

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

Name Edward Milstein
 Street 8246 Quartz Avenue
 Address
 City & Canoga Park, California
 State 91306
 Zip

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

T 360 LEGAL (1-94)

Quitclaim Deed

THE UNDERSIGNED GRANTOR(s) DECLARE(s)

DOCUMENTARY TRANSFER TAX IS \$ _____

☐ _____ unincorporated area ☐ City of _____

Parcel No. _____

☒ computed on full value of property conveyed, or

☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

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

Ruth Milstein, a widow

hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

Edward Milstein, a single man

the following described real property in the
 county of Klamath

, state of ~~XXXXXX~~
Oregon

LOT 5, BLOCK 6 OF KLAMATH FOREST ESTATES

Dated Mar. 12, 1996

X Ruth Milstein
 Ruth Milstein

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

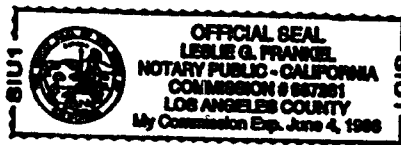
On March 12, 1996 before me,

Leslie G. Frankel
 a Notary Public in and for said County and State, personally appeared
Ruth Milstein

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 upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

Signature Leslie G. Frankel



(This area for official notarial seal)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Edward Milstein the 18th day
 of March A.D., 19 96 at 1:05 o'clock PM., and duly recorded in Vol. M96
 of Deeds on Page 7205

FEE \$30.00

By Bernetha G. Letsch, County Clerk

96 MAR 18 P1:05

DECEDENT
PARENTS
DISPOSITION
REGISTRAR

1. DECEDENT'S NAME: Harvey Bleakney TILLERY 2. SEX: Male 3. DATE OF DEATH: March 12, 1996
4. SOCIAL SECURITY NUMBER: 564-20-1203 5a. AGE-Last Birthday: 71 5b. Under 1 Year: Mos Days Hours Mins 5c. Under 1 Day: 6. BIRTHPLACE: Petoski, Texas 7. DATE OF BIRTH: August 23, 1924
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No 9a. PLACE OF DEATH: Hospital Patient Outpatient DOA OTHER Nursing Home Decedent's Home Other (Specify)
9b. FACILITY NAME: Merle West Medical Center 9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls 9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION: Telegrapher 10b. KIND OF BUSINESS/INDUSTRY: Railroad 11. MARITAL STATUS: Married 12. SPOUSE: Ruth Tillery
13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Klamath 13c. CITY, TOWN OR LOCATION: Klamath Falls 13d. STREET AND NUMBER: 334 Lewis Street
14. WAS DECEDENT OF HISPANIC ORIGIN? No Yes 15. RACE: American Indian, Black, White, etc. (Specify): White 16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12) College (1-4 or 5+) 1
17. FATHER - NAME: Harvey B. Tillery 18. MOTHER - NAME: Lydia Stillwell 19. INFORMANT - NAME and relationship to deceased: Ruth Tillery Spouse
20a. METHOD OF DISPOSITION: Burial Cremation Removal from State Donation Other (Specify) 20b. PLACE OF DISPOSITION: Klamath Memorial Park 20c. LOCATION: City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O. Riggs 21b. LICENSE NUMBER: CO-3572 22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601
23. DATE FILED: MAR 15 1996 24. REGISTRAR'S SIGNATURE: Lucille J. Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? Yes No N/A 26. WAS GIFT MADE? Yes No N/A

CERTIFIER
CAUSE OF DEATH

27. TIME OF DEATH: 1742 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) Kenneth L. Tuttle M.D.
30. DATE SIGNED: 3-14-96
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Kenneth L. Tuttle M.D. 2850 Daggett Street Klamath Falls, Oregon 97601
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: (Type or Print)
33. 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) Cardiac arrest Interval between onset and death: 5 min
(b) Severe Chronic Obstructive pulmonary disease Interval between onset and death: 3 years
(c) Retroperitoneal bleed Interval between onset and death: 2 weeks
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Post op resection of abdominal aortic aneurysm
37. Did tobacco use contribute to the death? Yes No 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 Pending Investigation Undetermined Manner Suicide Homicide Legal Intervention Other
41a. DATE OF INJURY: 41b. TIME OF INJURY: M 41c. INJURY AT WORK? Yes No
41d. PLACE OF INJURY: At home, farm, street, factory, office building etc. (Specify) 41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.
DATE ISSUED: MAR 15 1996
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.
Filed for record at request of Ruth Tillery the 18th day of March A.D., 19 96 at 1:13 o'clock P M., and duly recorded in Vol. M96 of Deeds on Page 7206
Bernetha G. Letsch, County Clerk
FEE \$10.00 Return: Ruth Tillery 334 Lewis Street Klamath Falls, Oregon 97601 By Cheryl Russell