

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 #5, #6 and #7 of Block #9, First Addition to Sprague River.

SUBJECT TO: Reservations and restrictions of record, easements and 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

28939

* STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR		3. SEX	
		Velma		N.		McAdams		June 18, 1991		0115		F	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		8. IF UNDER 1 YEAR		9. IF UNDER 24 HOURS		10. IF UNDER 24 HOURS	
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		January 1, 1912		79							
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH			
IA		USA		Frank Schmer		IA		Lucy Toback		IL			
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME							
19 To 19 <input checked="" type="checkbox"/> NONE		553-46-8056		Married		Richard McAdams							
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED					
Homemaker		Own Home		Self Employed		61		12					
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE									
2082 Loma Vista Street		Pasadena		91104									
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT							
Los Angeles		50		California		Richard McAdams - Husband							
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		2082 Loma Vista Street							
Huntington Memorial Hosp.		IP		Los Angeles		Pasadena, CA 91104							
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
100 W. California Blvd.		Pasadena		23. WAS BIOPSY PERFORMED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24A. WAS AUTOPSY PERFORMED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
IMMEDIATE CAUSE (A) Liver Failure		8 Hours		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
DUE TO (B) Metabolic Acidosis		12 Hours											
DUE TO (C) Recurrent Ovarian Carcinoma		UNK											
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.		Resection of Ovarian Carcinoma		6-14-1991							
None													
1. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED							
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		GO 42664		6-18-1991					
6-14-1991		6-18-1991		David Faddis MD, 50 Bellefontaine #404, Pasadena, CA 91104									
1. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED									
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		30C. DATE OF INJURY		31. HOUR					
				<input type="checkbox"/> YES <input 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)											
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER					
Burial		Rose Hills Memorial Park 3900 S. Workman Mill Rd., Whittier, CA		June 21, 1991		James Mathewson		4366					
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE							
Rose Hills Mortuary, Whittier, CA		FD-970		[Signature]		JUN 20 1991							
STATE REGISTRAR		A.		B.		C.		D.		E.		CENSUS TRACT	

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.



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 _____ 28938

FEE \$35.00

Evelyn Biehn County Clerk
By *Quelene Mulendore*