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RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

Mr. Richard McAdams
2082 Loma Vista Street
Pasadena, California 91104

(Mail tax statements to same as above)

QUITCLAIM DEED

The undersigned quitclaim(s) declare(s): Documentary transfer tax is NONE.
No consideration given - change in formal title only - see note #1 below.

FOR NO CONSIDERATION, RICHARD McADAMS, the undersigned grantor(s), hereby
REMISE(S), RELEASE(S) AND QUITCLAIM(S) TO:

RICHARD McADAMS and DORIS VANELL McADAMS, TRUSTEES OF THE McADAMS
FAMILY TRUST DATED OCTOBER 23, 1992, AS COMMUNITY PROPERTY,

the following described real property in the County of Klamath, State of Oregon:

Lots #1 thru #4 inclusive, Block #9 - First Addition to Sprague River.

Subject to: Reservations and restrictions of record, easements, rights of way of record and those
apparent on the land.

NOTE #1: Conveyance transferring quitclaimers' interest into a revocable living trust. This
conveyance transfers Quitclaimers' interest into his revocable living trust which is not pursuant to a
sale.

DATED: 10-23-92

Richard McAdams
RICHARD McADAMS

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

On this 23rd day of October, 1992, before me, the undersigned, a Notary Public in and for said
State, personally appeared RICHARD McADAMS, personally known to me (or 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 he executed it.

WITNESS my hand and official seal.

Emily Herzog
Notary Public in and for
The State of California



CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

28937

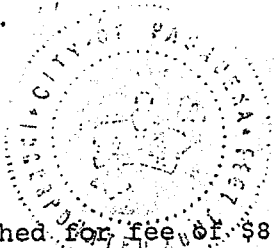
STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Velma		2A. DATE OF DEATH—MO, DAY, YR June 18, 1991	
1B. MIDDLE N.		2B. HOUR 0115	
1C. LAST (FAMILY) McAdams		3. SEX F	
4. RACE White		6. DATE OF BIRTH—MO, DAY, YR January 1, 1912	
5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. AGE IN YEARS 79	
8. STATE OF BIRTH IA		10B. STATE OF BIRTH IA	
9. CITIZEN OF WHAT COUNTRY USA		11A. FULL MAIDEN NAME OF MOTHER Lucy Tobeck	
10A. FULL NAME OF FATHER Frank Schmer		11B. STATE OF BIRTH IL	
12. MILITARY SERVICE? 19 ___ To 19 ___ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 553-46-8056	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Richard McAdams	
16A. USUAL OCCUPATION Homemaker		16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home	
16C. USUAL EMPLOYER Self Employed		16D. YEARS IN OCCUPATION 61	
17. EDUCATION—YEARS COMPLETED 12			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2082 Loma Vista Street		18B. CITY Pasadena	
18C. ZIP CODE 91104			
18D. COUNTY Los Angeles		18E. NUMBER OF YEARS IN THIS COUNTY 50	
18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Richard McAdams - Husband 2082 Loma Vista Street Pasadena, CA 91104	
19A. PLACE OF DEATH Huntington Memorial Hosp.		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DCA IP	
19C. COUNTY Los Angeles			
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 100 W. California Blvd.		19E. CITY Pasadena	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Liver Failure		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B) Metabolic Acidosis		23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C) Recurrent Ovarian Carcinoma		24. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. Resection of Ovarian Carcinoma 6-14-1991	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 6-14-1991		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS David Faddis MD, 50 Bellefontaine #404, Pasadena, CA 91104	
27C. CERTIFIER'S LICENSE NUMBER 60 42664		27D. DATE SIGNED 6-18-1991	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Jaqueline E. Hoff, M.D.		28B. DATE SIGNED 6-18-1991	
29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	
30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
30D. HOUR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) Burial		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Rose Hills Memorial Park 3900 S. Workman Mill Rd., Whittier, CA	
34C. DATE MO, DAY, YEAR June 21, 1991		34D. SIGNATURE OF EMBALMER James Mathewson	
34E. LICENSE NUMBER 4366			
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rose Hills Mortuary, Whittier, CA		35B. LICENSE NO. FD-970	
35C. SIGNATURE OF LOCAL REGISTRAR Jaqueline E. Hoff, M.D.		35D. REGISTRATION DATE JUN 20 1991	
35E. CENSUS TRACT			

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of the DEATH CERTIFICATE of the above named decedent as registered in this office.



Jaqueline E. Hoff, M.D.
 Health Officer
Winifred Williams
 Deputy Registrar-Vital Statistics
 Pasadena Public Health Department

Furnished for fee of \$8.00

DATE: JUN 25 1991

SEAL OF THE CITY OF PASADENA

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ 7th day of _____ Dec. A.D., 19 92 at 2:56 o'clock P.M., and duly recorded in Vol. M92 of _____ Deeds on Page 28936.

FEE \$35.00

Evelyn Biehn - County Clerk

By Jaqueline E. Hoff, M.D.