

State of Oregon, County of Klamath
Recorded 06/02/2003 9:25 a m.
Vol M03 Pg 37038-40
Linda Smith, County Clerk
Fee \$ 3/00 # of Pgs 3

Until a change is requested,
send all tax statements to:

After recording, return to:

Paul Beddow
1500 Norkenzie Road, #42
Eugene, OR 97401

John C. Urness
1011 Harlow Road, Suite 300
Springfield, OR 97477

* * * * *

WARRANTY DEED

PAUL BEDDOW, Successor Trustee of the **GREEN LIVING TRUST DATED JULY 16, 1998**, Grantor, conveys and warrants to **PAUL BEDDOW**, Grantee, the following described real property, situated in Klamath County, Oregon, to wit:

Lot #1: W $\frac{1}{2}$ N $\frac{1}{2}$ N $\frac{1}{2}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ Section 8, TWP 25S, R8E, W.M.
Lot #3: W $\frac{1}{2}$ S $\frac{1}{2}$ N $\frac{1}{2}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ Section 8, TWP 25S, R8E, W.M.
Lot #5: W $\frac{1}{2}$ N $\frac{1}{2}$ S $\frac{1}{2}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$ Section 8, TWP 25S, R8E, W.M.

Fifteen acres m or l. Subject to a thirty foot (30 ft.) wide easement parallel and along East Boundary for mutual roadway and all other roadway purposes. Subject to a twenty foot (20 ft.) wide easement for power utility use. Subject to reservations of record.

GARNET LEON GREEN, the original trustee of the **GREEN LIVING TRUST DATED JULY 16, 1998**, passed away on May 14, 2003 (a copy of his Certificate of Death is attached hereto as Exhibit 1).

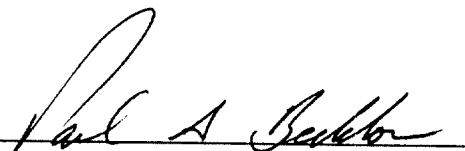
Grantor covenants that Grantor is seized of an indefeasible estate in the real property described above in fee simple, that Grantor has good right to convey the property, that the property is free from encumbrances except as specifically set forth herein, and that Grantor warrants and will defend the title to the property against all persons who may lawfully claim the same by, through, or under Grantor, provided that the foregoing covenants are limited to the extent of coverage available to Grantor under any applicable standard or extended policies of title insurance, it being the intention of the Grantor to preserve any existing title insurance coverage.

The true consideration for this conveyance is: partial distribution of trust.

37039

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.

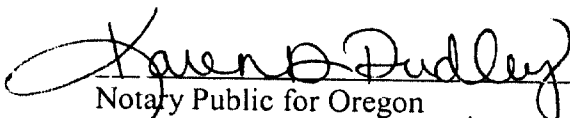
DATED this 29 day of May, 2003.

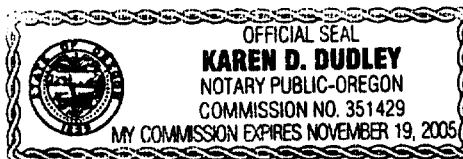
 5-29-03
PAUL BEDDOW, Successor Trustee of the
GREEN LIVING TRUST DATED JULY 16, 1998

STATE OF OREGON)
) ss.
County of Lane)

Personally appeared the above-named Paul Beddow, successor trustee of the Green Living Trust Dated July 16, 1998, and acknowledged the foregoing instrument to be his voluntary act and deed.

BEFORE ME this 29 day of May, 2003.


Notary Public for Oregon
My Commission Expires: 11/19/2005



CERTIFICATION OF VITAL RECORD

380919

I.D. TAG NO.

1095

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

37040

State File Number

1. DECEDENT'S NAME First: Garnet Middle: Leon Last: GREEN			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) May 14, 2003
4. SOCIAL SECURITY NUMBER 564-05-9234	5a. AGE-Last Birthday (Years) 85	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Headrich, OK	7. DATE OF BIRTH (Month, Day, Year) January 9, 1918
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"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) McKenzie Willamette Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Springfield		9d. COUNTY OF DEATH Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Park Manager		10b. KIND OF BUSINESS/INDUSTRY State Government		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced
12. SPOUSE (If Married, Widowed, Divorced (Specify))				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Lane	13c. CITY, TOWN OR LOCATION Springfield		13d. STREET AND NUMBER 3198 Partridge Way
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15. ZIP CODE 97477	16. 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 Specify:		17. RACE American Indian, Black, White, etc. (Specify) White
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-) 1				
19. FATHER - NAME first middle last Archie Green		20. MOTHER - NAME first middle maiden Fern Humphries		21. INFORMANT - NAME and relationship to deceased Paul Beddow - nephew
22. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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) Pacific Sunset Cemetery		24. LOCATION - City or Town, State Florence, Oregon
25. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		26. OREGON LICENSE NO. (Of Licensee) 3484		27. NAME, ADDRESS AND ZIP OF FACILITY Musgrove Family Mortuary 1152 Olive St., Eugene, Oregon 97401
28. DATE FILED (Month, Day, Year) MAY 20 2003		29. REGISTRAR'S SIGNATURE <i>Vestous Kay Nease</i>		

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 8:10 P.M.	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29. 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>	
30. DATE SIGNED (Month, Day, Year) 5-15-03	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Richard Kincade M.D. - 1162 Willamette Street - Eugene, OR 97401	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
32. 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)	
33. DATE SIGNED (Month, Day, Year) COUNTY	

34. 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) Coronary Artery Disease				4d
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(b)				Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(c)				Interval between onset and death
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. CONGESTIVE HEART FAILURE; COPD; DEMENTIA				
36. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. 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"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED:

MAY 20 2003

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

[Signature]
DIANE C. WILLIAMS
COUNTY REGISTRAR
LANE COUNTY, OREGON

EXHIBIT "A"

