[Signature]</i>		28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>[Signature]</i>	
26. DATE SIGNED (Month, Day, Year) JULY 29, 1988		29. DATE SIGNED (Month, Day, Year) COUNTY	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Granatir, MD, 980 Oak SE, Salem, Oregon 97301			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

CAUSE OF DEATH

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32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)		Interval between onset and death
(a) <i>Bronchogenic Large Cell Carcinoma</i>	(b) <i>Tobacco usage</i>	Interval between onset and death 40 yrs
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)		Interval between onset and death

CAUSE OF DEATH

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33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY M	34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34d. DESCRIBE HOW INJURY OCCURRED
35a. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		35b. LOCATION - Street and Number or Rural Route Number, City or Town, State		

REGISTRAR

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37. REGISTRAR'S SIGNATURE <i>[Signature]</i>	38. DATE FILED (Month, Day, Year) AUG 3 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED AUG 19 1988

Edward J. Johnson II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE