

04 MAY 13 PM 2:08

EA NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



ROBERT L. HOLROYD  
7227 Highway 137  
Houston, Mo 65483-2329

Vol M04 Page 29588

Grantor's Name and Address  
RTROLAND, INC  
c/o Pauline Browning  
HC71, Box 495C  
Hanover, NM 88041

Grantor's Name and Address  
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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):

RTROLAND, INC  
c/o Pauline Browning  
HC71, Box 495C  
Hanover, NM 88041

SPACE RESERVED  
FOR  
RECORDER'S USE

State of Oregon, County of Klamath  
Recorded 05/13/2004 2:08 p. m  
Vol M04 Pg 29588-891  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

As per 59135

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that  
**ROBERT L. HOLROYD TRUSTEE UNDER A REVOCABLE LIVING TRUST AGREEMENT DATED MAY 19, 1993**  
hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by  
**RTROLAND, 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 11, BLOCK 66, NIMROD RIVER PARK, 5TH ADDITION**

**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 \$ 850.00. However, the  
actual consideration consists of or includes other property of value given or promised which is ☐ the whole ☐ part of the (indicate  
which) consideration. (The sentence between the symbols <sup>①</sup>, if not applicable, should be deleted. See ORS 93.030.)

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 \_\_\_\_\_; 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 REGU-  
LATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON  
ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPRO-  
PRIATE 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.

Robert L. Holroyd  
**ROBERT L. HOLROYD**  
**AS INDIVIDUAL AND TRUSTEE**

MISSOURI  
STATE OF ~~OREGON~~, County of TEXAS ) ss.

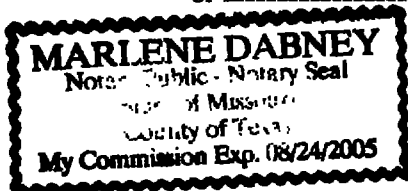
This instrument was acknowledged before me on APRIL 29, 2004  
by MARLENE DABNEY

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_



Marlene Dabney  
Notary Public for ~~Oregon~~ MISSOURI  
My commission expires 8-24-05

26.00  
K

CERTIFICATE OF DEATH

124 - 29589

REGISTRATION DISTRICT NO. 215

REGISTRAR'S NUMBER 198

1. DECEDENT'S NAME (First, Middle, Last) <b>Blanche K. Holroyd</b>				2. SEX <b>Female</b>		3. DATE OF DEATH (Month, Day, Year) <b>October 31, 2003</b>	
4. SOCIAL SECURITY NO. <b>171-16-8055</b>		5a. AGE - Last Birthday (Years) <b>98</b>		5b. UNDER 1 YEAR MONTHS _____ DAYS _____		5c. UNDER 1 DAY HOURS _____ MINUTES _____	
6. DATE OF BIRTH (Month, Day, Year) <b>April 13, 1905</b>				7. BIRTHPLACE (City and State or Foreign Country) <b>Pittsburgh, PA</b>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.							
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
10. FACILITY NAME (If not institution, give street and number) <b>Texas County Memorial Hospital</b>				11. CITY, TOWN, OR LOCATION OF DEATH <b>Houston</b>		12. COUNTY OF DEATH <b>Texas</b>	
13. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) <b>Married</b>		14. SURVIVING SPOUSE'S NAME (If wife, give full maiden name) <b>Robert Holroyd</b>		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Homemaker</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
17. RESIDENCE - STATE <b>Missouri</b>		18. COUNTY <b>Texas</b>		19. CITY, TOWN, OR LOCATION <b>Houston</b>		20. ZIP CODE <b>65483</b>	
21. STREET AND NUMBER <b>7227 Hwy 137</b>				22. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. YEARS AT PRESENT ADDRESS <input type="checkbox"/> Under 5 <input type="checkbox"/> 5-9 <input checked="" type="checkbox"/> 10-19 <input type="checkbox"/> 20 or more	
24. 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:				25. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>		26. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8th</b> College (1-4 or 5+)	
27. FATHER'S NAME (First, Middle, Last) <b>Paul Raber Kanter</b>				28. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mae Mott</b>			
29. INFORMANT'S NAME (Type/Print) <b>Robert Holroyd</b>				30. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7227 Hwy 137 Houston, MO 65483</b>			
31. BURIAL, CREMATION, OTHER (Specify) <b>Cremation</b>		32. DATE OF DISPOSITION (Month, Day, Year) <b>Nov 3, 2003</b>		33. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>SpringGreene Crematory</b>		34. LOCATION (City or Town, State) <b>Springfield, MO</b>	
35. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		36. NAME AND ADDRESS OF FACILITY <b>Evans Funeral Home 224 S. Grand Houston, MO 65483</b>				37. FUNERAL ESTABLISHMENT LICENSE NUMBER <b>2180</b>	
38. PART I: Enter the disease, injuries, or complications that caused the 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>ASPIRATION PNEUMONIA</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>Small bowel obstruction</b> DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST <b>Severe dementia</b>							
39. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		40. IF DECEDENT WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		41. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		44. DATE OF INJURY (Month, Day, Year)		45. TIME OF INJURY M <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> No <input type="checkbox"/> Unk.		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
47. PLACE OF INJURY - At home, farm street, factory, office building, etc. (Specify)		48. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
49. (Specify) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER/CORONER		50. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>				51. DATE SIGNED (Month, Day, Year) <b>11-01-03</b>	
52. TIME OF DEATH <b>5:00 P.M.</b>		53. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>DAYD O. BARAB, MD 120 W 16th St. MTN. GROVE, MO 65711</b>		54. MO. LICENSE NUMBER <b>MD R-9021</b>		55. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
56. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		57. REGISTRAR'S SIGNATURE <i>[Signature]</i>				58. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) <b>November 3, 2003</b>	

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.  
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1986)

STATE OF MISSOURI  
County of Texas } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

NOV 03 2003