FORM No. 969—QUITCLAIM DEED—STATUTORY FORM (Individual Grantor).

STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR 97204

NL 03-18-94P02:08 RCVD

77746

QUITCLAIM DEED—STATUTORY FORM

Vol. M94 Page 8296

INDIVIDUAL GRANTOR

A. STANLEY THOMPSON

releases and quitclaims to MICHAEL S. THOMPSON and BARBARA G. THOMPSON, Grantor,
1980 MONROE STREET, EUGENE, OR 97405

KLAMATH, Grantee, all right, title and interest in and to the following described
real property situated in ~~DESCHUTES~~ County, Oregon, to-wit:

RECREATION RESIDENCE CABIN, LOT 26, TRACT Sh-1, in the Crescent Ranger District of the Deschutes National Forest, at Crescent Lake, in the State of Oregon, the cabin hereinbe described having been acquired in partnership with Michael S. Thompson and Barbara G. Thompson from John R. McClure and Ferol M. McClure on June 15, 1985, the transfer of title being registered with the Crescent Ranger District of the Deschutes National Forest.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

The true consideration for this conveyance is $10.00 (Here comply with the requirements of ORS 93.030)

Dated this 10 day of December, 1992

A. Stanley Thompson

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED 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.

STATE OF OREGON, County of Lane) ss.
This instrument was acknowledged before me on 10 December, 1992,
by A. Stanley Thompson

Notary Public for Oregon

My commission expires 6-29-93

QUITCLAIM DEED

GRANTOR

GRANTEE

GRANTEE'S ADDRESS, ZIP

After recording return to:

Michael S. Thompson (Barbara G.)
1980 Monroe St
Eugene, Or. 97405

NAME, ADDRESS, ZIP

Until a change is requested, all tax statements shall be sent to the following address:

Same as above

NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,
County of Klamath } ss.

I certify that the within instrument was received for record on the 18th day of March, 1994, at 2:08 o'clock P.M., and recorded in book/reel/volume No. M94 on page 8296 or as fee/file/instrument/microfilm/reception No. 77746, Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn County Clerk
NAME TITLE

By Pauline Muchmore Deputy

Fees: $30.00

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

156703
I.D. TAG NO.

///
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME First: William Middle: Ernest Last: STOVALL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 13, 1994
4. SOCIAL SECURITY NUMBER: 561-18-6784
5a. AGE-Last Birthday (Years): 80
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Jackson, MS
7. DATE OF BIRTH (Month, Day, Year): November 21, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2010 Modoc Street
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Chief Clerk
10b. KIND OF BUSINESS/INDUSTRY: Railroad Transportation
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Margaret M.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2010 Modoc Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10 College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: William Ernest Stovall I
18. MOTHER - NAME first middle maiden: Delia - Wells
19. INFORMANT - NAME and relationship to deceased: Margaret M. Stovall, wife

DISPOSITION

20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, OR 97601
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): FS-0124
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

REGISTRAR

23. DATE FILED (Month, Day, Year): MAR 15 1994
24. REGISTRAR'S SIGNATURE: [signature]
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 18:50 P M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]
30. DATE SIGNED (Month, Day, Year): March 14, 1994

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Saul Silverman, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I
(a) Skin Cancer — Interval between onset and death: 16 Mo
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting to the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A
40. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

RESERVED FOR REGISTRAR'S USE

DATE ISSUED MAR 13 1994

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

ORIGINAL — VITAL STATISTICS COPY

STATE OF OREGON 1859

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Margaret Stovall the 18th day of March A.D., 19 94 at 2:31 o'clock P M., and duly recorded in Vol. M94, of Deeds on Page 8297.

Evelyn Biehn County Clerk
By [signature]

FEE $10.00

Return: Margaret Stovall, 2010 Modoc St.,
Klamath Falls, Or. 97601

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

094244
I.D. TAG NO.
114
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME First: James Middle: R. Last: JONES
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 10, 1994
4. SOCIAL SECURITY NUMBER: 447-07-2451
5a. AGE-Last Birthday (Years): 77
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Garvin, Oklahoma
7. DATE OF BIRTH (Month, Day, Year): April 15, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1429 California Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Automobile Parts Manager
10b. KIND OF BUSINESS/INDUSTRY: Automobile Part Sales
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): E. Louise Jones
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1429 California Avenue
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Luther Jones
18. MOTHER - NAME first middle maiden: Lida Viola Richerson
19. INFORMANT - NAME and relationship to deceased: E. Louise Jones Spouse

DISPOSITION

20a. METHOD OF DISPOSITION [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James A Ruggo
21b. LICENSE NUMBER (Of Licensee): CO-3572
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): MAR 15 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:10 A M
28. WAS MEDICAL EXAMINER NOTIFIED? [X] Yes [ ] No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Alden B. Glidden M.D.
30. DATE SIGNED (Month, Day, Year): 3-14-94

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Alden Glidden M.D. 2680 Uhrmann Road Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I
(a) Unspecified Natural Causes — Interval between onset and death: Cbrupt
DUE TO, OR AS A CONSEQUENCE OF:
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
COPD

37. Did tobacco use contribute to the death? [ ] Yes [ ] Probably [ ] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40. MANNER OF DEATH [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? [ ] Yes [ ] No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THIS UNIT OF THE OREGON STATE HEALTH DIVISION.

RESERVED FOR REGISTRAR'S USE

DATE ISSUED: MAR 15 1994

Edward J. Johnson Jr.
EDWARD J. JOHNSON II
STATE REGISTRAR

ORIGINAL — VITAL STATISTICS COPY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of E.L. Jones the 18th day of March A.D., 19 94 at 2:53 o'clock P.M., and duly recorded in Vol. M94, of Deeds on Page 8298.

Evelyn Biehn County Clerk
By Pauline Muirhead

FEE $10.00
Return: E.Louise Jones, 1429 California
Klamath Falls, Or. 97601