

ES

NO PART OF ANY STEVENS-NESS FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.



KAYEKO QUINLAN
4940 S. East End Ave, #6
Chicago, IL 60615-3159

Grantor's Name and Address

D T SERVICE, INC.,
c/o Pauline Browning
HC71, Box 495C

Grantor's Name and Address

Hanover, NM 88041

D T SERVICE, INC.,
c/o Pauline Browning
HC71, Box 495C

Hanover, NM 88041

Until requested otherwise, send all tax statements to (Name, Address, Zip):

D T SERVICE, INC.,
c/o Pauline Browning
HC71, Box 495C
Hanover, NM 88041

2006-018068

Klamath County, Oregon



00003219200600180680020029

09/07/2006 03:28:56 PM

Fee: \$26.00

1st-897142

WARRANTY DEED

KNOW ALL BY THESE PRESENTS that

KAYEKO QUINLAN

hereinafter called grantor, for the consideration hereinafter stated, to grantor paid by

D T SERVICE, INC., A NEVADA CORPORATION

hereinafter called grantee, does hereby grant, bargain, sell and convey unto the grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in KLAMATH COUNTY County, State of Oregon, described as follows, to-wit:

LOT 111, BLOCK 70, NIMROD RIVER PARK, 5TH ADDITION

KLAMATH COUNTY, OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

And grantor hereby covenants to and with grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances except (if no exceptions, so state):

and that grantor will warrant and forever defend the premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 2500.00. ~~However, the actual consideration consists of or includes the property or value given or promised which is the whole or part of the interest which consideration is the same as the value of the property or value given or promised which is the whole or part of the interest~~

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In witness whereof, the grantor has executed this instrument on _____; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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, 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)).

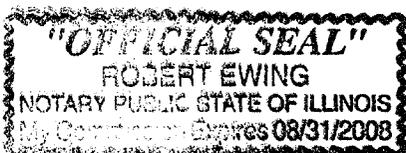
Kayeko Quinlan
KAYEKO QUINLAN

STATE OF ~~OREGON~~ ILLINOIS, County of COOK) ss.

This instrument was acknowledged before me on _____ by _____

This instrument was acknowledged before me on 9-1-2006 by Kayeko Quinlan

as _____ of _____



Robert Ewing
Notary Public for Oregon *Illinois*
My commission expires 8-31-2008

26-F

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME First Middle Last <i>William Sylvester QUINLAN</i>					2. DATE OF DEATH (month, day, year) <i>January 17, 1975</i>	
3. RACE White, Negro, American Indian, etc. (specify) <i>White</i>		4. SEX <i>Male</i>	5a. AGE—Last birthday (years) <i>65</i>	5b. Under 1 year mos. days	5c. Under 1 day hours min.	6. DATE OF BIRTH (month, day, year) <i>May 19, 1909</i>
7a. COUNTY OF DEATH <i>Washington</i>		7b. CITY, TOWN, OR LOCATION OF DEATH <i>Portland</i>		7c. Inside City Limits (specify yes or no) <i>no</i>	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either give street and number) <i>St. Vincent's Hospital</i>	
8. STATE OF BIRTH (if not in U.S.A., name country) <i>Indiana</i>		9. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <i>MARRIED</i>		11. NAME OF SPOUSE <i>Kayeko</i>
12. SOCIAL SECURITY NUMBER <i>306 14 9249</i>		13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <i>Leather worker</i>			13b. KIND OF BUSINESS OR INDUSTRY <i>Leather</i>	
14a. RESIDENCE—STATE <i>Oregon</i>		14b. COUNTY <i>Deschutes</i>	14c. CITY, TOWN, OR LOCATION <i>LaPine</i>		14d. Inside City Limits (specify yes or no) <i>no</i>	14e. STREET AND NUMBER OR R.F.D. <i>Star Rt. 2 Box 356</i>
15. FATHER—NAME first middle last <i>Quinlan</i>			16. MOTHER—Maiden Name first middle last <i>--</i>		17. INFORMANT—NAME and relationship to deceased <i>Kayeko Quinlan Widow</i>	
18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))						approximate interval between onset and death
18a. immediate cause (a) <i>Ventricular fibrillation</i>						<i>Immediate</i>
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last						
(b) <i>Acute massive myocardial infarction</i>						<i>24 hours</i>
(c) <i>Severe coronary atherosclerosis</i>						
19a. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)					19b. AUTOPSY (yes or no) <i>Yes</i>	19c. IF YES were findings considered in determining cause of death <i>Yes</i>
20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR M.		20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)		
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)		20g. LOCATION (street or R.F.D. No., city or town, county, state)			
21. CERTIFICATION—PHYSICIAN: I attended the deceased from: <i>Jan. 2, 1975 to Jan. 17, 1975</i>		And Last Saw Him/Her Alive on: <i>Jan. 17, 1975</i>		I Did/Did Not view the body after death (specify): <i>did</i>	DEATH OCCURRED (hour) <i>9:40 A. M.</i> at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.	
22a. PHYSICIAN—SIGNATURE <i>T. David Lee, Jr.</i>			22b. NAME (type or print) <i>T. David Lee, Jr., M.D.</i>		22c. DATE SIGNED (month, day, year) <i>January 21, 1975</i>	
23. MAILING ADDRESS—PHYSICIAN street city or town state zip <i>2455 N. W. Marshall Portland Oregon 97210</i>						
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) <i>Cremation</i>		24b. CEMETERY OR CREMATORY—NAME <i>Pioneer Crematorium</i>		24c. LOCATION city or town state <i>Portland, Oregon</i>		24d. DATE (mo., day, year) <i>Jan. 20, 1975</i>
25a. FUNERAL DIRECTOR—SIGNATURE <i>[Signature]</i>			25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) <i>Niswonger-Reynolds, Inc. 105 NW Irving Ave. Bend, Oregon 9770</i>			
26a. REGISTRAR—SIGNATURE <i>[Signature]</i>			26b. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 23 1975</i>		27. DATE RECEIVED BY STATE REGISTRAR	
28. RESERVED FOR REGISTRAR'S USE						

VS-2 R-69

STATE OF OREGON

WASHINGTON COUNTY

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

Imogene H. Meader
Registrar Vital Statistics
SEAL
JAN 24 1975
Date

VOID IF ALTERED

4238252