

Recording Requested By, And
When Recorded Mail To:

STEPHEN M. ECKIS
Attorney at Law
P. O. Drawer 1466
El Cajon, California 92022

03-20-95P02:26 RCVD

QUITCLAIM DEED

The undersigned grantor declares: Documentary Transfer Tax is
NIL (No consideration).

REX A. MURRAY, as Successor Trustee of the MARGARET P. SNYDER
TRUST dated March 22, 1988, hereby remises, releases and quitclaims
to REX A. MURRAY, a married man as his sole and separate property,
the following described real property located in the County of
Klamath, State of Oregon:

Lot 22, Block 49, Klamath Falls Forest Estates Highway 66
Unit, Plat No. 2, as recorded in the Office of the County
Recorder of Klamath County, Oregon.

The undersigned is the duly authorized and acting Successor
Trustee by reason of the death of MARGARET P. SNYDER on September
6, 1994, evidenced by the attached certified copy of death
certificate.

Dated: FEB. 24, 1995.

Rex A. Murray
REX A. MURRAY
Successor Trustee

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO) SS.

On 2/24, 1995, before me, the undersigned, a
Notary Public in and for said County and State, personally appeared
REX A. MURRAY, 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 the same in his authorized
capacity, and that by his signature on the instrument the person,
or the entity upon behalf of which the person acted, executed the
instrument.

WITNESS my hand and official seal.



Margaret R. Chapman
Notary Public for said County
and State

COUNTY OF SAN DIEGO - DEPARTMENT OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.
REQUIRED FEE PAID

DATE ISSUED: September 09, 1994

REGISTRAR OF VITAL RECORDS

CERTIFICATE OF DEATH										6149		
STATE OF CALIFORNIA										LOCAL REGISTRATION NUMBER		
STATE FILE NUMBER												
1. NAME OF DECEDENT—FIRST (GIVEN)			2. MIDDLE			3. LAST (FAMILY)						
MARGARET			P.			SNYDER						
4. DATE OF BIRTH MM/DD/CCYY			5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY			8. HOUR		
02/17/1926			68		F		09/06/1994			0402		
9. STATE OF BIRTH			10. SOCIAL SECURITY NO.			11. MILITARY SERVICE			12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED	
PA			198-18-2886						WIDOWED		12	
14. RACE			15. HISPANIC—SPECIFY			16. USUAL EMPLOYER						
CAUCASIAN			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			MONTGOMERY WARD						
17. OCCUPATION			18. KIND OF BUSINESS			19. YEARS IN OCCUPATION						
CREDIT MANAGER			RETAIL CREDIT			38						
20. RESIDENCE—STREET AND NUMBER OR LOCATION												
578 ELKELTON BOULEVARD												
21. CITY			22. COUNTY			23. ZIP CODE			24. YRS IN COUNTY		25. STATE OF FOREIGN COUNTRY	
SPRING VALLEY			SAN DIEGO			91977			35		CALIFORNIA	
26. NAME, RELATIONSHIP						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)						
REX MURRAY (GODSON)						1681 FARLIN ROAD, ALPINE, CA 91901						
28. NAME OF SURVIVING SPOUSE—FIRST			29. MIDDLE			30. LAST (MAIDEN NAME)						
31. NAME OF FATHER—FIRST			32. MIDDLE			33. LAST			34. BIRTH STATE			
JAMES			PERCY			RADER			PA			
35. NAME OF MOTHER—FIRST			36. MIDDLE			37. LAST (MAIDEN)			38. BIRTH STATE			
LOULA			BELL			WHITT			PA			
39. DATE MM/DD/CCYY			40. PLACE OF FINAL DISPOSITION									
09/09/1994			ASBURY CEMETERY, CLARION, PENNSYLVANIA									
41. TYPE OF DISPOSITION(S)			42. SIGNATURE OF EMBALMER			43. LICENSE NO.			44. NAME OF FUNERAL DIRECTOR			
TR/BU			<i>Rebecca Simpson</i>			7757			PARIS-FREDERICK MORTUARY			
			45. LICENSE NO.			46. SIGNATURE OF REGISTRAR			47. DATE MM/DD/CCYY			
			FD 795			<i>R. P. [Signature]</i>			09/07/1994 SLH			
101. PLACE OF DEATH			102. IF HOSPITAL SPECIFY ONE			103. FACILITY OTHER THAN HOSPITAL:			104. COUNTY			
GROSSMONT HOSPITAL			<input checked="" type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER			SAN DIEGO			
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			106. CITY			107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			LA MESA			
5555 GROSSMONT CENTER DRIVE												
IMMEDIATE CAUSE			(A) CARDIOPULMONARY FAILURE			TIME INTERVAL BETWEEN ONSET AND DEATH			108. DEATH REPORTED TO CORONER			
						DAYS			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO			(B) SEVERE ATHEROSCLEROTIC HEART DISEASE			MONTHS			109. BLOODY PERFORMED			
									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO			(C)						110. AUTOPSY PERFORMED			
									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO			(D)						111. USED IN DETERMINING CAUSE			
									<input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107												
MECHANICAL SMALL BOWEL OBSTRUCTION, RENAL INSUFFICIENCY												
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.												
ENTEROLYSIS TO RELEASE BOWEL OBSTRUCTION 08/27/1994												
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			115. SIGNATURE AND TITLE OF CERTIFIER			116. LICENSE NO.			117. DATE MM/DD/CCYY			
DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE MM/DD/CCYY			<i>Samuel C. Hon, M.D.</i>			C20687			09/07/1994			
05/20/1994 09/05/1994			SAMUEL C. HON, M.D.			91942-3021			5565 GROSSMONT CENTER DR., BLDG. III, # 153, LA MESA, CA			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			119. MANNER OF DEATH			120. INJURY AT WORK			121. INJURY DATE MM/DD/CCYY			
			<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE			<input type="checkbox"/> YES <input type="checkbox"/> NO			122. HOUR			
			<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED						123. PLACE OF INJURY			
									124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)			126. SIGNATURE OF CORONER OR DEPUTY CORONER			127. DATE MM/DD/CCYY			128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
			<i>[Signature]</i>									

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Stephen Eckis the 20th day of March A.D., 19 95 at 2:26 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 6148

FEE \$35.00

Bernetha G. Letsch, County Clerk
By *[Signature]*