41997

Vol.<u>m92</u>Page_ 5000

Recording Requested By ROBERT R. BOWNE

When Recorded Mail To: ROBERT R. BOWNE 245 East Olive Avenue, Suite 500 Burbank, CA 91502

Mail Tax Statements to: Mr. Terre A. Hirsch Mr. Michael L. Hirsch c/o 245 East Olive Ave., Suite 500 Burbank, CA 91502

AFFIDAVIT DEATH OF TRUSTOR OR BENEFICIARY

STATE OF CALIFORNIA)) ss. COUNTY OF LOS ANGELES)

MICHAEL L. HIRSCH and TERRE A. HIRSCH, of legal age, being first duly sworn, deposes and says:

That MUSSETTA R. BIGGS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MUSSETTA R. BIGGS, as one of the parties in that certain Individual Quitclaim Deed dated June 28, 1988, executed by MUSSETTA R. BIGGS, wherein the decedent is a Trustor of the BIGGS LIVING TRUST dated the 20th day of August, 1987, as well as the beneficiary under said Trust; it being further acknowledged that MICHAEL L. HIRSCH and TERRE A. HIRSCH are the surviving co-Trustors under Declaration of Trust. The original Individual Quitclaim Deed aforementioned is recorded as instrument no. 93773, on November 14, 1988, Official Records of the County of Klamath, State of Nevada, covering the following described property situated in the County of Klamath, State of Oregon:

> Lot 68, Block 4, Klamath Forest Estates as recorded in Klamath County, Oregon.

Assessor's Parcel Number 3510-015-002

Dated: February 12, 1992

L. HIRSCH ttuscl

TERRE A. HIRSCH

30.8

State of California

County of Los Angeles

On <u>Televisity</u> /2 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared MICHAEL L. HIRSCH, and TERRE A. HIRSCH proved to me on the basis of satisfactory evidence to be the person who executed the within and foregoing instrument and acknowledged to me that he executed the same.

68

ROBERT R. BOWNE

(SEAL)

OFFICIAL SEAL ROBERT R. BOWNE NOTARY PUBLIC - CALIFORNIA LOS ANGELES COUNTY Ny Commission Expires Aug. 3, 1993

5001

I declare under penalty of perjury that the foregong is true and correct and that this declaration is made on 2/25/92 in Burbank, CA

ROBERT R. BOWNE

	STATE FILE NEMMER	STATE (391	1 303	3267-5	
	1A. NAME OF DECEDENT-FRST	1B. MIDELS	ACK INK ONLY	LC	CAL ROCIOTRAT	ON DEFRICT AN	O CONTRACATS MORESE	
DECEDENT PERSONAL DATA	MUSSETTA	HIRSCH	BIGGS	1 2A	DATE OF DE	ATH-HO DAY	TO SO LANDRER SET	
	4. RACE	8. MISPAIRC-SPECETY	6. DATE OF BIRTH-	MO DAY YO	SOUTHDER	Contraction in the second second second		
	CAUCASIAN	A Ven		910	JEARS	MONTHS SA	TAR IP UNITED 24 MOUSE YS NORTS MERTER	
	IT 8. STATE OF 9. CITIZEN OF WHAT 10A. FULL NAME OF FATNER 108. STATE OF 11A. FULL MAIDEN NAME OS MOTORE							
		ALFRED RANDALL	IL		UTH COLAHAN		ILLINOT	
		SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME C	F SURVIVING	SPOUSE OF W	I THE ENTER MAIDEN NAM	
	19 TO 19 X NONE 5	60-12-8349	WIDOWED		NONE			
	MILLINER	MANUFACTURING	ISC. USUAL EMPLOYER	16D. YEARS IN 17. EDUCAT		17. EDUCATI	NON-YEARS CONFLETER	
	18A. RESIDENCE-STREET AND NUMBER	DE LOCATION	BELAIR MODES		40	12		
USUAL RESIDENCE PLACE OF DEATH	624 SOUTH REESE PLAC			E E	CITY	•	18C. ZIP CODE	
	18D. COUNTY	16E. NILABER OF YEAR			URBANK		91506	
	LOS ANGELES	IN THE COUNTY		OUNTRY 20. N	ND ZIP CODE	SHIP, MARING /	ADDRSSE	
	19A. PLACE OF DEATH	CALIFORNIA	TE	RRE HIR	SCH, SON			
	BROADVIEW CONV HOSP			81	4 FAIRM	OUNT ROA	D	
	19D. STREET ADDRESS-STREET AND	NUMBER OF LOCATION 198. CI	LOS ANGELES				IA 91501	
	4570 GRIFFIN AVENUE	LOS	ANODIDO	CATWO	EN OKSST	C	PORTED TO CORDINER?	
	21. DEATH WAS CAUSED BY: (ENTE	R ONLY ONE CAUSE PER LINE	FOR A. B. AND CI	AN	DEATH		LIGRE 100	
	CAUSE IN ATTACA	rotic Cardispara, 1	miDe		23.	WAS SIGPSY P		
OF				- free	264	WAS AUTOPS	A NO	
DEATH		and the second secon	and the second					
				5 1			KINO	
		-			249	WAS IT USED		
		•			249	WAS IT USED	W DETERMINENS CAUSE	
	25. OTHER SIGNIFICANT CONDITIONS CON	TRISUTING TO DEATH EUT NOT RELAT	ED TO CAUSE GIVEN IN 21 20	WAS OPERAT	ON PERFORMED	TES CONTRACTOR	DETERMINENS CAUSE	
	25. OTHER SIGNIFICANT CONDITIONS CON			WAS OPERAT		TES CONTRACTOR	IN DETERMINENCE CAUSE	
PHYSI.	25. OTHER SIGNIFICANT CONDITIONS CON	VLEDGE DEATH 278. SIGNATU	ED TO CAUSE GIVEN IN 21 20	WAS OPERAT	ON PERFORMED	OF DEATH?	NO NO TICH IN ITEL 21 OR 257	
CIAN'S	23. OTHER SIGNIFICANT CONDITIONS CON WO ANCE I CERTIFY THAT TO THE BEST OF MY KNOW OCCURRED AT THE HOUR, DATE AND PLAC CAUGES STATED. 27A. DECEMBENT ATTENDED SINCE DICEDED	MLEDGE DEATH 276. SIGNATU	RE AND DEGREE OR TITLE OF C	WAS OPERAT	ON PERFORMED FE OF OPERATIO	OF DEATH?	IN DETERMINENCE CAUSE NO TICON IN ITELI 21 OR 257	
CIAN'S RTIFICA-	23. OTHER SIGNIFICANT CONDITIONS CON WO ANCE I CERTIFY THAT TO THE BEST OF MY KNOW OCCURRED AT THE HOUR, DATE AND PLAC CAUGES STATED. 27A. DECEMBENT ATTENDED SINCE DICEDED	MLEDGE DEATH 276. SIGNATU		WAS OPERAT	ON PERFORMED FE OF OPERATIO	OF DEATH?	IN DETERMINENCE CAUSE NO TICON IN ITELI 21 OR 257	
CIAN'S RTIFICA- TION	23. OTHER SKINFICANT CONDITIONS CON NONCE I CERTIFY THAT TO THE BEST OF MY KNOW OCCURRED AT THE HOUR, DATE AND PLAC CAUSES STATED. 27A. DECEMENT ATTENDED SINCE DECEMD MONTH, DAY, YEAR I CERTIFY THAT IN MY CENTH DESIGN.	NLEDGE DEATM 27B. ENGNATUR E STATED PROMITIE NT LAST SCEN ALIVS NTH. DAY, YEAR	RE AND DEGREE OR TITLE OF C	E AND ADDS	ON PERFORMED FE OF OPERATIO	OF DEATH?	IN DETERMINENCE CAUSE NO TICON IN ITELI 21 OR 257	
CIAN'S RTIFICA- TION	23. OTHER SIGNIFICANT CONDITIONS CON WO ANCE I CERTIFY THAT TO THE BEST OF MY KNOW OCCURRED AT THE HOUR, DATE AND PLAC CAUGES STATED. 27A. DECEMBENT ATTENDED SINCE DICEDED	NLEDGE DEATM 27B. ENGNATUR E STATED PROMITIE NT LAST SCEN ALIVS NTH. DAY, YEAR	RE AND DEGREE OR TITLE OF C	E AND ADDS	ON PERFORMED FE OF OPERATIO	OF DEATH 2	IN DETERMINENCE CAUSE NO TICON IN ITELI 21 OR 257	
CIAN'S RTIFICA- TION	23. OTHER SKINFICANT CONDITIONS CON NONCE I CERTIFY THAT TO THE BEST OF MY KNOW OCCURRED AT THE HOUR, DATE AND PLAC CAUSES STATED. 27A. DECEMENT ATTENDED SINCE DECEME MONTH, DAY, YEAR I CERTIFY THAT IN MY CEREON DETHIC I CERTIFY THAT IN MY CEREON DETHIC I CERTIFY THAT IN MY CEREON DETHIC 1 29. MARGER CE DEATH-MEDIA OF CHILL 29. MARGER CE DEATH-MEDIA OF CHILL	MIEDGE DEATH 27E. BIGNATUS E STATED PROMITIVE MITLAST CEEN ALIVS MITL DAY, YEAR COURRES AT THE CAUSES AT THE CAUSES MITHE CAUSES MITHE CAUSES	RE AND DEGREE OR TITLE OF C	WAS OPERAT (FVEL LIST T) ERITISER 127(E AND ADOS DEPUTY CORC DEPUTY CORC	CH PERFORMED	C ^{OF} DEATH2 POR AINY CONENT IN AND DATE.	W DETERMINISTIC CAUSE NO TOO IN TELL 21 OR 257 MO 1 270. DATE SIGNED 200. DATE SIGNED 200. DATE SIGNED 12-16-91	
CIAN'S RTIFICA- TION RONER'S USC	25. OTHER SIGNIFICANT CONDITIONS CON UD ACLE CERTIFY THAT TO THE BEST OF MY KNOW COURSED AT THE HOUR. DATE AND PLACE COURSED AT THE HOUR. DATE AND PLACE COURSED TATED. 27A. DECEMENT ATTENDED SINCE DCCCCOR MONTH. DATE AND PLACE STATED FRO STATED. 29. MARKER OF DEATH	MIEDGE DEATH 27E. BIGNATUS E STATED PROMITIVE MITLAST CEEN ALIVS MITL DAY, YEAR COURRES AT THE CAUSES AT THE CAUSES MITHE CAUSES MITHE CAUSES	RE AND DEGREE OR TITLE OF C	E AND ADDS	CH PERFORMED	VES	W DETERMISSING CAUSE NO TICH WITEL 21 OF 257 MD 127D. DATE SIGNED 1 2008. DATE SIGNED 1/2-1/6-9/1 MT 1.1 MOLE	
CIAN'S RTIFICA- TION RONER'S USE ONLY	23. OTHER SKINFICANT CONDITIONS CON NONCE I CERTIFY THAT TO THE BEST OF MY KNOW OCCURRED AT THE HOUR, DATE AND PLAC CAUSES STATED. 27A. DECEMENT ATTENDED SINCE DECEME MONTH, DAY, YEAR I CERTIFY THAT IN MY CEREON DETHIC I CERTIFY THAT IN MY CEREON DETHIC I CERTIFY THAT IN MY CEREON DETHIC 1 29. MARGER CE DEATH-MEDIA OF CHILL 29. MARGER CE DEATH-MEDIA OF CHILL	ATHE CAUSES SOA. PLACE OF IMARY	RE AND DEGREE ON TITLE OF C TTENDING PHYSICIAN'S NAM RE AND TITLE OF CONDIEN ON MALL CONDIENT	WAS OPERAT		C. Date of industrie	W DETERMINISHS CAUSE NO TICH WITEL 21 OR 257 MD 127D. DATE SIGNED 2000. DATE SIGNED 2000. DATE SIGNED 2001. DATE SIGNED	
CIAN'S RTIFICA- TION RONER'S US2 ONLY	23. OTHER SKINFIGANT CONDITIONS CON NONCOMPED AT THE BEST OF MY KNOW OCCURRED AT THE HOUR, DATE AND PLAC CAUSES STATED. 27A. DECEMENT ATTENDED SINCE DECEME MONTH, DAY, YEAR I CERTIFY THAT IN MY CERSION DEATH O THE HOUR, DATE AND PLACE STATED FRO STATED. 29. MARKER OF DEATH-MODY SIL CAULU. SUICE, INSTOC, DESTI-MODY SIL CAULU. SUICE, INSTOCK, DEATH-MODY SIL CAULU. 29. MARKER OF DEATH-MODY SIL CAULU.	ALEDGE DEATH 27E. BIGNATUS E STATED PROM THE MIT LAST SCENALIVE MIT. DAY, YEAR CCURRED AT CCURRED AT MITHE CAUSES BIGGEL SOA. PLACE OF IMAURY SCIENCES COURSES SOA. PLACE OF IMAURY SCIENCES COURSES SOA. PLACE OF IMAURY	RE AND DEGREE ON TITLE OF C TENDING PHYSICIAN'S NAM AND TITLE OF CONORT ON MALL CONTRACTOR MALL CONTRACTOR 33. DESCRIPTION	WAS OPERAT		C. Date of industrie	W DETERMISSING CAUSE NO TICH WITEL 21 OF 257 MD 127D. DATE SIGNED 1 2008. DATE SIGNED 1/2-1/6-9/1 MT 1.1 MOLE	
CIAN'S RTIFICA- TION RONER'S USC DNLY	23. OTHER SKINFIGANT CONDITIONS CON NONCOMPED AT THE BEST OF MY KNOW OCCURRED AT THE HOUR, DATE AND PLAC CAUSES STATED. 27A. DECEMENT ATTENDED SINCE DECEME MONTH, DAY, YEAR I CERTIFY THAT IN MY CERSION DEATH O THE HOUR, DATE AND PLACE STATED FRO STATED. 29. MARKER OF DEATH-MODY SIL CAULU. SUICE, INSTOC, DESTI-MODY SIL CAULU. SUICE, INSTOCK, DEATH-MODY SIL CAULU. 29. MARKER OF DEATH-MODY SIL CAULU.	ALEDGE DEATH 27E. BIGNATUS E STATED PROM THE MIT LAST SCENALIVE MIT. DAY, YEAR CCURRED AT CCURRED AT MITHE CAUSES BIGGEL SOA. PLACE OF IMAURY SCIENCES COURSES SOA. PLACE OF IMAURY SCIENCES COURSES SOA. PLACE OF IMAURY	RE AND DEGREE ON TITLE OF C TENDING PHYSICIAN'S NAM AND TITLE OF CONORT ON MALL CONTRACTOR MALL CONTRACTOR 33. DESCRIPTION			••••••••••••••••••••••••••••••••••••	W DETERMINISHS CAUSE NO TOOM IN ITEL 21 OR 257 MO 27D. DATE SIGNED 2008. DATE SIGNED 2008. DATE SIGNED 1 1 1 2008. DATE SIGNED 1 1 1 1 1 2008. DATE SIGNED 1 1 1 1 1 1 1 1 1 1	
CIAN'S RTIFICA- TION RONER'S USE ONLY NERAL IECTOR	22. OTHER SEGNERCANT CONDITIONS CON 22. OTHER SEGNERCANT CONDITIONS CON 22. OTHER SEGNERCANT TO THE BEST OF MY KNOW COURSED AT THE HOUR, DATE AND PLACE 27. DECEDENT ATTENDED SINCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE 1 CERTIFY THAT IN MY CHARGE SENCE	AT LAST SECIEN ALVS ATT LAST SECIENT ALVS ATT LAST SECIEN ALVS ATT LAST SECIENT ALVS ATT LAST SECIENT ALVS ATT LAST SECIENT ALV	RE AND DEGREE OR TITLE OF C TEINDING PHYSICIAN'S NAM RE AND TITLE OF COMMENCE AND TITLE OF COMMENTE AND TITLE	VAS CRERAT P VES. LIST TI P VES. LIST TI CRITIPLER 271 E AND ADDS DSPUTY CORC DSPUTY CORC DSPUTY CORC DSPUTY CORC DSPUTY CORC NUMBER 271 1000 INJURY VES. 1354			W DETERMINISHS CAUSE NO TICH WITEL 21 OR 257 MD 127D. DATE SIGNED 2000. DATE SIGNED 2000. DATE SIGNED 2001. DATE SIGNED	
NERAL	22. OTHER SEGNERCANT CONDITIONS CON 22. OTHER SEGNERCANT CONDITIONS CON 1 CERTIFY TMAY TO THE BEST OF MY KNOW COURSED AT THE HOUR, DATE AND PLACE 27. DECEDENT ATTENDED SINCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAY IN MY CRARON DEATH OF MONTH, DAY, YEAR 1 CERTIFY THAY IN MY CRARON DEATH OF 1 CERTIFY 1 CERTIFY THAY IN MY CRARON DEATH OF 1 CERTIFY 1	ACTION AND CITY)	RE AND DEGREE OR TITLE OF C TTENDING PHYSICIAN'S NAM RE AND TITLE OF COROMER OR MANY COROMER OF S33. DESCRIPTION REAL SAC. DATE RK MO. DA	VAS CRERAT P VES. LIST TI P VES. LIST TI CRITIPLER 271 E AND ADDS DSPUTY CORC DSPUTY CORC DSPUTY CORC DSPUTY CORC DSPUTY CORC NUMBER 271 1000 INJURY VES. 1354			W DETERMINISHS CAUSE NO TOW WITEL 21 OR 257 MO TOW WITEL 21 OR 257 MO 1270. DATE SIGNED 200. DATE SIGNED 1271. DATE SIGNED 1272. DATE SIGNED 1273. LICENSE NONE	
CIAN'S RTIFICA- TION RONER'S USE ONLY NERAL IECTOR AND OCAL	22. OTHER SEGNERCANT CONDITIONS CON 22. OTHER SEGNERCANT CONDITIONS CON 22. OTHER SEGNERCANT TO THE BEST OF MY KNOW COURSED AT THE HOUR, DATE AND PLACE 27. DECEDENT ATTENDED SINCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAT IN MY CHARGE SENCE DECEDE 1 CERTIFY THAT IN MY CHARGE SENCE	ACTION AND CITY)	RE AND DEGREE OR TITLE OF C TTENDING PHYSICIAN'S NAM RE AND TITLE OF COROMER OR MANY COROMER OF S33. DESCRIPTION REAL SAC. DATE RK MO. DA	VAS CRERAT P VES. LIST TI P VES. LIST TI CRITIPLER 271 E AND ADDS DSPUTY CORC DSPUTY CORC DSPUTY CORC DSPUTY CORC DSPUTY CORC NUMBER 271 1000 INJURY VES. 1354		С DATE OF BUILDER	W DETERMISSING CAUSE NO TOW IN ITEL 21 OR 257 MD TOW IN ITEL 21 OR 257 MD 1 270. DATE SIGNED 200. DATE SIGNED 1 270. DATE SIGNED 1 270. DATE SIGNED 200. DATE SIGNED 1 271. HOLR 1 200. LICENSEE NONE STRATION CATE	
IAN'S RTIFICA- TION RONER'S USC DNLY NERAL JECTOR AND DCAL ISTRAR	22. OTHER SEGNERCANT CONDITIONS CON 22. OTHER SEGNERCANT CONDITIONS CON 1 CERTIFY TMAY TO THE BEST OF MY KNOW COURSED AT THE HOUR, DATE AND PLACE 27. DECEDENT ATTENDED SINCE DECEDE MONTH, DAY, YEAR 1 CERTIFY THAY IN MY CRARON DEATH OF MONTH, DAY, YEAR 1 CERTIFY THAY IN MY CRARON DEATH OF 1 CERTIFY 1 CERTIFY THAY IN MY CRARON DEATH OF 1 CERTIFY 1	ATTEL CAUSES CONTINUE SOA PLACE OF INAMY CAUSES SOA ATTEL	RE AND DEGREE OR TITLE OF C TTENDING PHYSICIAN'S NAM RE AND TITLE OF COROMER OR MANY COROMER OF S33. DESCRIPTION REAL SAC. DATE RK MO. DA	VAS CRERAT P VES. LIST TI P VES. LIST TI CRITIPLER 271 E AND ADDS DSPUTY CORC DSPUTY CORC DSPUTY CORC DSPUTY CORC DSPUTY CORC NUMBER 271 1000 INJURY VES. 1354		С DATE OF BUILDER	NO NO TOW IN ITEL 21 OR 257 MO TOW IN ITEL 21 OR 257 MO 127D. DATE SIGNED 127D. DATE SIGNED 200. DATE SIGNED 127.16-91 ANT 31. MOLR VELS SOB. LICENSEE NONE NONE NONE EC 1 8 1991	

THIS IS A TRUE CERTIFIED COP FILED IN THE COUNTY OF LOS AN OF HEALTH SERVICES IF IT BE PURPLE INIC.	IGH ES DEBAGUENT
MAR 2_ 19	192
71	Ris Mat

STATE OF OREGON, County of Klamath ss.

Filed for record at request of:

on this 10th day of Manual in	
on this <u>10th</u> day of <u>March</u> A.D at <u>2:10</u> o'clock <u>P.M.</u> and c in Vol. <u>M92</u> of <u>D-1</u>	., 19 <u>92</u>
in Vol. <u>M92</u> of <u>Deeds</u> Page Evelyn Biehn	
Evelyn Biehn County Clerk	
By Dauline Mullis	100.
Fee, \$20.00	Deputy.
100, 920,00	