

When Recorded Return to:

Craig E. Coombs
Lybeck Murphy LLP
7525 SE 24th Street, Suite 500
Mercer Island, WA 98040

State of Oregon, County of Klamath
Recorded 09/15/03 10:28 a. m
Vol M03 Pg 68310-12
Linda Smith, County Clerk
Fee \$ 31⁰⁰ # of Pgs 3

TRUSTORS' WARRANTY TO TRUSTEE OF REVOCABLE TRUST

Reference # (if applicable):
Grantor: Helen James

Additional on page _____
Additional on page _____

Grantee: The Helen James Trust

THE GRANTOR, Helen James, conveys and warrants to KAREN FENNO, TRUSTEE, AND SUCCESSOR TRUSTEES, OF THE HELEN E. JAMES REVOCABLE TRUST dated 8/20/03, Grantee, the following described real property situated in Klamath County, Oregon

A tract of land situated in the SW ¼ of the NE ¼ and the SE ¼ of NE ¼ of Sec. 18, Twp. 24 S.R. 7 E.W.M., more particularly described as follows:

Beginning at a point which is N. 01°00'51" E. 352.54 feet and East 33.69 feet from the 1/16th corner of the common line between the NE ¼ and the SE ¼ of said Sec. 18; thence West 509.5 feet; thence continuing West 51 feet, more or less, to the flow line of Crescent Creek; thence Northerly and Easterly along said flow line 180 feet, more or less, to the intersection of the North line of said tract which is parallel to and 150 feet, more or less, north of the South line of said tract; thence East 15 feet, more or less, to a steel pin; thence continuing East 433.6 feet to a point; thence S. 00°18'41" W. 150.0 feet, more or less, to the point of beginning.

Subject to reservation of the Easterly 25 feet for roadway and utility purposes; together with a perpetual easement for roadway and utility purposes to and from said property along the northerly 25 feet of the SE ¼ of NE ¼ of said Sec. 18 West of the Willamette Highway and also the westerly 25 feet along the line in the SE ¼ of NE ¼ of said Sec. 18 which bears N. 00°18'41" E. from a point located S. 01°00'51" W. 6.81 feet and East 38.14 feet from the 1/16th corner on the common line between the NE ¼ and the SE ¼ of said Sec. 18. Twp. 24 S. R. 7 E.W.M.

And Subject to any liens or encumbrances created by grantees since June 20, 1961, including taxes for fiscal year commencing July 1, 1961 and thereafter, and reservations, easements and rights of way of record or apparent on the land.

Tax Account No.: _____

This deed is made for no consideration to change vesting only to the Trustee, her successors and assigns forever. The liability and obligations of Grantor and Grantee and Grantee's Heirs and assigns under the warranties and covenants contained herein or provided by law shall be limited to the amount, nature and terms of any right or indemnification available to Grantor under any title insurance policy, and Grantor shall have no liability or obligation except to the extent that reimbursement for such liability or obligation is available to Grantor under any such title insurance policy. The intention of the Grantor to preserve any existing title insurance coverage.

68311

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.

8/25/03
DATED: 8/25/03

Helen James
Helen James

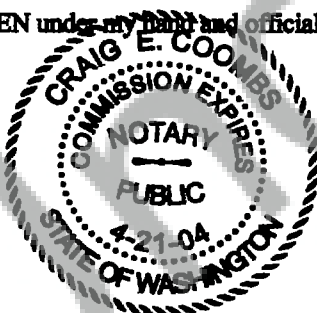
STATE OF WASHINGTON)

)ss.

COUNTY OF KING)

On this day personally appeared before me Helen James, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 25 day of August, 2003.



Print Name: Craig E. Coombs
NOTARY PUBLIC in and for the State of Washington; Residing at Bellevue
My Commission Expires: 4-21-04

CERTIFICATION OF VITAL RECORD

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

68312

338074

LD TAG NO.

0398

Local File Number

State File Number

1. DECEASED'S NAME Robert James Leovy		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 17, 2001	
4. SOCIAL SECURITY NUMBER 540-26-2766		5. UNDER 1 YEAR Male		6. PLACE OF BIRTH (City and State or Foreign) Brownsville, Oregon	
7. DATE OF BIRTH (Month, Day, Year) October 24, 1923		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER		9. COUNTY OF DEATH Lane	
10. DECEASED'S USUAL OCCUPATION PBX Installer		11. KIND OF BUSINESS/INDUSTRY Pacific Northwest Bell Telephone Company		12. MARITAL STATUS (Married, Widowed, Divorced, Single) Married	
13. SPOUSE (If Married, Widowed) Helen E. (Koons)		14. RESIDENCE - STATE Oregon		15. CITY, TOWN OR LOCATION Eugene	
16. STREET AND NUMBER 375 Ferndale Dr.		17. ZIP CODE 97401		18. DECEASED'S EDUCATION (Specify only highest grade completed) 12	
19. FATHER - NAME Albert		20. MOTHER - NAME Helen E. James-Wife		21. INFORMANT - NAME and relationship to deceased Helen E. James-Wife	
22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other		23. LOCATION - City or Town, State Eugene, Oregon		24. SIGNATURE OF DECEASED'S PERSON ACTING AS WITNESS <i>[Signature]</i>	
25. DATE FILED February 17, 2001		26. DATE OF DEATH February 17, 2001		27. TIME OF DEATH 11:05 PM	
28. TO the best of my knowledge and belief, the cause of death was due to the conditions stated on this certificate.		29. On the basis of examination and/or investigation, in my opinion death occurred on the date, date, date and due to the cause(s) and manner stated.		30. DATE OF DEATH February 17, 2001	
31. NAME, TITLE, ADDRESS AND PHONE NUMBER OF PHYSICIAN (If any) Indulal Rughani, M.D., 1000 Holly Street, Suite 3-565 - Eugene, OR 97401		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN PHYSICIAN (If any) Indulal Rughani, M.D.		33. IMMEDIATE CAUSE (ENTER CAUSE OF DEATH PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. (a) Emphysema	
34. DUE TO, OR AS A CONSEQUENCE OF (b) Emphysema		35. DUE TO, OR AS A CONSEQUENCE OF (c) Emphysema		36. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death or complicating the preceding cause given in PART I	
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPEY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. If YES was findings confirmed in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> AM	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41. PLACE OF DEATH Home		42. LOCATION (Street and Number or Rural Route Number, City or Town, State) 375 Ferndale Dr., Eugene, Oregon	

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

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

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED:

FEB 23 2001

ADA M. NOBLE
COUNTY REGISTRAR
LANE COUNTY, OREGON

