89759 RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

Name MR. AND MRS TERRY HEMMING
Street Address 10700 KURT STREET
City & State Zip LAKEVIEW TERRACE, CA. 91342

Title Order No. Escrow No.

10-18-94A11:14 RCVD

Vol. M94 Page 32325

SPACE ABOVE THIS LINE FOR RECORDERS USE

QUITCLAIM DEED

The undersigned grantor declares that the documentary transfer tax is $ None city tax $ None and is
☐ ~~computed on the full value of the interest or property conveyed, or is~~
☐ ~~computed on the full value less the value of liens or encumbrances remaining thereon at the time of sale. The land, tenements or realty is located in~~
☒ unincorporated area ☐ city of KLAMATH COUNTY

~~FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged~~

TERRY HEMMING AND RAMONA B. HEMMING, husband and wife, as tanants by the entirety

hereby GRANTS AND CONVEYS to

~~**TERRY HEMMING AND RAMONA B. HEMMING, as trustees for**~~
THE 1994 TERRY HEMMING AND RAMONA B. HEMMING REVOCABLE TRUST

the following described real property in the county of **KLAMATH**, state of Oregon:

The West 1/2 of Southwest 1/4 of Section six (6), Township 35 South, Range 12 East W.M. (80 acres)
Subject to an easement in the public for any public road or roads now existing or established over or across now existing or established over or across said property, and subject to any and all reservations heretofore made by our predecessors in interest.

PROPERTY DESCRIPTION (MAP NUMBER) R-3512-0060-01100-000

THIS IS A TRANSFER TO A TRUST REVOCABLE BY THE GRANTORS

Dated 9/23/94

Terry Hemming
TERRY HEMMING

Ramona B. Hemming
RAMONA B. HEMMING

STATE OF CALIFORNIA
COUNTY OF Los Angeles } S. S.

On 9/23/94 before me,

Rachel A. Kraner

a Notary Public in and for said County and State, personally appeared

TERRY HEMMING
RAMONA B. HEMMING

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

Signature Rachel A. Kraner

RACHEL A. KRANER
COMM. # 1020237
Notary Public — California
LOS ANGELES COUNTY
My Comm. Expires MAR 16, 1998

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE: IF NO PARTY SO SHOWN, MAIL AS DIRECTED ABOVE

MR. AND MRS. TERRY HEMMING — 10700 KURT STREET — LAKEVIEW TERR. CA. 91342
Name — Street Address — City & State

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Terry Hemming
of Oct A.D., 19 94 at 11:14 o'clock A.M., and duly recorded in Vol. M94 of Deeds on Page 32325.

FEE $30.00

Evelyn Biehn, County Clerk
By Darlene Mullendore

OF VITAL RECORDS

155760
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

12-3-93

DECEDENT

1. DECEDENT'S NAME: First: Opal; Middle: May; Last: LOWELL
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 20, 1993
4. SOCIAL SECURITY NUMBER: 544 38 2848
5a. AGE-Last Birthday (Years): 62
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Salem, Oregon
7. DATE OF BIRTH (Month, Day, Year): February 15, 1931
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): Sacred Heart Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Eugene
9d. COUNTY OF DEATH: Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervisor
10b. KIND OF BUSINESS/INDUSTRY: Food Processing
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): Eugene
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lane
13c. CITY, TOWN OR LOCATION: Fall Creek
13d. STREET AND NUMBER: 38158 Place Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97438
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): 8; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Roy McClumg
18. MOTHER - NAME first middle maiden: Ruby Nelsen
19. INFORMANT - NAME and relationship to deceased: Eugene Lowell-Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Springfield Memorial Gardens
20c. LOCATION - City or Town, State: Springfield, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 47-3343
22. NAME, ADDRESS AND ZIP OF FACILITY: Buell Chapel, 320 N. 6th ST., Springfield, OR 97477
23. DATE FILED (Month, Day, Year): December 23, 1993
24. REGISTRAR'S 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: 8:30 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)
30. DATE SIGNED (Month, Day, Year): 12/22/93

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): Mark S. Heerema M.D. 1200 Hilyard St., Suite S-200, Eugene, OR 97401
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) Intracerebral hemorrhage — Interval between onset and death: 24h
DUE TO, OR AS A CONSEQUENCE OF:
(b) 0 — 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 in 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)

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE LANE COUNTY REGISTRAR.

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: DEC 23 1993

KENNETH W. CHAMPION
COUNTY REGISTRAR
LANE COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James Nolan the 18th day of Oct A.D., 19 94 at 11:15 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 32326.

Evelyn Biehn - County Clerk
By Pauline Thompson

FEE $10.00 Return: James R. Nolan
P.O. Box 1122, Fall Creedk, Or. 97438