After Recording Return to: D.T. SERVICE CO. INC. 40 Pauline Browning HC71, Box 495C Henover, Nm. 88041
Until a change is requested all tax statements Shall be sent to the address shown above.

State of Oregon, County of Klamath Recorded 02/09/2004 2:12 pm Vol M04 Pg 7776 -Linda Smith, County Clerk Fee \$ 4//00 __ # of Pgs _

WARRANTY DEED (INDIVIDUAL)

DAVID P. BURTON and DONALD N. BURTON, individually and as the remaining sole heirs in interest of the real property legally described herein of Walter P. Burton and Mary E. Burton, deceased, herein called Grantors, convey(s) to D.T. SERVICE CO. INC., a Nevada corporation, herein called Grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lots 12 and 13, Block 124, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 4, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

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 \$3,600.00. (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 January 13, 2004.	DAVID P/BURTON
STATE OF CALIFORNIA, County of	DONALD'N. BURTON SS.
On January, 2004, personally appeared the above foregoing instrument to be his voluntary act and deed. Before me:	e named DAVID P. BURTON and acknowledged the
Notary Public for California My commission expires: 12/19/05 Official Seal	LIBA ROBERTS COMM. 1334689 FR Hotory Public-Collection IN Comm. Sto. Dec 8, 2866
STATE OF ARIZONA, County of Man Cap A	SS.
On January 71, 2004, personally appeared the above foregoing instrument to be his voluntary act and deed. Before me:	named DONALD N. BURTON and acknowledged the
Notary Public for Arizona My commission expires: 4.36.84	OFFICIAL SEAL CARLA J. SANDS NOTARY PUBLIC - ARIZONA MANCOPA COUNTY My Comrs. Expires April 30, 2008

STANTE OF WASHINGTON V

TYPE OR PRINT IN PERMANENT BLACK IN

072460

Health CERTIFICATE OF DEATH

07771

146

STATE FILE NUMBER

	work.	TILE MUMBER			-ERIIFE	CAIE	UP DE	AIN				0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L NORDE!	
T	1. NAME							/					MATE (Mo, Day, Yr)	
		Mary				Burt			F			26/2		
	4. AGE LAST BIRTH- DAY (Yru) 77	5. UNDER 1 YEAR MOS DAYS	MOD DANG LIGHTON LINE				PLACE Island or Foreign Country) 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (No. / No. /			13. COUNTY OF DEATH				
	11. CITY, TOWN OR I	CITY, TOWN OR LOCATION OF DEATH 2. PLACE OF DEATH 2 BOX FOR PLA. 12. PLACE OF DEATH 2 BOX FOR PLA. 1. HOME 2. N TRANSPORT 3. B								AME 6. 🗆 OTH	ER PLACE		13. SMOKING II 15 YEARS?	N LAST (Yes / No)
: '	Shelton	Shelton Fir Lane Health						abilit	tation	1			Yes	
!	14. MAPITAL STATUS — Memied, Never married, Widowed, Olivorad (Spacify) 16. SURVIVING SPOUSE (if wife, give maiden name)						16. SOCIAL SECURITY NO. 17. DECEDENT'S EDUCATION (Specify only highest grade complete					ide completed)		
	Widowed N/A						552-28-2597						College (1-4 o	r 5+)
	18. USUAL OCCUPATION (Give land of work done during most of working its. DO NOT USE RETIRED) 19. KIND OF BUSINESS OR INDUSTRY						20. Was Decedent of Hepsinic origin or descent? (Ancestry) (Ripsolly Yes or No. If Yes, specify Cuben, Mexicon, Puerto Filoan, etc.)					ally 21.	21. RACE (Spealty)	
	Homemake	Homemaker Own Home						Specify:	No				White	
	22. REGIDENCE — N	IUMBER AND STREET		23. CITY/TO	OWN, OR LOCATION	24. INSIDE CIT LIMITS? (Yes / No)	25A. COUNTY		258. LE	NGTH OF B. IN CO.	26. STA	IE .	27. ZIP CODE	
		Benson Li		Gra	peview	no	Mason			yrs.	WA		98546	
		PIRST, MIDDLE, L	VST			2	Mannie :		MIDDLE, MAÏD	EN SURI	WE			
	Bunnett D				31. MAILING ADD	RE88	STREET OR RED N		CITY OF	RTÓWN		8	TOUTE ZE	P
	Helan Bu	rton			Po. Box	189			Keene	<u> </u>	·	CA	9353	11
	32. BURNAL, CREMA REMOVAL, OTHER (S	STION SS. DATE (ERY/CREMATORY	•			36. LOCAT					
	Crematio		28/2000		omb Crema	itory		· · · · · · · · · · · · · · · · · · ·	SO. ADDRE		N, WA	<u> </u>	,	
	x Dock M	7. Elman	do	McC	omb Funer	al Hor	Po. Box 179, Shelton, WA						9858	
			ED ONLY BY COUNT						ETED ONLY					
		T OF MY KNOWL TO THE CAUGE(S) STA	TED.	CONFED VI.	THE TIME, DATE AND	PLACE			CE AND WAS	DUE TO	THE CAUSE	IN MY OP	INION DEATH OCCU. ED.	JARED AT
	SIGNATURE AND THE	19Ma	che	<u>رلۍ :</u>	>		SIGNATURE AND TITLE							
	40. DATE SIGNED A	•••		1	UR OF DEATH (24 Hrs	•	44. DATE BIGNED (Mo, Day, Yr) 45. HOUR OF DEATH (84 Hrs						(24 Hre)	
,	11/27/20	000 E OF ATTENDING PH	VENCIAN E ATUES	162			46. PRONOUNCED DEAD Mio, Day, Yr)					47	47. HOUR PRONOUNCED DEA	
	-2. re-wit /per/ II/L	÷ → Wickwastu	:	HENT VENIE	and the or conf.								(24 Hra)	
		PRESS OF CERTIFIER											ME/CORONER FILE	E NUMBE
		Truckse:					on, WA 9	8584·					•	
		ISEASES, INJURIE	-,					•				INT	ERNAL BETWEEN O	NSET AND
	INMEDIATE CAUSE (A condition resulting in di		Rec	ma	& Me	fasta	tic Co	uce	rol	Lu	m	-1 (mo	7
	DO NOT ENTER THE M DYING, SUCH AS CAR	IODE OF DL	ETO, OR AS & CO	NEGUENC	OF:	1	01	104 -	200	. ~	2,8	INT DE	ERWAL BETWEEN O	NSET AN
	RESPRATORY ARREST, SHOCK, OR B. ON SULA COLLEGE CO. HEART FAILURE LIST ONLY ONE						(4) 9	mall	Colly !	142	36	- - _{INT}	TERWAL BETWEEN O	NSET AN
	CAUSE ON EACH LINE. Sequentially list conditions, if any,											Į ^{čie}	ATH	
	leading to insmediate cause. Enter UNDERLYING CALSE (Disease or Injury which initiated events resulting.)											INT DE	TERVAL BETWEEN C	NSET AN
	in death) LAST.	D.	COMPTIONS CO.	TOIGHTIME T	O DEATH PLIT NOT B	EDM II TIRAKS IIA T	HE I MATERIA VINCE OF	AL PRE CAMEN	AROWE: 1 62	. AUTOF	98Y? !	53. WA	8 CASE REFEREN	то
	ST. UIREN SIGNIFF	undituris-	- CARROLLINGS CON	TIPE INCIDE	ST.		Greens and G			No No	κά)	WE	S CASE REFERRED DICAL EXAMINER O RONER? (Yes / No)	No.
	54. ACC. SUICIDE, OR PENDING R	HOM., UNDET., 55 NVEST. (Specify)	. INJURY DATE (M	lo, Day, Yr)			ESCRIBE HOW IN	JURY OCCUR	RRED:					
				_ /			<u> </u>							
	58. INJURY AT WO (Me / No)	FIK? B9. PLA	CE OF INJURY — A IG., ETC. (Specify)		CTON		CON-STRE	ET OR RED N	O., CITY/TOV	MN, STATI	Ē		<u> </u>	:
T.		HOMENT (Registrar us		 +	- I				·			63.	DATE RECEIVED (Vio, Day, Y
	(TREM	DOCUMENTARY EVIDENCE	MEMEMED BY	DATE	Ver .	S NO		_	_	.	4	MO	V-2-7-20	nn

AFFIDAVIT FOR CORRECTION

07772.

ANY CHANGES					
NUMBER OF CERTIFIC	ATES ITEE NUMBER	NITIALS	DATE		AFTICAVIT NUMBER
	STATE OFFICE U	JSE ONLY			TATE OFFICE USE ONLY
	Birth 📮	Marriage 📮	1 STATE FLE	NUMBER	,
The record of	Death 🗓	Dissolution 🚨 with			for
NAIZE			3. DATE OF EV	ENT	4 PLACE OF EVENT (City and County)
, FATHER'S FULL NAM	IE (II Birth) HUSBAND (II N	lamage/Dissolution)	€ MOTHER'S F	UI L MAIDE	N NAME (If Birth), WIFE (II Marnage/D ssolution)
THE BECORD IS	INCORPECT OR IN	COMPLETE AS FOLLOWS	<u>. </u>		
THE RECORD NOW SI		COMPLETE AST OLLOWS	, THE TRUE FA	CT IS:	
			8		
9			10		•
·					
11			12.		
13			14		
REPRESENT THE	PERSON AS (E.G. S	ELF. PARENT, GUARDIAN,	ETC.) SPECIFY	15	
DUONE AU MACE					
PHONE NUMBER		R THE LAWS OF THE STATE OF	VASHINGTON THAT T	4E EORGO!!	NG IS TRUE AND CORRECT
16 E'GHATURE	THE POT PERSON OND	17 DATE	18 ADDRESS	ie i Gricion	TO IS THE PART OF
OCH 110-007 (Rev 3'99	1				
All vital records are	registered as received.	Changes must be made by aff	idavit An item ma	be chang	ed by affidavit only once. Subsequent changes must be a replacement copy free of charge.
nade by Court Order. Birth Certificates	This confocate must o	e returneti witani one year or i	tie tiale it was issue	u (i) isceiv	e a replacement copy free of charge.
		by documentary proof subm e-child is under 181, or the adi			nay change the birth certificate.
The preofts					name is Mary Ann Doe, then the proof must show t
		A. Doe or M.A. Doe does not j		ary Ann D	he
	re use (or nore) years i documents of proof:	old or established within five	уелья от гипп		
Ceruficate o	1 Naturalization	Marriage Record		oo: Record	
Chisas Rec		Medical Record Military Record (DD-214)			ration Card (if it bears an effective date) ition Card (front and back)
Hospital Re Insurance R		Your Child's Buth Record		sn Registi speri	mon Cara (Aont and Dack)
. Up to see o	nc, the parent(s) or le				
. Optosgeo		gal guardian may change th	e child's surname v	rith an aff	idavil for correction provided:
District		ubsequent changes will requir	e child's surname v e a certified copy of	a court or	dered name change
This is a g • The acous	amame may be the mo	ubsequent changes will requir ther's maiden name or father's	e child's surname v e a certified copy of surname (if present	a court or on the car	dered name change tificate) or a combination of the two
Dis is a q - The new s - After the documents	urname may be the mo one surname changes hay proof	ubsequent changes will requir ther's maiden name or father's require a certified copy of a co	e child's surname v e a certified copy of surname (if present ourt ordered name c	a court on on the car hange, Min	dered name change tificate) or a combination of the two tor speiling changes may be made with an affidavit a
This is a g - The new s - After new does new; Parenti a ne	arname may be the mo one surname changes may proof may charge their child's	ubsequent changes will requir ther's maiden name or father's require a certified copy of a co	e child's surname ver a certified copy of surname (if present ourt ordered name e cting and signing a)	a court on on the cer hange. Min	dered name change tificate) or a combination of the two for spelling changes may be made with an affidavit a for corrected (until their child's 18th birthday).
This is to a - The new sign and the new sign are does now here the Parent of the This affida Death Certificates	arnane may be the mo one surname charges ay proof ay charge then chod's yit cannot be used to a	ubsequent changes will requir ther's maiden name of father's require a certified copy of a co first or middle name by compl add a father to a birth certifi	e child's surname ver a certified copy of surname (if present ourt ordered name e etting and signong an cate. (use the patern	a court on on the cer hange. Min r affidav a oty affidav	dered name change tifficate) or a combination of the two tor spelling changes may be made with an affidavit a for corrector (math their child's 18th birthday), set storm DOH (10-00).
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1112 Quince Street South Prot. Box 9709 O'ympia WA 98507 9709

This is a legal document. Complete in ink and do not alter.

FUNTY DEPARTMENT OF HEALTH SERVICES

NOV 27 2000



STATE OF WASHINGTON \ DEPARTMENT OF HEALTH

OFFICE USE ORLY DETRICT

TYPE OR PRINT IN PERMANENT BLACK INK

072323



07773

LOCAL FILE NUMBER	J	C	ERTIFI	CATE	OF DEATH		146	STAT	TE FILE NUMBER
1. NAME First		Middle		Last		2 SEX (M / F) 3.	DEATH DAT	TE (Mo, Day, Yr)
Walter		reston		irton		<u> </u>	A	ug. 1	8, 2000
	YEAR 6. UNDER	MINS _	RTHDATE (Mo, Day, Yr	(City, 5	tate or Foreign Country)	9. WAS D	ARMED FORCE	ER 10. ES?	COUNTY OF DEATH
79	EATU	Jul	y 6,1921	0	klahoma	(14)	ARMED FORC	Ma	ison
. on , rown on coontact or c	LA.	1.	MHOME 2. IN TRANS	SPORT 3. EM	CE THEN GIVE ADDRESS OR IN ERG PAMOUT PTN 4. 🗆 HOSP 5. 🗀	NUR HOME 6.	OTHER PLAC	ε	13. SMOKING II 15 YEARS?
Shelton			580 E. Be	enson	Lake Rd				NO
14. MARITAL STATUS — Memled, Never married, Wildowed,	15. SURVIVING	SPOUSE (If wile,	give maiden name)		16. SOCIAL SECURITY NO).	17. DECED (Specify	ENT'S EDUC	CATION I grade completed)
Divorced (Specify)		D 7					Elementary/S		
<u>Married</u>	Mary	Dunlap			559-28-008		12	4	
18. USUAL OCCUPATION (Give kind a during most of working file. DO NO	II.		INESS OR INDUSTRY		20. Was Decedent of Hispanio Yes or No. If Yes, specify C	origin or desce Zuben, Mexican	nt? (Ancestry) , Puerto Rican,	(Specify etc.)	21. RACE (Specify)
Heavy Equipment	t Oper.	Highway	/ Departm	ent	(Yes / No) Specify:	No)		White
22. RESIDENCE — NUMBER AND ST		23. CITY/TO	WN, OR LOCATION	24. INSIDE CIT LIMITS?	25A. COUNTY	258. LENC RES.	TH OF 26	. STATE	27. ZIP CODE
IFOO F Decree	Laka Dd	Gran	eview	(Yes / No)	Mason	17y	ne .	la ab	0054
1580 E. Benson		Graf	PEATEM	NO 2	Mason MOTHER'S NAME FIRST, M			ash.	9854
Walter P. Bur	,				Henrietta Hig				
30. INFORMANT NAME		···· 1	31. MAILING ADDR		STREET OR RFD NO.	CITY OF			STATE Z
Mary Burton			1580 F	Renso	n Lake Rd.	Gr	apevi	~~	WA 98
	DATE (Mo, Day, Yr)	34. CEMET	ERY/CREMATORY		2470 1141		ION — CITY/T		
	21, 200	O McCom	b Cremate	orv		She	lton,	Wa.	
36. FUNERAL DIRECTOR SIGNATUR			OF FACILITY			36. ADDRE	88 OF FACILI	[™] 703	W Railroa
x Konald!	Lauren	McCom	b Funera	1 Home	l	She11			3584
	PLETED ONLY BY GE	RTIFYIME PHY	HOLAH						OR CORONER
39. TO THE BEST OF MY KM AND WAS DUE TO THE CAUSE(S	OWLEDGE, DEATH B) STATED.	OCCUPRED AT	THE TIME, DATE AND	PLACE	43. ON THE BASIS OF EXAMINATHE TIME, DATE AND PLA	LATION AND/O	R INVESTIGATION	TION, IN MY CAUSE(8) 81	OPINION DEATH OCCU
SIGNATURE AND TITLE	Mais				SIGNATURE AND TITLE				
40. DATE SIGNED (Mo., Day, Yr)	ENAL	este	R OF DEATH (24 Hr.		44. DATE SIGNED (Mo., Day, Yr				
08/21/2000		1		-2	44. DATE SKIFTED (MO., DRY, TI	,			45. HOUR OF DEATH (
42. NAME AND TITLE OF ATTENDIN	G PHYSICIAN IF OTHE		ER (Type or Print)		46. PRONOUNCED DEAD (Mo.,	Dev. Yrl			47. HOUR PRONOUNC
					,,	,,			(24 Hrs.)
48. NAME AND ADDRESS OF CERT	FIER PHYSICIAN, IV	MEDICAL EXAMINE	ER OR CORONER (Ty	pe or Print)					49. ME/CORONER FILI
Dr. Mark Truck	csess. 23	7 Profe	essional I	Wav	-				Nja # 0155-
50. ENTER THE DISEASES, IN.							*****		-104 0100-
IMMEDIATE CAUSE (Final disease or		<u> </u>			 		1 .	T	INTERVAL BETWEEN C
condition resulting in death).	A	Proba	rbal	Mus	carlial	Iw	arch	in	Kime
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR	DUE TO, OR AS A	CONSEQUENCE	OF:	-				1	INTERVAL BETWEEN O
DESCRIPTION ADDEDT NUMBER OF	В.	1+Sh	<i>† V</i>						yrs
CAUSE ON EACH LINE.	DUE TO, OR AS A	CONSEQUENCE (OF:					1	INTERVAL BETWEEN O
reading to immediate dates. Cities (C.	201000						i	·
UNDERLYING CAUSE (Disease or injury which initiated events resulting	DUE TO, OR AS A	CONSECUENCE (Ur.					i	INTERVAL BETWEEN O
in death) LAST. 51. OTHER SIGNIFICANT CONDITIO	D. NS — CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT DE	SUIL TIMES IN T	HE LINDERLYING CALIRE GIVE A	BOVE: 1 so	AUTOPSY?		WAR CARE DEEEDDEE
THCC	ODDI	1	1 Promote		TO SHOULTE IN A CHOOL GIVE A		(Yes / No)	53.	WAS CASE REFERRED MEDICAL EXAMINER OF CORONER? (Yes / No)
	<u> </u>	Oto Aru Yo	59, 1008 0	57.0	ESCRIBE HOW INJURY OCCUR	RED:	No		, , ,
54. ACC. SUICIDE, HOM., UNDET	55. INJURY DATE		1 # 40 (2.4)						
54. ACC SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE	(mogody, 11)			\mathbf{A}				
54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE	()			Ž.				
58. INJURY AT WORK? 59. I	LACE OF INJURY — A		O P	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ATISK - STREET OR RED N	O., CITY/TOWN	I, STATE		·
58. INJURY AT WORK? 59. I			Č O			O., CITY/TOWN	I, STATE	- ,,	·
58. INJURY AT WORK? (Yes / No) 61. RECORD AMENOMENT (Registra	PLACE OF INJURY — A BLDG, ETC. (Specify)	NT HOME, FARM, S	O P		AFIGN - STREET OR RFD N	D., CITY/TOWN	I, STATE		83. DATE RECEIVED (M
56. INJURY AT WORK? SG. (Yes / No)	PLACE OF INJURY — A SLDG, ETC. (Specify)		O P		AFIGN - STREET OR RFD N	·	· · · · · · · · · · · · · · · · · · ·		83. DATE RECEIVED (M

AFFIDAVIT FOR CORRECTION

07774

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

	DE BELOW VOI	D THIS CERT	IFICATE,	A NEW CERT		MUST BE ISSUED TO VALIDATE CHANGES.			
NUMBER OF CERTIFICATES	FEE NUMBER		INITIALS	DATE		AFFIDAYIT NIJMBER			
STATE OFFICE USE ONLY						STATE OFFICE USE ONLY			
Bi The record of De	rth 🗀 N eath 🗓 🗀	Marriage = = Dissolution =		1 STATE FI	LE NUMBER	for			
N MEWE				3 DATE OF	EVENT	4 PLACE OF EVENT (City and County)			
5 FATHER'S FULL NAME IF	irth) HUSBAND (If Mar	mage/Dissolution)		€ MOTHER	SFULL MAIDE	I N NAME (If Birth), WIFE (If Marnage/Dissolution)			
THE RECORD IS INCO		OMPLETE AS	FOLLOWS	THE TAUE	FACT IS:				
7				8.					
9			······	10					
11.				12					
13				14					
PHONE NUMBER: I DECLARE UNDER PENALTY 16 SIGNATURE DCH 110-007 (Rev. 399)		1	7 DATE	18 ADDRES	SS	NG IS TRUE AND CORRECT ged by atfidavit only once. Subsequent changes must b			
made by court order. This	certificate must be	returned within o	one year of ti	he date it was iss	ued to receiv	e a replacement copy free of charge			
Birth Certificates									
2 Only a parent, leg 3 The proof(s) must name to be Man 4 Proof must be fix 5 thy imples of does	t match exactly the Ann Doc Mary A e (or more) years of iments of proof:	child is under 18, asserted true fac Doe or M.A. Do ld or established), or the adult(s). For extending the does not possible within five	It themselves (if ample, if the affi rove the name is years of birth	18 or older) (davit says the Mary Ann I				
Conflicate of Na Conses Record Hospitot Records Insurance Record	×.	Marriage Record Medical Record Military Record Your Child's B	d d (DD-214) irth Record	School Record Voter's Registration Card (if it bears an effective date) After Registration Card (front and back) Passport					
This is a <u>one to</u> The new surrai - After age one, s documentary pr	ne only change. Sub- ne may be the moth armaine changes re- cool.	osequent changes ier's maiden name quire a certified (will require e or father's copy of a co	a certified copy surname (if pres- uit ordered name	of a court or ent on the cer e change. Mr	Tidavit for correction provided: rdered name change, rttficate) or a combination of the two, nor spelling changes may be made with an affidavit an			
						for correction (until their child's 18th birthday). vit - form DOH (10-001)			
Death Certificates									

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (tomor spelling changes in name, date or place of birth or residence) may be changed by attidavit plus proof by the person. See or cription of proofs in births above. A person's own birth certificate is also acceptable proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Pease send the proof(s) and this form/certificate to:

Aun: Corrections Center for Health Statistics 12 Quance Street South P.O. Box 9700 Off a p.c. WA 98507-9709

This is a lega! document. Complete in ink and do not alter. MASON COUNTY DEPARTMENT OF HEALTH SERVICES

AUG 29 2000

M.E. Truckeess. M.D. Health Officer