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FORM No. 723-BARGAIN AND SALE DEED (Individual or Corporate)

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NL 48842

BARGAIN AND SALE DEED

Vol. 92 Page 17984

1396-6019

GERALDINE E. QUARESMA

KNOW ALL MEN BY THESE PRESENTS, That

hereinafter called grantor,
GERALDINE E. QUARESMA,

for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto
TRUSTEE OF THE QUARESMA FAMILY TRUST

hereinafter called grantee, and unto grantee's heirs, successors and assigns all of that certain real property with the
tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, situated in the County
of Klamath, State of Oregon, described as follows, to-wit:

A portion of the Southeast quarter of Section 26, Township 36 South, Range 11, East of
the Willamette Meridian, described as follows:

Beginning at the East quarter corner of said Section 26; thence West 873 feet, to a
point; thence South 990 feet, to a point; thence East 873 feet, to a point; thence
North 990 feet to the point of beginning. Containing 20 acres, more or less.

A portion of the Southeast quarter of Section 26, Township 36 South, Range 11 East of
the Willamette Meridian, described as follows:

Beginning at a point 873 feet West from the East quarter corner of said Section 26.
Thence from said point of beginning, West 873 feet, to a point; thence South 990 feet,
to a point; thence East 873 feet to a point; thence North 990 feet, to the point of
beginning. Containing 20 acres, more or less.

A portion of the Southeast quarter of Section 26, Township 36 South, Range 11 East
of the Willamette Meridian, Klamath County, Oregon, described as follows:

Beginning at a point located 990 feet South from the East quarter corner of said
Section 26; thence West 873 feet to a point; thence South 990 feet to a point;
thence East 873 feet, to a point; thence North 990 feet to the point of beginning.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.
The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ change vesting.

~~the whole or any part of the consideration~~ (indicate which). (The sentence between the symbols [Ⓢ], if not applicable, should be deleted. See ORS 93.030.)

In construing this deed and where the context so requires, the singular includes the plural and all grammatical
changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 28th day of July, 1992;
if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly author-
ized to do so by order of its board of directors.

Geraldine E. Quaresma

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DE-
SCRIBED 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 APPROVED USES.

3001 (e/82) (Individual) First American Title Company

STATE OF CALIFORNIA SAN LUIS OBISPO ss.
COUNTY OF

On JULY 28, 1992

before me, the undersigned, a Notary Public in and for

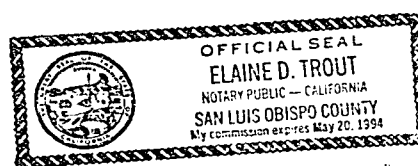
said State, personally appeared

GERALDINE E. QUARESMA

personally known to me (or proved to me on the basis of satis-
factory evidence) to be the person(s) whose name(s) is/are sub-
scribed to the within instrument and acknowledged to me that
he/she/they executed the same.

WITNESS my hand and official seal.

Signature Elaine D. Trout



(This area for official notarial seal)

After recording return to (Name, Address, Zip):

MOUNTAIN TITLE COMPANY
Escrow Collection Department

Until requested otherwise send all tax statements to (Name, Address, Zip):

Quaresma Family Trust
480 Dennis Lane
Arroyo Grande, CA 93420

RECORDER'S USE

page or as fee/file/instru-
ment/microfilm/reception No.
Record of Deeds of said County.
Witness my hand and seal of
County affixed.

By NAME TITLE
Deputy

RETURN TO:
MOUNTAIN TITLE COMPANY
ESCROW COLLECTION DEPT

17985

CERTIFICATE OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO
SAN LUIS OBISPO, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-91-40-001237

STATE FILE NUMBER		1B. MIDDLE		1C. LAST (FAMILY)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN)		EDWARD		QUARESMA		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR 3. SEX	
WILLIAM						OCTOBER 22, 1991 1619 M	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	
WHITE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NOVEMBER 29, 1927		63	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	
CA		USA		WILLIAM F. QUARESMA		CA	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		11A. FULL MAIDEN NAME OF MOTHER	
19 — TO 19 <input checked="" type="checkbox"/> NONE		569-22-1957		MARRIED		LILLIAN S. HUEBNER TX	
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION	
CATTLE RANCHER		CATTLE RANCHING		SELF		45	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE		17. EDUCATION—YEARS COMPLETED	
480 DENNIS LANE		ARROYO GRANDE		93420		12	
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	
SAN LUIS OBISPO		63		CA		GERALDINE QUARESMA, WIFE	
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		21. WAS DEATH REPORTED TO CORONER?	
ARROYO GRANDE COMM HOSP		ER		SAN LUIS OBISPO		<input checked="" type="checkbox"/> YES 91R-0555 <input type="checkbox"/> NO	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		22. WAS DEATH REPORTED TO CORONER?		23. WASopsy PERFORMED?	
345 SOUTH HALCYON ROAD		ARROYO GRANDE		TIME INTERVAL BETWEEN ONSET AND DEATH		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS AUTOPSY PERFORMED?		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.	
(A) CARDIAC ARREST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NO		NO	
(B) MYOCARDIAL INFARCT		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
(C) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
27. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED			
MICHAEL D. ZIGELMAN MD		G-32290		10/24/91			
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED			
855 4TH STREET							
PISMO BEACH, CA 93449							
29. MANNER OF DEATH—LOCAL OR FOREIGN, SUICIDE, FURTHER INVESTIGATION OF CAUSE NOT BE DETERMINED		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MONTH, DAY, YEAR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE		35. SIGNATURE OF CORONER	
				MO. DAY, YEAR		35B. LICENSE NUMBER	
				10-28-1991		5789	
34A. DISPOSITION:		34B. PLACE OF FINAL DEPOSITION—NAME AND ADDRESS		36. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR	
BU		ARROYO GRANDE CEMETERY		FD-0985		Oct 24, 1991	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE	
MARSHALL-SPOO SUNSET FUNERAL CH						CENSUS TRACT	
STATE REGISTRAR		A. B. C. D.					

14704

STATE OF CALIFORNIA
COUNTY OF SAN LUIS OBISPO

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED: OCT 30 1991

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.

G. B. ROWLAND, M.D.
HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of the County Registrar

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mountain Title Co. the 12th day of Aug. A.D. 19 92 at 3:36 o'clock P. M., and duly recorded in Vol. M92 of Deeds on Page 17984.

Evelyn Biehn - County Clerk
By

FEE \$35.00