2008-005860
Klamath County, Oregon

00044705200800058600030034

04/22/2008 12:00:52 PM Fee: $31.00

THIS SPACE

After recording return to:
Kimball L. Wallis and Joanne K. Wallis
20170 Davis Court
St Paul, OR 97137

Until a change is requested all tax statements shall be sent to the following address:
Kimball L. Wallis and Joanne K. Wallis
20170 Davis Court
St Paul, OR 97137

File No.: 7021-1199912 (DMC)
Date: March 27, 2008

STATUTORY WARRANTY DEED

Juanita Hassenstab, Cheryl J. Chaidez who aquired title as Cheryl J. Hassenstaub, a single woman and Steve Chaidez, a single man, all as joint tenants, Grantor, conveys and warrants to **Kimball L. Wallis and Joanne K. Wallis as tenants by the entirety** , Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

Lot 1, Block 18, First Addition to Ferguson Mountain Pines, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

Subject to:

1. 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 **$3,750.00**. (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 195.300, 195.301 AND 195.305 TO 195-336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007. 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, 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 195.300, 195.301 AND 195.305 TO 195-336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007.

Dated this 1st day of April, 2008.

Juanita Hassenstaub

Cheryl J Chaidez

Steve Chaidez

STATE OF Arizona)
)ss.
County of Yavapai)

This instrument was acknowledged before me on this 1st day of April, 2008 by **Juanita Hassenstaub and Cheryl J Chaidez and Steve Chaidez.**

Notary Public for
My commission expires:

OFFICIAL SEAL
SHARLETT L. SMITH
Notary Public - State of Arizona
YAVAPAI COUNTY
My Comm. Expires Nov. 15, 2008

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

Original issue

JAN 20 1994

CERTIFICATE OF DEATH

STATE FILE NUMBER | STATE OF CALIFORNIA | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST: ROBERT | 2. MIDDLE: BERNARD | 3. LAST (FAMILY): HASSENSTAB
4. DATE OF BIRTH MM/DD/CCYY: 04/12/1930 | 5. AGE YRS.: 63 | IF UNDER 1 YEAR MONTHS / DAYS | IF UNDER 24 HOURS HOURS / MINUTES | 6. SEX: M | 7. DATE OF DEATH MM/DD/CCYY: 01/07/1994 | 8. HOUR: 1005
9. STATE OF BIRTH: NB | 10. SOCIAL SECURITY NO.: 538-22-9601 | 11. MILITARY SERVICE: YES IF 47 TO 52 / NONE | 12. MARITAL STATUS: Married | 12. EDUCATION—YEARS COMPLETED: 12
14. RACE: White | 15. HISPANIC—SPECIFY: YES / X NO | 16. USUAL EMPLOYER: Self Employed
17. OCCUPATION: Floor Installer | 18. KIND OF BUSINESS: Construction | 19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 221 Angeles
21. CITY: Big Bear City | 22. COUNTY: San Bernardino | 23. ZIP CODE: 92314 | 24. YRS IN COUNTY: 5 | 25. STATE OR FOREIGN COUNTRY: California

INFORMANT

26. NAME, RELATIONSHIP: Juanita Mae Hassenstab - Wife | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): P.O. Box 3111 Big Bear City, CA. 92314

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: Juanita | 29. MIDDLE: Mae | 30. LAST (MAIDEN NAME): Mc Murchie
31. NAME OF FATHER—FIRST: Benjamin | 32. MIDDLE: | 33. LAST: Hassenstab | 34. BIRTH STATE: IL
35. NAME OF MOTHER—FIRST: Theresa | 36. MIDDLE: | 37. LAST (MAIDEN): Donnelly | 38. BIRTH STATE: NB

DISPOSITION(S)

39. DATE MM/DD/CCYY: 01/13/1994 | 40. PLACE OF FINAL DISPOSITION: Gold Mountain Memorial Park 370 Maple Ln. Big Bear City, CA. 92314 S.B.Co

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BU | 42. SIGNATURE OF EMBALMER: [signature] | 43. LICENSE NO.: 5307
44. NAME OF FUNERAL DIRECTOR: Big Bear Mortuary | 45. LICENSE NO.: 1290 | 46. SIGNATURE OF LOCAL REGISTRAR: [signature] | 47. DATE MM/DD/CCYY: 01/12/1994

PLACE OF DEATH

101. PLACE OF DEATH: At Home | 102. IF HOSPITAL, SPECIFY OMB: IP / ER/OP / DOA | 103. FACILITY OTHER THAN HOSPITAL: CONV. HOSP. / X RES. / OTHER | 104. COUNTY: San Bernardino
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 221 Angeles | 106. CITY: Big Bear City

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)
IMMEDIATE CAUSE (a): Progressive Pulmonary Fibrosis — TIME INTERVAL BETWEEN ONSET AND DEATH: 2 mo
DUE TO (b): Idiopathic Lung Cancer — 1 year
DUE TO (c): —
DUE TO (d): —
108. DEATH REPORTED TO CORONER: X YES / NO — REFERRAL NUMBER: 94-0168JS
109. AUTOPSY PERFORMED: X YES / NO
110. AUTOPSY PERFORMED: YES / X NO
111. USED IN DETERMINING CAUSE: YES / NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: None
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? NO — IF YES, LIST TYPE OF OPERATION AND DATE:

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
DECEDENT ATTENDED SINCE MM/DD/CCYY: 08/06/1993 | DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 12/03/1993
115. SIGNATURE, DEGREE OR TITLE OF CERTIFIER: [signature] | 116. LICENSE NO.: A42736 | 117. DATE MM/DD/CCYY: 01/11/1994
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: Panch Jeyakumar M.D. • 18031 Hwy 18 Suite E Apple Valley, CA. 92307

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
119. MANNER OF DEATH: X NATURAL / ACCIDENT / SUICIDE / PENDING INVESTIGATION / HOMICIDE / COULD NOT BE DETERMINED
120. INJURY AT WORK: YES / NO | 121. INJURY DATE MM/DD/CCYY | 122. HOUR | 123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION—STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE
126. SIGNATURE OF CORONER OR DEPUTY CORONER: [signature] Deputy Coroner | 127. DATE MM/DD/CCYY: 01/12/1994 | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER: EDWARD E. HARTER, JR.-DEPUTY CORONER

STATE REGISTRAR

A | B | C | D | E | F | G | H | PAR AUTH. # | CENSUS TRACT: 11400

1629

CERTIFIED COPY OF VITAL RECORDS

463158

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED JAN 13 1994

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH,

[signature]
THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

Any alteration or erasure voids this certificate. Authorizing seal and signature of Registrar.