

04 AUG 24 PM 10:25

After Recording Return to:
RTROLAND INC.
HC 71, Box 495C
Hanover, New Mexico 88041
Until a change is requested all tax statements
Shall be sent to the following address:
RTROLAND INC.
HC 71, Box 495C
Hanover, New Mexico 88041

Vol M04 Page 55934
State of Oregon, County of Klamath
Recorded 08/24/04 11:26 a m
Vol M04 Pg 55934-35
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

Aspen: 591687MS
WARRANTY DEED
(INDIVIDUAL)

RONNIE L. ABBOTT, herein called grantor, convey(s) to RTROLAND INC. , herein called Grantee, all that real property situated in the County of **KLAMATH**, State of Oregon, described as:

Lot 36, Block 31, FIRST ADDITION TO KLAMATH FOREST ESTATES, 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 \$1,500.00.
(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 August 6, 2004.



RONNIE L. ABBOTT

~~STATE OF TEXAS~~ ^{WASHINGTON} County of WHATCOM ss.

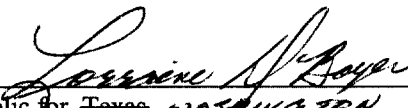
On August 12, 2004 personally appeared the above named RONNIE L. ABBOTT and acknowledged the foregoing instrument to be his voluntary act and deed.

This document is filed at the request of:

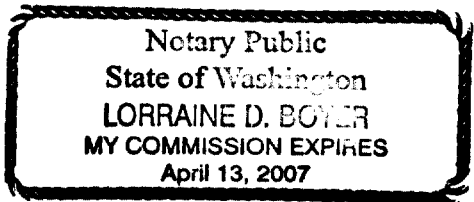


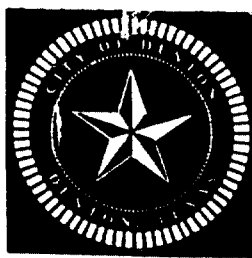
525 Main Street
Klamath Falls, OR 97601
Order No.: 00059687

Before me:


Notary Public for ~~Texas~~ ^{WASHINGTON}
My commission expires: APRIL 12/07

Official Seal





STATE OF TEXAS

CERTIFICATE OF VITAL RECORD
CERTIFICATE OF DEATH

STATE FILE NUMBER

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST DONNA		(b) MIDDLE JEAN		(c) LAST ABBOTT STEVENS		(d) MAIDEN	2. SEX Female	3. DATE OF DEATH August 13, 1993
4. DATE OF BIRTH June 9, 1936		5. AGE (IN YEARS) 57	IF UNDER 1 YR MO DAYS HOURS MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Pasadena, California		7. SOCIAL SECURITY NO. 555-42-1410		
8. RACE White		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (10-12) COLLEGE (13-16, 17+) 12
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Ronnie L. Abbott				14a. DECEDENT'S USUAL OCCUPATION Secretary		14b. KIND OF BUSINESS OR INDUSTRY County Government
15a. RESIDENCE STREET ADDRESS Rt. 1 Box 234-A 1 mile off of FM922							15b. CITY OR TOWN Collinsville	
15c. COUNTY Grayson		15d. STATE Texas		15e. ZIP CODE 76233		15f. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
16. FATHER'S NAME John Stevens				17. MOTHER'S MAIDEN NAME Mary Bird				
18. 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)								
19. COUNTY OF DEATH Denton			20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Denton			21. NAME OF HOSPITAL OR INSTITUTION Denton Regional Medical Center		
22. INFORMANT — SIGNATURE & RELATIONSHIP <i>[Signature]</i> HUSBAND				23. MAILING ADDRESS OF INFORMANT Rt. 1 Box 234-A Collinsville, TX 76233				
24. 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)		25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) New Hope Cemetery 26. LOCATION (CITY, STATE) Mountain Springs Community Cooke County, Texas				27. DATE OF DISPOSITION 08/15/1993		
		28. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i> 5374				29. NAME & ADDRESS OF FUNERAL HOME Coker Funeral Home, Inc. P. O. Box 456 Sanger, Texas 76266		
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE <input type="checkbox"/> JUSTICE OF THE PEACE CAUSE(S) AND MANNER AS STATED.								
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> MD						32. DATE SIGNED MO 8 - DAY 17 - YEAR 93		33. TIME OF DEATH 8:34 a.m.
34. PRINTED NAME & ADDRESS OF CERTIFIER N. A. Patel, M.D. 4308 Mesa Drive Denton, Texas 76201								
35. PART 1 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) → a. CARDIO-RESPIRATORY ARREST Approximate Interval Between Onset and Death 30 min. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST { b. ACUTE HEMOPTYSIS 48 hrs. c. CANCER OF LUNG (ADENOCARCINOMA) 8 months. d.								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)						36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY -		41b. TIME OF INJURY M	41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY — AT HOME FARM STREET, FACTORY, OFFICE, ETC (SPECIFY)	
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE) -						
		41f. DESCRIBE HOW INJURY OCCURRED -						
42a. REGISTRAR FILE NO. 03-0373		42b. DATE RECEIVED BY LOCAL REGISTRAR AUGUST 19 1993		42c. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i> Watters				

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 1/93

State of Texas, County of Denton, City of Denton
I hereby certify on this 19 day of August
1993, that this is a true and correct copy of the
vital statistic record as recorded in volume 39
page 373 of vital statistic records, City of
Denton, Denton County, Texas.

[Signature] **Jennifer Watters**

Jennifer Watters, Local Registrar or Thomas D. Josey
Deputy Local Registrar, City and County of Denton,

