

AND WHEN RECORDED MAIL TO

Name
Lee & Sherrill Tabor
PO Box 2163
Weaverville, Ca. 96093

Street Address
City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Quitclaim Deed

This Indenture made the Twenty Third day of
June one thousand nine hundred and Eighty Three

Between

Lloyd E. and Marian E. Porter

the parties of the first part:

and

Lee and Sherrill Tabor

the parties of the second part.

Witnesseth: That the said parties of the first part, in consideration of the sum of
Twenty Seven Hundred dollars,
lawful money of the United States of America, to receive in hand paid by the
parties of the second part, the receipt whereof is hereby acknowledged, does hereby release and
forever QUITCLAIM unto the parties of the second part, and to their heirs and assigns, all
that certain lot..... piece..... or parcel..... of land situate in the First Addition
Klamath Falls Forest Estates County of Klamath

State of Oregon , and bounded and described as follows, to-wit:

Lot 10 Block 17 First Addition Klamath Falls Forest Estates.

Together with the tenements, hereditaments, and appurtenances thereunto belonging or
appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits
thereof.

To have and to hold the said premises, together with the appurtenances, unto
the parties of the second part, and to their heirs and assigns forever.

In Witness Whereof the parties of the first part have executed this conveyance
the day and year first above written.

Signed and Delivered in the Presence of

Lloyd E. Porter
Marian E. Porter

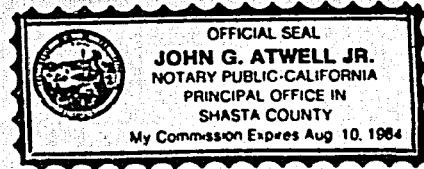
JOHN C. VANCE, JR.

11487

STATE OF CALIFORNIA

County of SHASTA

ss.



On this 24 day of JUNE

in the year one thousand nine hundred and 83

before me,
JOHN G. ATWELL, Jr.

a Notary Public, State of California, duly commissioned and sworn, personally appeared,

LLOYD E. PORTER A.N.P.

MARIAN E. PORTER

known to me to be the person(s) described in and whose name ... I.S. subscribed to the within instrument, and acknowledged to me that THEY ... executed the same.

In Witness Whereof I have hereunto set my hand and affixed my official seal

in the City of REDDING County of SHASTA
the day and year in this certificate first above written.

Quitclaim Deed

| | |
|---|---------|
| Deed..... | 19..... |
| STATE OF OREGON) County of Klamath) Filed for record at request of | |
| on this 19 day of July A.D. 19 83 at 1:52 o'clock P.M. and duly recorded in Vol. M83 of deeds Page 11486 | |
| By <i>EVELYN BIEHN</i> , County Clerk <i>Deputy</i> Fee 8.00 | |

52008

CERTIFICATE OF DEATH

Vol 183 Page 11488

Vital Records Unit

| | | | | | | | | |
|--|--|--|--|--|--|---|--|--|
| | | | | | | State File Number DATE OF DEATH (month, day, year) <u>July 16, 1983</u> | | |
| | | | | | | DATE OF BIRTH (month, day, year) <u>February 6, 1924</u> | | |
| | | | | | | COUNTY OF DEATH <u>Klamath</u> | | |
| | | | | | | WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) <input checked="" type="checkbox"/> Yes | | |
| | | | | | | KIND OF BUSINESS OR INDUSTRY <u>Housing Authority</u> | | |
| | | | | | | Inside City Limits (specify yes or no) <input checked="" type="checkbox"/> NO | | |
| | | | | | | INFORMANT-NAME and relationship to deceased <u>Margaret A. Rasner, wife</u> | | |
| | | | | | | LOCATION city or town state <u>Klamath Falls, Oregon 97603</u> | | |
| | | | | | | NAME AND ADDRESS OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 9760307194</u> | | |
| | | | | | | DATE SIGNED [Mo. Day, Yr] <u>July 16 '83</u> | | |
| | | | | | | HOUR OF DEATH <u>1:50 P.M.</u> | | |
| | | | | | | NAME AND ADDRESS OF CERTIFIER (Type or Print) <u>Earle M. LeVernode, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601</u> | | |
| | | | | | | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | |
| | | | | | | DATE RECEIVED BY REGISTRAR [Mo. Day, Yr] <u>JUL 18 1983</u> | | |
| | | | | | | REGISTRAR <u>Charles F. Farnsworth</u> | | |
| | | | | | | PART I (a) IMMEDIATE CAUSE <u>Cervical Rupt. Polyp</u> [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)] | | |
| | | | | | | Interval between onset and death <u>Terminal</u> | | |
| | | | | | | PART I (b) DUE TO, OR AS A CONSEQUENCE OF: <u>Melanoma - Carcinoma</u> | | |
| | | | | | | Interval between onset and death <u>Known 12 Mon's</u> | | |
| | | | | | | PART I (c) DUE TO, OR AS A CONSEQUENCE OF: <u>Carcinoma of the Esoph.</u> | | |
| | | | | | | Interval between onset and death <u>Known 2 B mon's</u> | | |
| | | | | | | PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I (a) | | |
| | | | | | | AUTOPSY (Specify Yes or No) <u>No</u> | | |
| | | | | | | WAS MEDICAL EXAMINER NOTIFIED <u>No</u> | | |
| | | | | | | ACCIDENT (Specify Yes or No) <u>No</u> | | |
| | | | | | | DATE OF INJURY [Mo. Day, Yr] <u>2000</u> | | |
| | | | | | | HOUR OF INJURY <u>260</u> | | |
| | | | | | | DESCRIBE HOW INJURY OCCURRED <u>M. 200</u> | | |
| | | | | | | INJURY AT WORK (Specify Yes or No) <u>No</u> | | |
| | | | | | | PLACE OF INJURY-At home, farm, school, factory, office building, etc. (Specify) <u>2000</u> | | |
| | | | | | | LOCATION <u>2000</u> | | |
| | | | | | | STREET OR R.F.D. NO. <u>2000</u> | | |
| | | | | | | CITY OR TOWN STATE <u>2000</u> | | |
| | | | | | | RESERVED FOR REGISTRAR'S USE | | |

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

By Marian Ackerman, Deputy Registrar
Date JUL 18 1983

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 19 day of July A.D., 1983 at 1:57 o'clock P.M.,
and duly recorded in Vol M83, of deeds on page 11488.

EVELYN STEHN COUNTY CLERK

by Sue Hines Deputy

Fee \$ 4.00

HS-2 (Rev. 1/80)