14637 FORM No. 721 – QUITCLAIM DEED (Individual or Corporate). COPYRIGHT 1993 STEVENS-NESS LAW PUBLISHING CO. PORTLAND, OR 97204

Vol m96 Page 6780

'96 MAR 13 P2:39

NA

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, That Louise E. Sudbury, *hereinafter called grantor, for the consideration hereinafter stated, does hereby remise, release and quitclaim unto* Louise E. Sudbury and Jerilyn G. Jennings (joint owners), *hereinafter called grantee, and unto grantee's heirs, succesors and assigns all of the grantor's right, title and interest in that certain real property with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in the County of* Klamath, *State of Oregon, described as follows, to-wit:*

Lot 1 Old Orchard Manor 1141 Washburn Way, Klamath Falls, OR 97601
shown on order no. page 4 lot 3-4

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is $ 0.00 *①However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which). ①(The sentence between the symbols①, if not applicable, should be deleted. See ORS 93.030.)*

In construing this deed, where the context so requires, the singular includes the plural and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 23rd *day of* February, 19 96; *if a corporate grantor, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized thereto by order of its board of directors.*

Louise Sudbury

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 AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

STATE OF OREGON, County of Klamath) ss.

This instrument was acknowledged before me on February 23, 19 96,

by Louise Sudbury

This instrument was acknowledged before me on ....., 19.....,

by .....

OFFICIAL SEAL
JERRY A. KING
NOTARY PUBLIC-OREGON
COMMISSION NO. 022733
MY COMMISSION EXPIRES APR. 8, 1997

Jerry A King
Notary Public for Oregon

My commission expires April 4, 1997

Grantor's Name and Address

Grantee's Name and Address

After recording return to (Name, Address, Zip):
Louise Sudbury
1141 Washburn Way
Klamath Falls, Oregon 97603

Until requested otherwise send all tax statements to (Name, Address, Zip):

SPACE RESERVED FOR RECORDER'S USE

FEE $30.00

STATE OF OREGON, County of Klamath } ss.

I certify that the within instrument was received for record on the 13th *day of* March, 19 96, *at* 2:39 *o'clock* P.M., *and recorded in book/reel/volume No.* M96 *on page* 6780 *and/or as fee/file/instrument/microfilm/reception No.* 14637, *Record of Deeds of said County.*

Witness my hand and seal of County affixed.

Bernetha G Letsch, County Clerk

NAME TITLE

By ..... Deputy

30 CR

96 MAR 13 P2:39

TYPE OR PRINT IN PERMANENT BLACK INK

199969 I.D. TAG NO.

258 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: Ernest; Middle: Leonard; Last: RITTER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 2, 1995
4. SOCIAL SECURITY NUMBER: 544-42-9719
5a. AGE-Last Birthday (Years): 89
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Goldbach, Germany
7. DATE OF BIRTH (Month, Day, Year): April 15, 1906
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): Plum Ridge Care Center
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.): Farmer
10b. KIND OF BUSINESS/INDUSTRY: Agriculture
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Martha C.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Bonanza
13d. STREET AND NUMBER: 1031 Burgdorf Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97623
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): 7; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Michael - Ritter
18. MOTHER - NAME first middle maiden: Caroline - Lehnart
19. INFORMANT - NAME and relationship to deceased: Robert R. Ritter, son

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Bonanza Memorial Park Cemetery
20c. LOCATION - City or Town, State: Bonanza, Oregon 97623

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jean A. Davenport
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
23. DATE FILED (Month, Day, Year): JUN 06 1995
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
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: 20:48 PM
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): Wendy Warren MD
30. DATE SIGNED (Month, Day, Year): June 5, 1995

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): Wendy A. Warren, MD, 1905 Main Street, 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) Cerebro Vascular Accident — Interval between onset and death: 5 hours
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — 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 Ooccurred
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 KLAMATH COUNTY REGISTRAR.

ORIGINAL-VITAL STATISTICS COPY

Janet Bailey-Gober

JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED: JUN 06 1995

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lila J Dickinson the 13th day of March A.D., 19 96 at 2:39 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 6781.

Bernetha G. Letsch, County Clerk

By Cindy Russell

FEE $10.00

Return: Lila J Dickinson
1031 Burgdorf Road
Bonanza, Oregon 97623

OREGON HEALTH DIVISION

PERMANENT BLACK INK

180048 I.D. TAG NO.

18 Local File Number

OREGON CENTER FOR HEALTH STATISTICS

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Arrie; Middle: B; Last: GRAY
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 13, 1996
4. SOCIAL SECURITY NUMBER: 566-18-9926
5a. AGE-Last Birthday (Years): 84
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Seymour, Texas
7. DATE OF BIRTH (Month, Day, Year): August 28, 1911
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): [ ] HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA [X] OTHER [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
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.): Sawyer
10b. KIND OF BUSINESS/INDUSTRY: Lumber Company
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Genevieve
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1405 Summers Lane
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
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): 6; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: William - Gray
18. MOTHER - NAME first middle maiden: Minnie Bell Ashley
19. INFORMANT - NAME and relationship to deceased: Genevieve Gray - wife

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
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 3607
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): JAN 16 1996
24. REGISTRAR'S SIGNATURE
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: 16:00 M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): 1-16-96

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): William Baker, MD 2600 Campus Dr. Klamath Falls, OR 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) Myocardial infarction — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) coronary atherosclerosis — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Hepatitis C cirrhosis CA — 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.
Hepatitis C cirrhosis CA

37. Did tobacco use contribute to the death? [X] 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 [X] 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

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

DATE ISSUED JAN 16 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

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STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Genevieve Gray the 13th day of March A.D., 19 96 at 2:40 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 6782.

Bernetha G. Letsch, County Clerk

FEE $10.00 Return: Genevieve Gray
1405 Summers Lane
Klamath Falls, Oregon 97603

By