'04 JUN 29 PM 2:21

FORM No. 633 – WARRANTY DEED (Individual or Corporate).

EA

DESTA DYAL
8124 SW Cr. 18
Hampton, Fl. 32044-4209
Grantor's Name and Address

D T SERVICE, INC.,
c/o Pauline Browning
HC71, Box 495C
Hanover, NM 88041
Grantee's Name and Address

After recording, return to (Name, Address, Zip):
D T SERVICE, INC.,
c/o Pauline Browning
HC71, Box 495C
Hanover, NM 88041

Until requested otherwise, send all tax statements to (Name, Address, Zip):
D T SERVICE, INC.,
c/o Pauline Browning
HC71, Box 495C
Hanover, NM 88041

Vol M04 Page 42198

SPACE RESERVED FOR RECORDER'S USE

State of Oregon, County of Klamath
Recorded 06/29/2004 2:21 p m
Vol M04 Pg 42198-99
Linda Smith, County Clerk
Fee $ 26.00 # of Pgs 2

ASPEN 591532

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that DESTA DYAL hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by D T SERVICE, 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 01, BLOCK 20, FERGUSON MOUNTAIN PINES, 1ST 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 $ 1500.00 ~~XXXXXXXXX~~ ① 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.① (The sentence between the symbols ①, 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 June 21, 2004; 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.

DESTA DYAL Desta Dyal

STATE OF Florida, County of Bradford) ss.

This instrument was acknowledged before me on June 21, 2004,
by Desta Dyal.

This instrument was acknowledged before me on _____,
by _____
as _____
of _____

Phyllis M Rosier
Notary Public for ~~Oregon~~ Florida
My commission expires March 30, 2007

Phyllis M. Rosier
MY COMMISSION # DD180554 EXPIRES
March 20, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

20*

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

42199

CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): NATHANIEL DYAL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 16, 1995
4. SOCIAL SECURITY NUMBER: 266-07-5034
5a. AGE-Last Birthday (years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 Day: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 1, 1914
7. BIRTHPLACE (City and State or Foreign Country): Sampson City, Florida
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): NO
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: [XX] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): YES
9c. FACILITY NAME (If not institution, give street and number): North Fl. Regional Medical Center
9d. CITY, TOWN, OR LOCATION OF DEATH: Gainesville
9e. COUNTY OF DEATH: Alachua
10a. DECEDENT'S USUAL OCCUPATION: Mining Carpenter
10b. KIND OF BUSINESS/INDUSTRY: E.I. DuPont Co.
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Desta M. Casey

1104

GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED.

PARENTS

13a. RESIDENCE — STATE: Florida
13b. COUNTY: Bradford
13c. CITY, TOWN, OR LOCATION: Hampton
13d. STREET AND NUMBER: Rt. 1 Box 132
13e. INSIDE CITY LIMITS? (Yes or No): NO
13f. ZIP CODE: 32044
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.): [XX] No [ ] Yes — Specify:
15. RACE — American Indian, Black, White, etc. Specify: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10th — College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Berry Dyal, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Etta Goodge

19a. INFORMANT'S NAME (Type/Print): Mrs. Desta Dyal
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Rt. 1 Box 132, Hampton, Florida 32044

DISPOSITION

20a. METHOD OF DISPOSITION: [XX] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Santa Fe Cemetery
20c. LOCATION — City or Town, State: Hampton, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: M.B. Futch
21b. LICENSE NUMBER (of Licensee): #1013
21c. NAME AND ADDRESS OF FACILITY: Jones Funeral Home, P.O. Box H, Starke, Florida 32091

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only:
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title): M.D.
22b. DATE SIGNED (Mo., Day, Yr.): 1/18/95
22c. HOUR OF DEATH: 9:36 P. M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by MEDICAL EXAMINER:
23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title):
23b. DATE SIGNED (Mo., Day, Yr.):
23c. HOUR OF DEATH: M
23d. PRONOUNCED DEAD (Mo., Day, Yr.):
23e. PRONOUNCED DEAD (Hour): M

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Dr. Daniel Duncanson, MD; 1130 NW 11th Place, Gainesville, Florida 32605
25a. SUBREGISTRAR — SIGNATURE AND DATE: Ida Sue Schmitt 1-23-95
25b. LOCAL REGISTRAR — SIGNATURE: Shirley Allen CDR
25c. DATE REGISTERED: 1/24/95

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, 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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Stroke	6-8 hours
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	DUE TO (OR AS A CONSEQUENCE OF): b. Atherosclerotic Cerebral Vascular Disease	years
	DUE TO (OR AS A CONSEQUENCE OF): c. Hypertension	years
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Ischemic Cardiomyopathy, Prostate Adenocarcinoma
27a. WAS AN AUTOPSY PERFORMED? (Yes or No): NO
27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): ----------
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): NO

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? [ ] YES [ ] NO
30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED.
30b. DATE OF SURGERY (Mo., Day, Year):
31. PROBABLE MANNER OF DEATH (Specify) Accident, suicide or homicide; or undetermined.
32a. DATE OF INJURY (Month, Day, Year):
32b. TIME OF INJURY: M
32c. INJURY AT WORK? (Yes or No):
32d. DESCRIBE HOW INJURY OCCURRED:
32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify):
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

Form 512, 9 (Obsoletes us Editions)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: Shirley Allen, CDR — JANUARY 24 1995 — State Registrar

WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

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HRS FORM 1564A (6-93)

HRS DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CERTIFICATION OF VITAL RECORD