

EL

ED MARSTON  
6412 96th St., E #5  
Fuyallp, Wa 98371

Grantor's Name and Address

D T SERVICE CO., INC.  
c/o Pauline Browning  
HC71, Box 495C

Hanover, NM 88041

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c/o Pauline Browning  
HC71, Box 495C

Hanover, NM 88041

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

D T SERVICE CO., INC.  
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 09/23/2002 2:10 p.m.

Vol M02, Pg 54054-55

Linda Smith, County Clerk

Fee \$ 26.00 # of Pgs 2

puty.

## WARRANTY DEED

KNOW ALL BY THESE PRESENTS that

ED MARSTON

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

D T SERVICE CO., INC. 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:

LOT 10, BLOCK 04, LONE PINE ON THE SPRAGUE

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 \$ 1500.00

However, 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 93.050.)

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 9/17/02; 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.

ED MARSTON

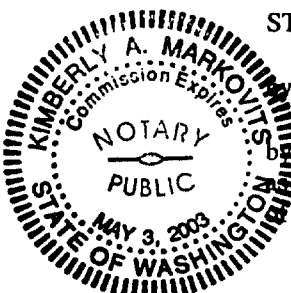
Edward Marston

Washington  
STATE OF OREGON, County of Pierce

This instrument was acknowledged before me on 9/17/02

Ed Marston

This instrument was acknowledged before me on 9/17/02

Kimberly A. Markovits  
Notary  
Pierce, WA

Notary Public for Oregon Washington

My commission expires 5/3/02

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

USE ONLY

201

3509-14A-3000 Health

## CERTIFICATE OF DEATH

54055

201

STATE FILE NUMBER

1 NAME First: <b>DOROTHY</b> Middle: <b>DIX</b> Last: <b>MARSTON</b>				2 SEX (M / F) <b>Female</b>		3 DEATH DATE (Mo Day Yr) <b>January 19th 1998</b>	
4 AGE LAST BIRTH DAY (Yrs) <b>87</b>		5 UNDER 1 YEAR MOS DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTH DATE (Mo Day Yr) <b>Nov. 11, 1910</b>	
8 BIRTH PLACE (City, State or Foreign Country) <b>Rochester, New York</b>				9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>		10 COUNTY OF DEATH <b>Pierce</b>	
11 CITY, TOWN OR LOCATION OF DEATH <b>Puyallup</b>				12 PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. ROOM/PTN 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> MUR HOME 6 <input type="checkbox"/> OTHER PLACE <b>Linden Grove Nursing Center</b>			
13 SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>		14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15 SURVIVING SPOUSE (if wife give maiden name) <b>EDWARD THOMAS MARSTON</b>		16 SOCIAL SECURITY NO <b>084-28-3996</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>7</b> College (13-16) <b>-</b>				18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>			
19 KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>				20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>		21 RACE (Specify) <b>White</b>	
22 RESIDENCE—NUMBER AND STREET <b>Mobile Space #5</b>		23 CITY/TOWN OR LOCATION <b>Puyallup</b>		24 INSIDE CITY (Yes / No) <b>No</b>		25A COUNTY <b>Pierce</b>	
26 STATE <b>WA</b>		27 ZIP CODE <b>98371</b>		28 FATHER'S NAME—FIRST, MIDDLE, LAST <b>LEWIS STERLING FREEMAN</b>		29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>ELIZABETH RICHARDS</b>	
30 INFORMANT—NAME <b>MR. EDWARD T. MARSTON: HUSBAND</b>				31 MAILING ADDRESS <b>6412 96th Street East, Mobile Space #5, Puyallup, WA. 98371</b>			
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		33 DATE (Mo, Day, Yr) <b>Jan. 21, 1998</b>		34 CEMETERY/CREMATORY—NAME <b>Tacoma Mausoleum Association</b>		35 LOCATION—CITY/TOWN STATE <b>Tacoma, Washington 98409</b>	
36 FUNERAL DIRECTOR SIGNATURE <i>David D. Davis</i>		37 NAME OF FACILITY <b>Hills Funeral Home</b>		38 ADDRESS OF FACILITY <b>217 Pioneer Ave E Puyallup, Washington 98372</b>			
39 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>[Signature]</i> / M.D. <b>X</b>				43 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>[Signature]</i>			
40 DATE SIGNED (Mo, Day, Yr) <b>20 Jan 98</b>		41 HOUR OF DEATH (24 Hrs) <b>1900</b>		44 DATE SIGNED (Mo, Day, Yr)		45 HOUR OF DEATH (24 Hrs)	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. Tejinderpal Singh, M.D.</b>				46 PRONOUNCED DEAD (Mo, Day, Yr)		47 HOUR PRONOUNCED DEAD (24 Hrs)	
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Dr. Kenneth Aaro, M.D.: 1518 Main Street - Sumner, Washington 98390</b>				49 ME/CORONER FILE NUMBER			
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <b>dehydrated</b>				INTERVAL BETWEEN ONSET AND 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		B. <b>sepsis</b>				INTERVAL BETWEEN ONSET AND DEATH	
		C. <b>decubitus ulcer</b>				INTERVAL BETWEEN ONSET AND DEATH	
		D. <b>Alzheimer's dementia (Severe)</b>				INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE							
54 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)		55 INJURY DATE (Mo Day Yr)		56 HOUR OF INJURY (24 Hrs)		57 DESCRIBE HOW INJURY OCCURRED	
58 INJURY AT WORK? (Yes / No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (Specify)		60 LOCATION—STREET OR RFD NO CITY/TOWN STATE		61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	
				62 REGISTRAR SIGNATURE <i>[Signature]</i>		63 DATE RECEIVED (Mo, Day, Yr) <b>JAN 20 1998</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOM 110-008 (Rev. 7/91) (Formerly CSM-5-2-150)

Mail 6412 96th St E  
Puyallup WA 98371