

04 JUL 7 AM 10:59

Vol M04 Page 44399

After Recording Return to:
JODY L. PEROZZI and RONALD S. PEROZZI
P.O. Box 117
Bly, Or. 97622

Until a change is requested all tax statements

Shall be sent to the following address:

JODY L. PEROZZI and RONALD S. PEROZZI
Same as above

State of Oregon, County of Klamath
Recorded 07/07/2004 10:59 a m
Vol M04 Pg 44399-401
Linda Smith, County Clerk
Fee \$ 3/00 # of Pgs 3

ASPEN-59247MS
WARRANTY DEED
(INDIVIDUAL)

CAROL G. ROSE JOHNSON, who acquired title as **CAROL G. ROSE**, herein called Grantor, convey(s) to **JODY L. PEROZZI and RONALD S. PEROZZI, husband and wife**, herein called Grantee, all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

See Exhibit A attached hereto and made a part hereof.

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 **\$50,000.00**.
(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 July 2, 2004.

Carol G. Rose-Johnson
CAROL G. ROSE-JOHNSON

STATE OF OREGON, County of **Klamath**) ss.

On July 2, 2004 personally appeared the above named **CAROL G. ROSE-JOHNSON** and acknowledged the foregoing instrument to be her voluntary act and deed.

This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 00059247

Before me: *Beverly Swofford*
Notary Public for Oregon
My commission expires:

Official Seal

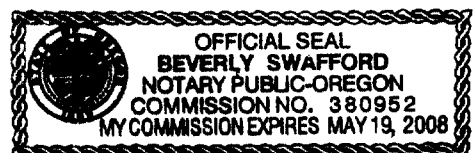


Exhibit A

That portion of Section 1, Township 37 South, Range 14 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

BEGINNING at a point South 89° 26' 10" West along the Southerly line of Section 1, 439.00 feet from the South quarter corner of said Section 1; thence continuing South 89° 26' 10" West along the South line of Section 1, a distance of 870.55 feet to the 1/16 corner of Section 1; thence South 89° 26' 10" West along the South line of said Section 1, a distance of 60.88 feet to a point on the Easterly line of Fishhole Creek Road; thence North 06° 47' 12" West along the Easterly line of Fishhole Creek Road a distance of 898.47 feet; thence East parallel to the South line of said Section 1, a distance of 1037.56 feet to a point; thence South 883.00 feet to the point of beginning.

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

44401

TYPE OR
PRINT IN
PERMANENT
BLACK INK

390427

I.D. TAG NO.

684

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Paul Middle: Loraine Last: ROSE			2. SEX M	3. DATE OF DEATH (Month, Day, Year) December 22, 2002
4. SOCIAL SECURITY NUMBER 572-30-1643	5a. AGE-Last Birthday (Years) 74	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Moon County, Missouri	7. DATE OF BIRTH (Month, Day, Year) May 31, 1928
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) 17797 Fishhole Creek Road		9c. CITY, TOWN, OR LOCATION OF DEATH Bly		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farming		10b. KIND OF BUSINESS/INDUSTRY Agriculture		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Carol				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Bly	13d. STREET AND NUMBER 17797 Fishhole Creek Road	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97622	14. 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:	15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5)
17. FATHER - NAME first middle last Forrest Rose		18. MOTHER - NAME first middle maiden Eva Cook		19. INFORMANT - NAME and relationship to deceased Carol Rose - wife
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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) Eternal Hills Crematory		20c. LOCATION - City or Town, State Klamath Falls, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Michael Leach		21b. OREGON LICENSE NO. (Of Licensee) 3553		22. NAME, ADDRESS AND ZIP OF FACILITY. Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR. 97603
23. DATE FILED (Month, Day, Year) DEC 30 2002		24. REGISTRAR'S SIGNATURE Caroline Jenkins		

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED BY MEDICAL EXAMINER	
27. TIME OF DEATH 6:15 A M	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Laina Holland		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
30. DATE SIGNED (Month, Day, Year) 12/23/02		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Laina Holland, FNP, 2800 Daggett, Klamath Falls, OR. 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)		Interval between onset and death	
PART I (a) Natural Causes DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Alcoholic Liver Disease Renal Insufficiency		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK? M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED

DEC 30 2002

ORIGINAL-VITAL STATISTICS COPY

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

