

04 JUL 30 PM 3:06
04 SEP 14 AM 10:23

Vol M04 Page 50068

After Recording Return to:
D. T. SERVICE INC.
HC71 Box 495C
Hanover, New Mexico 92504
Until a change is requested all tax statements
Shall be sent to the following address:
D. T. SERVICE INC.
Same as above

State of Oregon, County of Klamath
Recorded 07/30/04 3:06 p m
Vol M04 Pg 50068-69
Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

Vol M04 Page 61133

State of Oregon, County of Klamath
Recorded 09/14/04 10:23 a m
Vol M04 Pg 61133-35
Linda Smith, County Clerk
Fee \$ 3.00 # of Pgs 3

Aspen 59494 MS

* Being re-recorded to add
death certificate

WARRANTY DEED
(INDIVIDUAL)

JAMES H. BARKLEY and MARGUERITTE K. BARKLEY TRUSTEES OF THE MARGUERITTE K. BARKLEY AND JAMES H. BARKLEY REVOCABLE LIVING TRUST, WHO ACQUIRED TITLE AS JAMES H. BARKLEY AND MARGUERITTE K. BARKLEY AS CO-TRUSTEES UNDER DECLARATION OF TRUST DATED APRIL 15, 1993, herein called grantor, convey(s) to D. T. SERVICE INC. 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 **\$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 July 21, 2004.

BARKLEY REVOCABLE LIVING TRUST

MARGUERITTE K BARKLEY AND JAMES H.

James H Barkley trustee
BY: **JAMES H BARKLEY, TRUSTEE**

Margueritte K Barkley trustee
MARGUERITTE K. BARKLEY, TRUSTEE

STATE OF CALIFORNIA, County of Riverside) ss.

On July 28, 2004 personally appeared the above named **JAMES H. BARKLEY and MARGUERITTE K. BARKLEY** and acknowledged the foregoing instrument to be their voluntary act and deed.

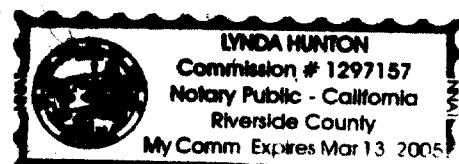
This document is filed at the request of:

 **Aspen**
TITLE & ESCROW, INC.

525 Main Street
Klamath Falls, OR 97601
Order No.: 00059494

Before me: Lynda Hunton
Notary Public for California
My commission expires:

Official Seal



31A
26A

61134

50069

Exhibit A

Lot 19, Block 2, LONE PINE ON THE SPRAGUE, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

TOGETHER WITH an undivided 1/80 interest in and to the following, to-wit:

A tract of land situated in the SW 1/4 SE 1/4 of Section 11 and the NE 1/4 of Section 14, all in Township 35 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at an iron pin on the West line of the SW 1/4 SE 1/4 of said Section 11, said point being North 0° 07' 13" West a distance of 71.79 feet from the South one-fourth corner of said Section 11; thence South 62° 56' 13" East 572.55 feet; thence on the arc of a 130 foot radius curve to the right 24.17 feet; thence South 52° 17' 05" East 440.74 feet; thence on the arc of a 130 foot radius curve to the right 33.42 feet; thence South 37° 33' 14" East 141.09 feet; thence on the arc of a 130 foot radius curve to the right 71.41 feet; thence South 06° 04' 53" East 158.13 feet; thence on the arc of a 70 foot radius curve to the left 78.84 feet; thence South 71° 26' 17" East 279.26 feet; thence South 72° 03' 37" East 210.79 feet; thence on the arc of a 130 foot radius curve to the right 129.94 feet; thence South 14° 47' 22" East 269.56 feet; thence South 30° East to the intersection with the thread or centerline of Sprague River; thence Northwesterly along the thread of the Sprague River to its intersection with the West line of the SW 1/4 SE 1/4 of said Section 11; thence South 0° 07' 13" East along said West line to the point of beginning.

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

61135

Local File Number

State File Number

1 DECEASED—NAME First Middle Last JOHN FRANCIS DROMETTI			2 DATE OF DEATH (month, day, year) May 24, 1984		
3 RACE White, Black, American Indian, etc. (specify) White		4 SEX Male		5a AGE—Last birthday (years) 72	
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center		7b IF HOSP. OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify) Inpatient	
8 STATE OF BIRTH (If not in U.S. name country) New York		9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
11 SOCIAL SECURITY NUMBER 082-10-5245		12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Scrap Metal Buyer		13 KIND OF BUSINESS OR INDUSTRY Metal Salvage	
14a RESIDENCE—STATE California		14b COUNTY Riverside		14c CITY, TOWN, OR LOCATION Riverside	
15a FATHER—NAME first middle last Louis -Drometti		15b MOTHER—NAME first middle last (Maiden Name) Marie - Gallo		15c STREET AND NUMBER OR R.F.D., ZIP 4055 Via San Luis 92504	
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		17 CEMETERY OR CREMATORY—NAME Klamath Cremation Service		18 LOCATION city or town state Klamath Falls, Oregon	
19a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>[Signature]</i>		19b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601			
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>[Signature]</i>		20b DATE SIGNED (Mo., Day, Yr.) 5-25-84		20c HOUR OF DEATH 3:09 P. M.	
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) Dr. Kenneth K. Magee		21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Medical - Dental Bldg. Klamath Falls, Oregon 97601			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 25 1984		22b REGISTRAR (Signature) <i>[Signature]</i>			
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiac arrest		Interval between onset and death minutes			
(b) Acute Inferior Wall Myocardial Infarction		Interval between onset and death 1 1/2 day			
(c) Coronary atherosclerosis		Interval between onset and death 4+ year			
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Adult Respiratory Distress Syndrome		25 AUTOPSY (Specify Yes or No) No		26 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
27a ACCIDENT (Specify Yes or No)		27b DATE OF INJURY (Mo., Day, Yr.)		27c HOUR OF INJURY	
27d INJURY AT WORK (Specify Yes or No)		27e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		27f LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE	
27g RESERVED FOR REGISTRAR'S USE		27h DATE OF INJURY			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

[Signature], Deputy Registrar

Date **MAY 25 1984**

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES