

04 JUN 29 PM 2:21



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

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

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

After recording (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

WARRANTY DEED

ASPEN 59532

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. 1500.00

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$1500.00. 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. (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 *Destia Dyal*

STATE OF Florida, County of Bradford) ss.
 This instrument was acknowledged before me on June 21, 2004
 by Destia 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 THROUGH FAIN INSURANCE, INC.

26*

OFFICE of VITAL STATISTICS

42199

CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

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: Hours: Minutes:		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)										9b. INSIDE CITY LIMITS? (Yes or No) YES			
HOSPITAL: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)													
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						
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.) <input checked="" type="checkbox"/> No <input type="checkbox"/> 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								
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> 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 <i>M. B. Hutch</i>				21b. LICENSE NUMBER (of Licensee) #1013		21c. NAME AND ADDRESS OF FACILITY Jones Funeral Home P.O. Box H, Starke, Florida 32091							
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) <i>[Signature]</i> M.D.					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) <i>[Signature]</i>								
22b. DATE SIGNED (Mo., Day, Yr.) 1/18/95					22c. HOUR OF DEATH 9:36 P. M			23b. DATE SIGNED (Mo., Day, Yr.)				23c. HOUR OF DEATH	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)										23d. PRONOUNCED DEAD (Mo., Day, Yr.)		23e. PRONOUNCED DEAD (Hour)	
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 <i>[Signature]</i> 1-23-95						25b. LOCAL REGISTRAR — SIGNATURE <i>[Signature]</i> CDR			25c. DATE REGISTERED 1/24/95				
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.													
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Stroke										Approximate Interval Between Onset and Death 6-8 hours			
a. DUE TO (OR AS A CONSEQUENCE OF):													
b. Atherosclerotic Cerebral Vascular Disease										years			
c. Hypertension										years			
d. Ischemic Cardiovascular Disease													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Ischemic Cardiovascular Disease, prostate Adeno Carcinoma						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? <input type="checkbox"/> YES <input type="checkbox"/> 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)									

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

[Signature] CDR
State Registrar

JANUARY 24 1995

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.

5044647

HRS FORM 1564A (6-93)

