

After Recording Return to:

BELSKY FAMILY LOVING TRUST

1873 Benson  
Klamath Falls, Or. 97604  
Until a change is requested all tax statements 97601

Shall be sent to the following address:

BELSKY FAMILY LOVING TRUST

Same as above

# WARRANTY DEED

(INDIVIDUAL)

LARRY L MITCHELL TRUSTEE OF THE LARRY L. MITCHELL LOVING TRUST DATED DECEMBER 24, 1992 AND ANY AMENDMENTS THERETO AND LARRY L. MITCHELL, SUCCESSOR TRUSTEE UNDER THE MITCHELL LOVING TRUST, DATED JULY 02, 1992 herein called grantor, convey(s) to ARTHUR R. BELSKY AND LILIAN M. BELSKY TRUSTEES OF THE BELSKY FAMILY LOVING TRUST, UDA MAY 2, 2003 AND THEIR SUCCESSORS IN TRUST, herein called grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lots 3 and 4, Block 9, KLAMATH LAKE ADDITION, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 001 MAP 3809-019DB TL 06100 KEY #437094

CODE 001 MAP 3809-019DB TL 06000 KEY #437101

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 \$65,575.00.

(here comply with the requirements of ORS 93.930)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)). THIS INSTRUMENT DOES 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 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY UNDER CHAPTER 1, OREGON LAWS 2005 (BALLOT MEASURE 37 (2004)).

Dated March 21, 2006.

LARRY L. MITCHELL LOVING TRUST

Larry L. Mitchell Trustee  
BY: LARRY L. MITCHELL, TRUSTEE

THE MITCHELL LOVING TRUST

Larry L. Mitchell Trust  
BY: LARRY L. MITCHELL, SUCCESSOR TRUSTEE

STATE OF CALIFORNIA, County of Alameda ss.

On March 24, 2006 personally appeared the above named LARRY L. MITCHELL 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.: 00062974

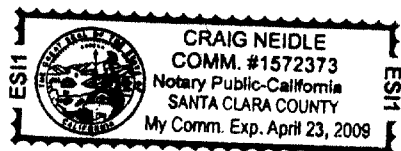
Before me:

Notary Public for California

My commission expires:

4/23/2009

Official Seal



\$31-A



001391700

001391700

# CERTIFICATION OF VITAL RECORD

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

282649  
L.D. TAG NO.

668  
Local File Number

## OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

99-028770

State File Number

1. 01  
2. 01  
3. 473  
4. 011  
5.  
6.

7. 01  
8. 12  
9. 180

10.  
11. 1

12.  
13.  
14.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE

15.  
16.  
17.

1. DECEDENT'S NAME <b>Garrison Claude MITCHELL</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>December 28, 1999</b>	
4. SOCIAL SECURITY NUMBER <b>556-20-9086</b>		5a. AGE-Last Birthday (Years) <b>87</b>		5b. Under 1 Year Mo. Days Hours Mins.	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. PLACE OF BIRTH (City or Town, State or Foreign Country) <b>Klamath Falls, OR</b>		8. DATE OF BIRTH (Month, Day, Year) <b>April 3, 1912</b>	
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>			11. CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		12. COUNTY OF DEATH <b>Klamath</b>
13a. DECEASED'S USUAL OCCUPATION (If not kind of work done during most of working life, Do not use retired.) <b>Rancher</b>		13b. KIND OF BUSINESS/INDUSTRY <b>Agriculture</b>		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
15. RESIDENCE - STATE <b>Oregon</b>		16. COUNTY <b>Klamath</b>		17. CITY, TOWN OR LOCATION <b>Dairy</b>	
18. ZIP CODE <b>97625</b>		19. STREET AND NUMBER <b>1050 Mitchell Road</b>		20. SPOUSE (If Married, Widowed) <b>Emma Liskey Mitchell</b>	
21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		23. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5-6) <b>12</b>	
24. FATHER - NAME first middle last <b>Dr. George - Mitchell</b>		25. MOTHER - NAME first middle last <b>Elsie - Pitney</b>		26. INFORMANT - NAME and relationship to decedent <b>Emma Marie Mitchell, wife</b>	
27. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Bonanza Memorial Park Cemetery</b>		29. LOCATION - City or Town, State <b>Bonanza, OR 97623</b>	
30. SIGNATURE OF OREGON JOURNAL SERVICE LICENSEE OR PERSON AUTHORIZED TO SIGN <i>[Signature]</i>		31. OREGON LICENSE NO. (If Licensed) <b>PS-0124</b>		32. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7154</b>	
33. DATE FILED (Month, Day, Year) <b>DEC 30 1999</b>		34. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
RESERVED FOR REGISTRAR'S USE					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
35. TIME OF DEATH <b>0330 A.M.</b>		36. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. TIME OF DEATH <b>M</b>	
38. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		39. 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)			
40. DATE SIGNED (Month, Day, Year) <b>December 29, 1999</b>		41. DATE SIGNED (Month, Day, Year) COUNTY			
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>David S. Dasso, MD, 1905 Main Street, Klamath Falls, Oregon 97601</b>					
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
44. PART I (a) <b>Pneumonia - elderly, undetermined.</b>		45. DUE TO, OR AS A CONSEQUENCE OF:		46. Interval between onset and death <b>4 days</b>	
47. PART I (b) <b>Fall - head laceration.</b>		48. DUE TO, OR AS A CONSEQUENCE OF:		49. Interval between onset and death	
50. PART I (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Fall - head laceration.</b>		51. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		52. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
53. 40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		54. 41a. DATE OF INJURY (Month, Day, Year)		55. 41b. TIME OF INJURY	
56. 41c. PLACE OF INJURY - At home, farm, school, factory, office building, etc. (Specify)		57. 41d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		58. 41e. DESCRIBE HOW INJURY OCCURRED	
59. 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

46-2 Rev. 10/97

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

DATE ISSUED:

FEB 28 2006

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

