

After Recording Return to:
JOHN C. BELL and PEGGY J. BELL
P.O. Box 165
Chemult, OR. 97731

Until a change is requested all tax statements
 Shall be sent to the following address:
JOHN C. BELL and PEGGY J. BELL
same as above

State of Oregon, County of Klamath
 Recorded 12/04/01 3:17 p m.
 Vol M01, Pg 61925-27
 Linda Smith, County Clerk
 Fee \$ 31.00 # of Pgs 3

WARRANTY DEED
 (INDIVIDUAL)

DAVID H. WIRTZ, herein called grantor, convey(s) to **JOHN C. BELL and PEGGY J. BELL**, 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 **\$35,000.00**.
 (here comply with the requirements of ORS 93.930)

[Signature] 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 27, 2001.

[Signature]
 DAVID H. WIRTZ

STATE OF OREGON, County of **Klamath**) ss.

On Dec. 04, 2001 personally appeared the above named **DAVID H. WIRTZ** and acknowledged the foregoing instrument to be his voluntary act and deed.

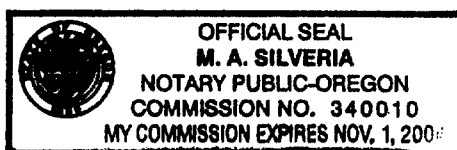
This document is filed at the request of:

Aspen
 TITLE & ESCROW, INC.

525 Main Street
 Klamath Falls, OR 97601
 Order No.: 00054107

Before me: M.A. Silveria
 Notary Public for Oregon
 My commission expires: 11-01-04

Official Seal



PARCEL 1:

That portion of the NW 1/4 of the SW 1/4 of Section 21, Township 27 South, Range 8 East of the Willamette Meridian, in the County of Klamath, State of Oregon, described as follows:

Commencing at the Northwest corner of the NW 1/4 SW 1/4 of said Section 21, Township 27 South, Range 8 East of the Willamette Meridian, Klamath County, Oregon; thence Southerly along the West line of said NW 1/4 SW 1/4, 412 feet; thence Northeasterly along the North line of 3rd Street extended, 150 feet to the Southwest corner of Block 4 of the town of Chemult, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon; thence Northwesterly along the Westerly line of said Block 4, a distance of 379 feet to the North line of said NW 1/4 SW 1/4; thence Westerly 13.6 feet to the point of beginning.

PARCEL 2:

A portion of the NW 1/4 SW 1/4 of Section 21, Township 27 South, Range 8 East of the Willamette Meridian, in the County of Klamath, State of Oregon, being more particularly described as follows:

Beginning at the Southwesterly corner of Lot 1, Block 4, Chemult; thence Southwesterly along the North line of 3rd Street extended of Chemult 160 feet, more or less, to the West line of said NW 1/4 SW 1/4; thence South on West line of said NW 1/4 SW 1/4 to its intersection with the South line of said 3rd Street, extended; thence Northeasterly along South line of said 3rd Street extended 195 feet, more or less, to the Northwest corner of Lot 6, Block 5, Chemult; thence Northwesterly along the West line of said Block 5 extended 80 feet, more or less, to the point of beginning.

TOGETHER WITH an easement for septic tank and septic tank drainfield over the South 80 feet of the North 492 feet of the East 100 feet of the NE 1/4 of the SE 1/4 of Section 20, Township 27 South, Range 8 East of the Willamette Meridian, in the County of Klamath, State of Oregon.

AYB
JLB

DHW

11

CERTIFICATION OF VITAL RECORD

H-13685

I.D. TAG NO.

643

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

513 - 06

61927

136

State File Number

1. DECEDENT'S NAME First: Elizabeth Middle: Joan Last: WIRTZ		2. SEX F	3. DATE OF DEATH (Month, Day, Year) September 14, 1998
4. SOCIAL SECURITY NUMBER 518-36-0049	5a. AGE - Last Birthday (Years) 63	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Williamsburg, KS
7. DATE OF BIRTH (Month, Day, Year) January 5, 1935		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER		9b. COUNTY OF DEATH Deschutes	
10. FACILITY NAME (If not institution, give street and number) St. Charles Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Bend	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		13. KIND OF BUSINESS/INDUSTRY Own Home	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15. SPOUSE (If Married, Widowed) David	
16a. RESIDENCE - STATE Oregon	16b. COUNTY Klamath	16c. CITY, TOWN OR LOCATION Chemult	16d. STREET AND NUMBER Highway 97 & 2nd Street
17a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17b. ZIP CODE 97731	17c. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17d. RACE American Indian, Black, White, etc. (Specify) White
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17+) 11		19. FATHER - NAME first middle last Bill Pomeroy	
20. MOTHER - NAME first middle maiden JoAnn Brown		21. INFORMANT - NAME and relationship to deceased David H. Wirtz - husband	
22. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Central Oregon Cremation Assn.	
24. LOCATION - City or Town, State Bend, OR		25. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
26. OREGON LICENSE NO. (Of Licensee) 3640		27. NAME, ADDRESS AND ZIP OF FACILITY Niswonger-Reynolds, Inc. 105 NW Irving Bend, OR 97701	
28. DATE FILED (Month, Day, Year) September 16, 1998		29. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
RESERVED FOR REGISTRAR'S USE			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
30. TIME OF DEATH 9:10 A		31. DATE OF DEATH September 14, 1998	
32. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		33. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>	
34. DATE SIGNED (Month, Day, Year) Sept 14, 1998		35. DATE SIGNED (Month, Day, Year) COUNTY	
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIED MEDICAL EXAMINER (Type or Print) Norwyn Newby MD, 2275 NE Doctors Drive Bend, OR 97701			
37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
38. 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.			
PART I (a) <i>Coronary Vascular Accident</i>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
39. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		40. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		42. DATE OF INJURY (Month, Day, Year)	
43. TIME OF INJURY		44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		46. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE DESCHUTES COUNTY REGISTRAR.

DATE ISSUED: *Sept 16, 1998*

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Return to: Niswonger-Reynolds, Inc.
105 NW Irving
Bend, Oregon 97701

STATE OF OREGON)
COUNTY OF DESCHUTES)

98 SEP 22 PM 2:46

MARY SUE PENHOLLOW
COUNTY CLERK

BY: *[Signature]* DEPUTY

NO. 98-42275 FEE 20-

DESCHUTES COUNTY OFFICIAL RECORDS