



After recording return to:
Jerry Lasher and Wilma Lasher
3904 Bisbee St
Klamath Falls, OR 97603

Until a change is requested all tax statements
shall be sent to the following address:
Jerry Lasher and Wilma Lasher
3904 Bisbee St
Klamath Falls, OR 97603

File No.: 7021-860646 (DMC)
Date: July 14, 2006

M06-14333

Klamath County, Oregon

07/17/2006 12:40:14 PM

Pages 4 Fee: \$36.00

STATUTORY WARRANTY DEED

Raymond J. Ohlde,, Grantor, conveys and warrants to **Jerry Lasher and Wilma Lasher as tenants by the entirety and Angela Rose Russell not as tenants in common, but with rights of survivorship**, Grantee, the following described real property:

See Legal Description attached hereto as Exhibit A and by this reference incorporated herein.

This property is free from liens and encumbrances, EXCEPT:

1. The **2006-2007** Taxes, a lien not yet payable.
2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$83,000.00**. (Here comply with requirements of ORS 93.030)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. 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 ORS 197.352.

Dated this 14 day of July, 2006.

36-F

APN: 5878

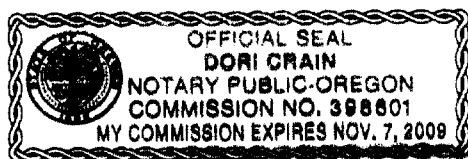
Statutory Warranty Deed
- continued

File No.: **7021-860646 (DMC)**
Date: **07/14/2006**

Raymond J. Ohlde
Raymond J. Ohlde

STATE OF Oregon)
)ss.
County of Klamath)

This instrument was acknowledged before me on this 14 day of July, 2006
by **Raymond J. Ohlde**.



Dori Crain
Notary Public for Oregon
My commission expires: November 7, 2009

APN: **5878**

Statutory Warranty Deed
- continued

File No.: **7021-860646 (DMC)**
Date: **07/14/2006**

EXHIBIT A

LEGAL DESCRIPTION:

THE NORTH 70.5 FEET OF LOT 15 BLOCK 2, SECOND ADDITION TO ALTAMONT ACRES, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

EXCEPTING THEREFROM THE EAST 5 FEET THEREOF CONVEYED TO KLAMATH COUNTY FOR ROAD PURPOSES BY INSTRUMENT RECORDED JULY 1, 1965 IN VOLUME 362 PAGE 545, DEED RECORDS OF KLAMATH COUNTY, OREGON.

TYPE OR
PRINT IN
PERMANENT
BLACK INK

399716

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

Local File Number

State File Number

1. DECEDENT'S NAME First: Thelma Middle: Arlene Last: OHLDE			2. SEX F	3. DATE OF DEATH (Month, Day, Year) August 18, 2003	
4. SOCIAL SECURITY NUMBER 539-30-8049		5a. AGE-Last Birthday (Years) 68	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Granite Falls, Washington
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) 3904 Bisbee			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Domestic		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed) Raymond Ohlde
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 3904 Bisbee		13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	
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) 10 College (1-4 or more)	
17. FATHER - NAME first middle last Eric Lindgren		18. MOTHER - NAME first middle maiden Thelma Bryant		19. INFORMANT - NAME and relationship to deceased Raymond Ohlde-Husband	
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 Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Lancaster</i>		21b. OREGON LICENSE NO. (Of Licensee) 3224		22. NAME, ADDRESS AND ZIP OF FACILITY. Eternal Hills Funeral Home 4711 Hwy 39, Klamath Falls, OR., 97603	
23. DATE FILED (Month, Day, Year) AUG 21 2003		24. REGISTRAR'S SIGNATURE <i>Marlene Roberts</i>			
RESERVED FOR REGISTRAR'S USE					
27. TIME OF DEATH 7:40 A.			28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. 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>			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) <i>[Signature]</i>		
30. DATE SIGNED (Month, Day, Year) 8/18/03			33. DATE SIGNED (Month, Day, Year) COUNTY		
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Mohamed El-Tarabily M.D., 2610 Uhrmann, Klamath Falls, Oregon, 97601					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
PART I (a) Extensive stage small cell lung cancer DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death 6 months	
(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				37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input 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 consistent 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 M <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input 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