

38622

Recording Requested by:  
ISABEL WESTPHALVol. m91 Page 26035When recorded, return to:  
ISABEL WESTPHAL  
500 Lafayette Blvd.  
Oldsmar, Florida 34677Mail Tax Statements to:  
Same as above

A.P.N. # R5310-022BO-03600-000

## QUIT CLAIM DEED

The undersigned Quitclaimors declare:

- (1) Documentary transfer tax is NONE.
- (2) No consideration given.
- (3) Change in formal title only.

FOR NO CONSIDERATION, ISABEL WESTPHAL, does hereby REMISE, RELEASE AND FOREVER QUITCLAIM TO ISABEL WESTPHAL, as Trustee of the ISABEL WESTPHAL LIVING TRUST dated November 20, 1991, all of her right, title and interest in and to the following described real property in the County of Klamath, State of Oregon:

Lot (s) 21, Block 9, Klamath forest Estates as recorded in Klamath County, Oregon.

The Trustee shall have and possess, inter alia, the power and authority to protect, conserve and sell, or to lease, or to encumber, or to otherwise manage and dispose of the property.

Dated: 12-2-91

Isabel Westphal  
ISABEL WESTPHAL

We, the undersigned, hereby declare that the Grantors signed, sealed and delivered this Deed in our presence on the date indicated above, and asked us to act as witnesses.

Judith A. Spees  
JUDITH A. SPEES  
Sharon F. Seifried  
Sharon F. Seifried

STATE OF FLORIDA)  
COUNTY OF Pinellas

On 12-2-91 before me, the undersigned, a Notary Public in and for said State, personally appeared ISABEL WESTPHAL, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she the same.  
WITNESS my hand and official seal.

Signature

Judith A. Spees  
Notary Public, State of Florida  
My Comm. Exp. Dec. 18, 1994

Prepared by:  
Judith A. Spees  
SPEES & SPEES  
P O BOX 1683  
PALM HARBOR, FL 34682-1683

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Isabel Westphal the 13th day  
of Dec. A.D., 19 91 at 12:48 o'clock P.M., and duly recorded in Vol. M91,  
of Deeds on Page 26035.

FEE \$28.00

Evelyn Biehn - County Clerk

By Quentin Mueller

1. NAME—FIRST, MIDDLE, LAST <b>PAUL RAY YAGER</b>				2. SEX <b>MALE</b>		3. DEATH DATE (Mo., Day, Yr.) <b>NOV. 29, 1991</b>		746 STATE FILE NUMBER	
4. AGE LAST BIRTHDAY (Yr.) <b>61</b>		5. UNDER 1 YEAR MOS. DAYS <b>13</b>		6. UNDER 1 DAY HOURS MINS <b>13</b>		7. BIRTHDATE (Mo., Day, Yr.) <b>SEPT. 13, 1930</b>		8. BIRTH STATE (if not in USA give country) <b>BEND, OREGON</b>	
9. CITIZEN OF WHAT COUNTRY? <b>USA</b>		10. COUNTY OF DEATH <b>LEWIS</b>		11. CITY, TOWN OR LOCATION OF DEATH <b>CENTRALIA</b>		12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSIT <input type="checkbox"/> EMERG. IN/OUT PTN. <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR. HOME <input type="checkbox"/> OTHER PLACE <b>PROVIDENCE HOSPITAL-CENTRALIA</b>		13. SMOKING IN LAST 15 YEARS? (Yr. No) <b>NO</b>	
14. MARITAL STATUS — Married, never Married, Widowed, Divorced (Specify) <b>DIVORCED</b>		15. SURVIVING SPOUSE (if male give maiden name)		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yr. No) <b>YES</b>		17. SOCIAL SECURITY NO. <b>543-30-9121</b>		18. HIGH SCHOOL GRADUATE? (Yr. No) <b>NO</b>	
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>RANCHER</b>		20. KIND OF BUSINESS OR INDUSTRY <b>RANCHING</b>		21. Was Decedent of Hispanic Origin or descent? (Specify Yr. or No. If Yr. specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yr. <input checked="" type="checkbox"/> No		22. RACE (Specify Black, Asian or Pacific Islander, Am. Ind. and Alaskan, etc.) <b>WHITE</b>			
23. RESIDENCE — NUMBER AND STREET <b>HIGHWAY 97, SOUTH</b>		24. CITY/TOWN OR LOCATION <b>LAPINE</b>		25. INSIDE CITY LIMITS? (Yr. No) <b>NO</b>		26. COUNTY <b>DESCHUTES</b>		27. STATE <b>OREGON</b>	
28. ZIP CODE <b>97739</b>		29. FATHER'S NAME—FIRST, MIDDLE, LAST <b>RAY YAGER</b>		30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>DORA S. SLY</b>		31. INFORMANT—NAME <b>PAUL D. YAGER, SON</b>		32. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>3654 N.E. 45TH REDMOND OREGON 97756</b>	
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>CREMATION</b>		34. DATE (Mo., Day, Yr.) <b>DEC 4 1991</b>		35. CEMETERY—CREMATORY—NAME <b>CREMATORY OF CENTRAL OREGON</b>		36. LOCATION—CITY/TOWN, STATE <b>BEND, OREGON</b>			
37. FUNERAL DIRECTOR SIGNATURE <i>Jerry L Brown</i>		38. NAME OF FACILITY <b>STICKLIN FUNERAL CHAPEL</b>		39. ADDRESS OF FACILITY <b>1437 S. GOLD CENTRALIA, WA 98531</b>		40. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		41. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
40. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				41. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
42. SIGNATURE AND TITLE <b>X</b>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED <i>X Terry S Wilson M.D.</i>					
44. DATE SIGNED (Mo., Day, Yr.)				45. HOUR OF DEATH (24 Hrs.)				46. DATE SIGNED (Mo., Day, Yr.) <b>11-30-91</b>	
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>TERRY WILSON, CORONER</b>				48. HOUR OF DEATH (24 Hrs.) <b>1710</b>				49. DATE SIGNED (Mo., Day, Yr.) <b>11-29-91</b>	
50. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>TERRY WILSON, CORONER 1015 BIG HANAFORD ROAD CENTRALIA, WASHINGTON 98531</b>				51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. AUTOPSY? (Yr. No) <b>NO</b>	
53. IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. (A) <i>Adeno Carcinoma of throat c Met</i> (B) <i>WITH METASTASES</i> (C) <i>Met</i>				54. INTERVAL BETWEEN ONSET AND DEATH <i>Months</i>				55. INTERVAL BETWEEN ONSET AND DEATH	
56. INTERVAL BETWEEN ONSET AND DEATH				57. INTERVAL BETWEEN ONSET AND DEATH				58. INTERVAL BETWEEN ONSET AND DEATH	
59. ACC. SUICIDE MO. UNDET. OR PENDING INVEST. (Specify)				60. INJURY DATE (Mo., Day, Yr.)				61. HOUR OF INJURY (24 Hrs.)	
62. INJURY AT WORK? (Yr. No)				63. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)				64. DESCRIBE HOW INJURY OCCURRED	
65. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE				66. REGISTRAR SIGNATURE <i>Thomas A Bell M.D.</i>				67. DATE RECEIVED (Mo., Day, Yr.) <b>DEC 02 1991</b>	

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE, FULL, AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OF BIRTH/DEATH TEMPORARILY ON FILE IN THIS OFFICE.

*Thomas A Bell M.D.* MD, MPH  
REGISTRAR, LEWIS COUNTY

By:

*[Signature]*  
CHEHALIS, WA DEC 09 1991

DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Niswonger-Reynolds Inc. the 13th day of Dec. A.D., 19 91 at 12:48 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 26036.

Evelyn Biehn County Clerk

By *[Signature]*

FEE \$8.00

Return: Niswonger-Reynolds, Inc.  
P.O. Box 229, Bend, Or. 97709