

QUIT CLAIM DEED CREATING TRUST

KNOW ALL MEN BY THESE PRESENTS:

That I (we) Hope JENNIE Easley, Widowed woman.
 the undersigned Releasor(s) who is (are) the Trustor(s) under that certain DECLARATION OF TRUST No. CH-7,
 (hereinafter referred to as TRUST No. CH-7), dated 25 February, 1990,
 a copy of which is attached hereto and made a part hereof by this reference, do by these presents, hereby release, remise
 and forever Quit Claim IN TRUST unto myself (ourselves) as Trustee(s) under said TRUST No. CH-7, all of my (our)
 rights, title and interest in and to that certain property situated in KLAMATH County, State of OREGON,
TRACT 1035, GATEWOOD, according to the official plat thereof on file in the
office of the County Clerk of Klamath County, Oregon.

The Releasor(s) Assert(s) an interest in the aforesaid property pursuant to an agreement (contract) to acquire said
 property dated June 6, 1987, which said agreement (contract) is
 recorded in the Official Land Records of Klamath County, State
 of Oregon, in Book (Docket) (Volume) M 73
 at page(s) 5995.

TO HAVE AND TO HOLD the said interest in the above described property unto and to the use of the said Trustee(s)
 and his (her) (their) successors in interest forever; and that neither I (we) nor my (our) heirs or assigns shall have nor make
 any claims or demands upon said property interest.

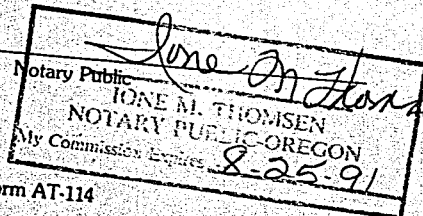
IN WITNESS WHEREOF, I (we) have signed these presents this 25th day of February
 1990

Hope Jennie Easley
 (Releasor-Trustor)
 (Co-Releasor-Co-Trustor)

STATE OF OREGON ACKNOWLEDGMENTCOUNTY OF KLAMATH) ss.

On this 25th day of February, 1990, before me, the undersigned Notary
 Public, personally appeared _____,
 to me known to be the individual(s) described in and who executed the foregoing instrument, and acknowledged that he
 (she) (they) executed the same as his (her) (their) free act and deed.

My Commission expires: 8-25-91



Form AT-114

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Hope Jennie Easley
 of Feb. A.D., 1990 at 2:11 o'clock PM., and duly recorded in Vol. M90,
 of Deeds on Page 3857

Evelyn Biehn
 By Evelyn Biehn County Clerk

FEE \$28.00

Return: Mrs. Easley
 5281 Bartlett, Klamath Falls, Or. 97603

'90 FEB 23 PM 2 11

66570

I.D. TAG NO.

59

Local File Number

VITAL RECORDS UNIT
HEALTH DIVISION
CERTIFICATE OF DEATH

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CAUSE OF DEATH

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1. DECEDENT'S NAME First: Dennis Middle: Carl Last: OLSON		2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 8, 1990			
4. SOCIAL SECURITY NUMBER 469-46-5515		5a. AGE - Last Birthday (Years) 47	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Minneapolis, Minn.	7. DATE OF BIRTH (Month, Day, Year) March 30, 1942
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 checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		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) Owner/operator		10b. KIND OF BUSINESS/INDUSTRY Cleaning		11. MARITAL STATUS - Married (Never Married, Widowed, Divorced, Separated) Married		12. SPOUSE (If Married, Widowed) Sharon K.
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3108 Patterson
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
17. FATHER - NAME first middle last Carl Arthur Olson		18. MOTHER - NAME first middle maiden Helen Mae Peterman		19. INFORMANT - NAME and relationship to deceased Sharon K. Olson, wife		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input 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, OR 97603		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Newport</i>		21b. LICENSE NUMBER (Of Licensee) 47-3104		22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		
23. DATE FILED (Month, Day, Year) FEB 9 1990		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A						
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>Robert Jamison</i>						
30. DATE SIGNED (Month, Day, Year) February 9, 1990						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert Jamison, MD, ME, 2865 Daggett Street, Klamath Falls, Oregon 97601						
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jon G. McKellar, MD, ER						
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)						
PART I		(a) Crushing Head Injuries DUE TO, OR AS A CONSEQUENCE OF: (b) Single Vehicle Motor Vehicle Accident DUE TO, OR AS A CONSEQUENCE OF:				
PART II		(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.				
34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) 02/08/90		41b. TIME OF INJURY 1615P M		41c. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41d. DESCRIBE HOW INJURY OCCURRED sole occupant Single vehicle accident, driver,		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Highway 140 East				
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Near Dairy, Oregon		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
RESERVED FOR REGISTRAR'S USE						

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

452 REV. 1-89

DATE ISSUED - FEB 9 1990

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sharon Olson the 28th day
of Feb. A.D., 1990 at 2:11 o'clock P.M., and duly recorded in Vol. M90
of Deeds on Page 3858

FEE \$8.00

Return: Sharon Olson

3108 Patterson, Klamath Falls, Or. 97603

Evelyn Biehn, County Clerk

By Donna A. Verling